

Runwood Homes Limited

Madelayne Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Madelayne Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Madelayne Court provides care and accommodation to up to 112 people who may need assistance with personal care and may have care needs associated with living with dementia. The service does not provide nursing care. The service is split into seven units located over three floors and at the time of our visit there were 111 people at Madelayne Court.

The inspection took place on 5 December 2017 and was unannounced.

A registered manager was in post at the service. 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.

The registered manager was passionate ensuring people at the service had a good quality of life and were supported safely. They had worked well with outside professionals and took on board advice and guidance to make a positive difference to the support people received. They used information from mistakes and incidents to learn lessons and improve safety.

There was an open culture at the service which meant staff felt able to raise concerns freely and know that something would be done as a result. People and families told us the registered manager was approachable and visible.

The whole staff team had received refresher training in manual handling and skill levels had improved. We have made a recommendation about staff training in manual handling. Where there were concerns regarding staff practice the registered manager had responded effectively.

Risk was managed well at the service. Care plans had been revised to provide improved and clear guidance to staff about the equipment and support people needed when mobilising.

There were enough staff to meet people's needs safely. The provider had a number of plans in place to drive improvements and change at the service. This included streamlining and improving checks in place to 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 was safe.

Staff skills had improved and they supported people to move and transfer safely.

People's care plans had been revised to provide staff with the necessary guidance and advice to keep people safe.

The manager supported staff to learn from mistakes and used this information to drive improvements.

Is the service well-led?

Good ●

The service was well led.

The manager was focused on the needs of the people at the service. They worked effectively with staff and other professionals to make improvements.

The registered manager promoted an open culture where staff, people and families felt able to speak about any concerns they had.

The provider was revising and streamlining systems to check the quality of the service

Madelayne Court

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.

The inspection took place on 5 December 2017 and was unannounced.

When we had visited in 2016, we rated the service as good. In 2017, there was an increased number of concerns, in particular around the safety of people who needed support with their mobility. The registered manager put in place a detailed action plan to address the concerns we had raised, and focus on developing staff skills and ensuring people received safe support which met their needs. We carried out a focused inspection to look at whether people were being supported safely and to assure ourselves that improvements had been implemented effectively.

The inspection team consisted of two inspectors 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. At this inspection, the expert by experience had experience of caring for older people. One of the inspectors was a qualified physiotherapist, registered with the Health and Care Professions Council. They focused on the area of manual handling during the inspection.

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. We also received a significant amount of information and feedback from five health and social care professionals who had worked with or monitored the service since our last inspection.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs and were not able verbally to talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service. As part of our observations, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of

observing care to help us understand the experience of people who could not talk with us.

We met with the registered manager, two deputy managers, the Director of Operations and the area manager. We spoke with seven members of care staff, 12 people who used the service and three family members.

We reviewed a range of documents and records including the care records for people who used the service. We also looked at a range of documents relating to the management of the service. After the inspection, we asked the provider to send us some additional information. The provider sent initial information and we requested further clarification regarding how staffing numbers were calculated at the service.

Is the service safe?

Our findings

When we last visited Madelayne Court in August 2016, we found people were safe and rated the service as good. In early 2017, concerns about the number of falls at the service increased significantly. These concerns included incidents where people were injured following a fall. We met with the provider, the registered manager and other organisations such as the local authority and police to discuss the actions needed to address the concerns which had been raised. The service put an improvement plan in place which included intensive input from a specialist occupational therapist and other officers from the local authority.

The concerns raised included a lack of clear information in care plans, which meant staff did not have the necessary guidance to meet people's needs safely. The equipment was not always appropriate to people's individual needs and measures to ensure staff skills were appropriate and safe were not effective. Whilst we were concerned about the safety of people at the service, the registered manager demonstrated an openness of and an on-going commitment to improve the service.

In December 2017, we visited the service to check whether the changes had led to sustained improvements. We also contacted the other professionals involved to ask them their view about the service. We found concerns about people's safety had been addressed effectively, and measures outlined in the action plan were focused on continual improvements.

People told us they felt safe living at Madelayne Court. A person told us, "I would recommend this home. If I ever had to move, I'd be unhappy." A relative told us they visited their family member daily and said, "I feel confident in them to look after [person]. They are safe here, I'm sure of that." We spent time with a person who did not communicate verbally. We asked if staff were kind, and they nodded their head. When we asked if they felt safe, they again nodded their head, and touched their heart whilst smiling. Whilst feedback was overwhelmingly positive, one person told us they sometimes felt rushed by staff. They said, "Some of the staff push me too much, they don't understand that I need to take things slowly, I get very anxious."

We observed staff supporting people to mobilise around the service. They were patient in their approach and provided people with verbal prompts and encouragement and we saw that people appeared relaxed and comfortable in their presence. We observed staff safely supporting a person to stand up from their chair and mobilise with walking aids. Staff were patient and encouraged people with verbal prompts to maximise their independence.

Due to the concerns raised regarding staff skills, we spent time reviewing the training staff received. Staff had all received refresher training since our last inspection to ensure they had the necessary skills to meet people's needs safely. Staff received practical training that covered the use of equipment including hoists, slide sheets and handling belts.

Some senior staff were called 'Train the Trainers' and had received additional training to enable them to support staff to develop their skills. 'Train the trainers' received two days of training with the provider's lead manual handling specialist, and refresher training every three years. On their return to the service they

received on-going support from the provider's specialist, however they were not formally observed carrying out training. We spoke to a 'Train the Trainer' who told us, they had also benefitted from advice from the local authority's senior occupational therapist. However, the occupational therapist had only been temporarily involved to support the registered manager to address recent specific concerns. We discussed with the registered manager how they planned to ensure the skill level of the 'Train the Trainers' were maintained to enable them to effectively support staff skills and knowledge.

We recommend the service finds out more about best practice to ensure senior staff are appropriately skilled to train care staff to safely support people to mobilise at the service.

The registered manager told us staff had worked hard to improve the way they supported people to move with the use of specialist equipment. They said their message to staff was, "do not do the manoeuvre if you have any concerns." Staff told us they were well supported by the 'Train the Trainers' who also assessed staff competencies through spot checks and observations of practice. This ensured that staff were able to put the knowledge and skills they had learned into their daily practice. Where gaps in knowledge or skills had been identified supervision and re-fresher training sessions were arranged.

We looked at the revised care plans, which included risk assessments to guide staff in the actions they should take to help keep people safe. The registered manager had listened to the advice from the occupational therapist and the plans were now clearer and provided individualised advice to staff about people's needs. Where a person's needs changed or there were concerns regarding a person's manual handling, their needs were reviewed and risk assessments were revised accordingly.

Moving and handling equipment was in place to support people to move safely. Care plans highlighted where people required the use of equipment. The size of the sling people required was not always recorded and people were not provided with their own sling. We discussed this with the manager who informed us people had now been assessed for a sling, where appropriate, and this information was being added to care plans. We discussed the delays in purchasing individual slings and the manager outlined plans to address this, which they had agreed with the provider.

Staff communicated well as a team. They told us that they were kept informed of changes in people's needs through shift handovers and communication books which were located on each unit. Notice boards in the staff office highlighted information about people such as their level of mobility, how much assistance they required and what size sling they had been assessed as needing.

During our visit we focused on how well the service learnt from incidents and accidents and how the registered manager and staff used this information to improve safety. The registered manager analysed any falls and accidents which had occurred each month, to identify any themes and required actions. This was an effective measure which supported improvements throughout the service. For example, the registered manager had met with the unit leaders to remind them to check people were wearing the appropriate footwear to minimise the risk of falls. The registered manager also checked risk was minimised for individual people by asking staff for a risk assessment and support plan to be revised after a person had fallen. The registered manager then carried out a review of the care which highlighted staff had contacted the GP for a medication review and occupational therapists for an equipment review.

The registered manager was open to learning lessons when mistakes happened, for instance they introduced a new measure after a person had not been supported safely in line with their needs. The registered manager had recognised staff did not always know the key priorities when caring for the person as care plans were very lengthy. They had introduced a new short profile called "Important to my care"

which highlighted to staff key areas of risk for each person, for example if they had epilepsy. The change was implemented gradually and effectively, with priority given to people who were most at risk.

During our visit we did not focus on staffing and recruitment, however we reviewed staffing numbers to ensure there were enough staff to support people to move safely. On the day of our inspection one of the activity coordinators was absent. There was a group of 12 college students volunteering at the service so the staffing numbers were different from usual. Most people told us staff responded to requests for help promptly. People told us, "They come quite quickly, and they never make me feel like I'm a nuisance" and, "I think staffing levels have been a bit better recently." However, another person said, "I can wait a long time, especially if it's at mealtimes – they don't have enough staff at busy times."

Our observations were there was enough staff to keep people safe, although certain times such as meals were particularly busy. During lunch, we observed care staff depended on other staff such as the registered manager and deputy manager to provide additional support, for example, to people who required individual support with eating. The registered manager told us they were actively recruiting for new permanent staff. Recruitment in that area was challenging but they were able to ensure continuity through the use of regular bank staff, rather than agency staff.

Is the service well-led?

Our findings

When we last visited Madelayne Court in August 2016, we found the service was well managed and we rated well-led as good. At this visit we focused on how well the manager and provider had responded to the concerns raised about safety at the service, in particular following the increase in falls.

When we last visited the service, the current manager had been a deputy manager. They had since been promoted to registered manager and were supported in their role by two deputies, the area manager and director of operations. They also met with other managers from local services to share good practice and reduce their isolation.

The manager demonstrated an exceptional commitment to learning and to developing the service, for example they had contacted one of the provider's other care homes to find out about how they completed risk assessments. People told us the manager was approachable, visible, and well informed about the daily life at the service. One person said, "The manager will come in and sit and have a chat. I'd go to them if I had a problem." A relative told us, "The manager was able to answer all my questions, allay my fears. I'd say they are very 'on the ball' and knows what goes on here."

We observed a positive culture during our visit and saw people were spoken to with respect by staff. The staffing and layout of the units had been arranged so people were supported by a small number of care staff, which helped ensure they received personalised support, despite the size of the building. We found people had input into the care they received and they told us they could speak openly to the manager. A relative told us, "I still feel very involved in family member's care. Staff are very approachable, I could go to any of them if I had a query." They could list staff by their names, and their job title, and spoke about senior staff with genuine affection.

The manager told us changes to the meal times were implemented after consultation with the people at the service. However, we noted there was scope to improve how people were communicated and consulted about decisions made at the service. Two people told us they were not always communicated about changes which happened, for example when maintenance was planned in their rooms. The manager told us resident and relatives meetings were not always well attended and we had mixed feedback about how effective they were. One person told us the meetings were quite informative however another person said, "I've never heard of resident's meetings, and I've been here for just over a year."

The manager told us a recent audit had highlighted the need for increased involvement of the people living at the service. Immediately after our inspection the manager responded positively to our discussions and set up regular workshops to increase their visibility and offer families and relatives a structured opportunity to meet with them and provide feedback or resolve any concerns.

Madelayne Court is part of a large group of services and we found some of the delays in resolving concerns were due to provider's established policies and decision-making processes. For example, the delay in people receiving individual slings, as recommended by the external occupational therapist, was due to the

need for agreement by the provider. Whilst we had found there was scope for improvement in the 'Train the Trainer' manual handling training; this had been set up by the provider and so could not be flexibly adapted by the manager.

During our visit, we became aware of a decision by the provider to change the way the two deputies worked across the service, which aimed to increase their visibility. In the new structure, they would work part of their time as unit leaders. However, we were concerned that this would reduce the direct support the manager received. In addition, this would reduce the time the deputies would be available to provide flexible support, for example during meals. We discussed this at length with the provider and with the registered manager. Although this change had not yet been implemented, we needed to be assured they were managing risk effectively. The provider advised us this change was part of a wider review which also intended to make the manager role more efficient and less paper based. They told us they would review the changes to ensure there was no adverse impact on the quality of care people received. The openness which the manager demonstrated when dealing with the concerns about falls, assured us they would effectively measure the impact of the planned changes and escalate concerns, where necessary.

We received positive feedback about the manager from staff, "I'd describe the manager as tough but fair. They will pull people up on bad practice, but are also approachable." Staff told us that the manager was accessible and visible. There was an open culture where staff were supported to speak out and felt able to speak up about concerns they had. Retention and morale remained good, despite a challenging year. A staff member told us, "We pull together and work well as a team." A relative told us, "They seem to be keeping staff longer. They have a nice team here at the moment; nothing's too much trouble for them."

The manager was committed to ending poor practice in all areas, including manual handling. We discussed specific examples where the manager dealt with poor practice effectively, leading to improvements in the support people received. The manager focussed on supporting staff to develop their skills. They promoted good practice, for example, senior staff praised a member of staff after they were observed supporting a person to transfer from a chair to a bed in a safe and dignified manner.

Extensive checks took place to monitor the quality of care at the service, as we had seen at previous visits. The director of operations described plans to improve the monitoring of the service by streamlining the process and incorporating all actions into one plan. We were assured by the provider's commitment to reduce the pressure on the manager whilst ensuring robust checks were still carried out on the quality of the service.

The manager and staff had a positive working relationship with a number of outside professionals and organisations, including the CQC. The manager notified CQC of incidents such as safeguarding alerts, as required. We received positive feedback about the manager from all of the professionals involved in driving improvements at the service. One health and social care professional said, "The manager responds well to feedback and always shows a keen attitude to work with people or make improvements." This passion and focus on enhancing the quality of life for the people at the service was central to the impact of the improvements which had been achieved over a challenging year.