Madeira Care Home Limited

# Madeira House

**Inspection report**

129-131 High Holme Road
Louth
Lincolnshire
LN11 0HD
Tel: 01507 607452

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## Ratings

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|---|---|
| **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** |

## Overall summary

We inspected Madeira House on 20 October 2015. This was an unannounced inspection. The service provides care and support for up to 51 people. When we undertook our inspection there were 50 people living at the home.

People living at the home were older people. Some people required more assistance either because of physical illnesses or because they were experiencing memory loss. The home also provides end of life care.

There was a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered

# Summary of findings

necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

# Summary of findings

## 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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely and were in a clean environment. Record keeping and stock control of medicines was good.

Good

**Is the service effective?**
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Good

**Is the service caring?**
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good

**Is the service responsive?**
The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good

**Is the service well-led?**
The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

Good

# Summary of findings

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

# Madeira House

**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.

This inspection took place on 20 October 2015 and was unannounced.

The inspection team consisted of an inspector 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 service.

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.

Before the inspection we reviewed other information that we held about the service such as notifications, which are 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 also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke with other health and social care professionals before and during our visit.

During our inspection, we spoke with seven people who lived at the service, four relatives, and six members of the care staff, a cook, a domestic, an activities co-ordinator, a hairdresser, a visiting health professional and the registered manager. We also observed how care and support was provided to people.

We looked at eleven people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person explained the alarm system when it sounded and said, "Oh, all the outside doors are alarmed, and if a door is opened the alarm goes off and that lets staff know someone has opened an outside door, that's to keep us safe." We observed this happen during the day and staff responded very quickly to the situation. Relatives told us they were happy with the security of the building.

The home was near a major road network into the town. The registered manager had ensured that the digital locking system for the main gates and doors was only given to people who used the service, relatives and known regular visitors. This was to protect the safety of people living there.

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through meetings and notices when actions needed to be revised.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people had a history of falling due to poor mobility, care plans were in place. Also risk assessments had been completed to see how well people could manoeuvre. Permissions were in place if they required bed rails so they did not fall out of bed. Each risk assessment was reviewed at least monthly or more frequently if people's needs changed.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and how they required to be moved. For example being able to walk unaided. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. We did find some fire doors wedged open and others not closing properly and brought this to the attention of the registered manager. They immediately rectified the situation and contacted the local fire and rescue service. We were informed after the inspection of the details of their visit and what precautions had been put in place.

People told us their needs were being met. One person said, "I can't grumble about anything. Staff are always there for me."

Staff told us there were adequate staff on duty to meet people's needs. One member of staff said, "We have sufficient staff. Each day is different but we have a system of support for each other." Another staff member said, "We have time to go to people's rooms and talk with them." Two staff however told us that short term sickness prevented them giving quality time to people occasionally. They said the senior staff always tried their hardest to ensure sufficient staff were on duty. Staff told us they all worked as a team in all departments.

The manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. The last calculations were completed at the beginning of October 2015. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed.

We looked at two personal files of staff that had been recently recruited. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. The registered manager checked the details of all the nurses who were on the Nursing and Midwifery Council (NMC) register to ensure they were safe to practice and held a valid registration. This had last been checked in September 2015 and all had valid registrations.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital

Good

# Is the service safe?

staff and staff within the home. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. Each trolley and cupboard was clean and tidy. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed. One person was able to take their own medicines. Staff had assessed their capability, which was reviewed monthly.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

# Is the service effective?

## Our findings

Two staff members told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Some staff had completed training in particular topics such as palliative care and catheter care. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us they could express their views during supervision and felt their opinions were valued. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the supervision planner for 2015. This gave the dates of when supervision and appriaisal sessions had taken place. The records included training which had taken place and planned. Staff confirmed these had occurred.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The MCA code of practice ensures the human rights of people who may lack mental capacity to take particular decisions are protected. Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

An action plan was in place to record when applications had been submitted where a person's liberty had been assessed. This was also recorded on the daily staff handover information sheet, so staff were able to record if applications had been authorised. When a person had appointed a relative to have power of attorney over their care, welfare and financial matters a copy was in the person's care plan. This ensured staff were aware of who to contact about the person's needs.

People told us that the food was good and varied. One person said, "The chicken and sauce were really tasty." Relatives told us they were offered refreshments and could have a meal if they wished.

We observed the lunchtime meal in the dining room. We saw the meals were presented well. Each person was given a choice of all the options and they decided what they would like to eat. Some people were offered clothing protectors. The lunch time period was social with lots of interaction between people eating and staff. People ate at their own pace and were not rushed. Staff asked people if they wanted help with cutting food, which was performed discreetly. Menus were on display around the home and laminated copies were on each table. Staff told us picture options for menus were being explored.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a softer diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. The kitchen also kept copies of people's likes and dislikes.

Kitchen staff had one to one meetings with people throughout the year to discuss their needs and menu planning. We saw details of those in the kitchen records. All meals had been discussed and each person's specific comments recorded. For example, one person liked the social atmosphere at meal times and another person liked to help in the dining room. Where people required special cutlery to eat and had stated the portion sizes they liked we observed this had been adhered to during a meal time observation. A member of the kitchen staff had proactively enrolled on a course to see how meals could be presented for people with memory loss. They had also joined a local forum for discussion on food provision in this type of setting. They told us they had found it useful.

Good

# Is the service effective?

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to walk with a frame to help their mobility. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people required special breathing apparatus to help them and when a person's life was coming to a close.

Good

# Is the service caring?

## Our findings

People told us they liked the staff and they were confident staff would give them good care and liked living there. Staff were decribed as caring and kind. One person said, “The nurses and carers are marvellous.” Another person said, “The carers are so kind.” Relatives told us they were happy with the care that their family members were receiving. The relatives felt involved and fully informed about the care of their family members. They said the staff were kind, courteous and treated their family with respect. One relative said, “I am very pleased about the fact that communication lines are always open.” One person said, “They work so hard. I know I can call on them but I like to be independent as well.”

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, “The confidence that it gives me is great.” A relative said, “I almost feel part of the family, because I can always talk to them.”

All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs. For example, one person was distressed about a problem so staff took them to one side and spoke quietly with them discussing their needs. Staff were observed knocking on doors before entering people’s bedrooms and waited for an answer before opening the door.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, which sitting room they would like to be in and advising about clothes to wear when sitting in the garden.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath, assisting each other to turn some-one in bed and helping someone unfamiliar with walking with a stick.

Staff responded when people said they had physical pain or discomfort. When someone said they felt unwell, staff gently asked questions and the person was taken to one side. When the emergency call bell was sounded we saw staff respond to the person’s need. As soon as possible the minimum amount of staff stayed with the person, not to frighten and worry them.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, “I can come at any time.” Another relative said, “I have to balance my time amongst other family members so I come at different times. It is alright with the staff though.”

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display.

Good

# Is the service responsive?

## Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, “Nothing is too small for them.”

People told us staff had talked with them about their specific needs. This was in reviews about their care, meetings and questionnaires. They told us they were aware staff kept notes about them and relatives informed us they also knew this. They told us they were involved in the care plan process. This was confirmed in the care notes we reviewed. Staff knew the people they were caring for and supporting. They told us about people’s likes and dislikes. For example, when they liked to get up in the morning and when they had visitors. This was confirmed in the care plans.

Staff also received a verbal handover of each person’s needs each shift change so they could continue to monitor people’s care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Each staff member had a written handover sheet which gave details of each person and treatment which had to occur daily; such as giving insulin, recording food and fluid intake and monitoring a catheter. Health and social care professionals we spoke with before and during the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. One person said, “We have a special celebration cake if it’s somebody’s birthday.” When talking about group activities one person said, “Not my kind of thing but happy to sit here.” There was a birthday party in progress during our inspection. Most people were joining in, along with visiting relatives and staff. There was a happy, family atmosphere about the occasion. There were photographs on display about which events which had taken place inside and outsode the home. This included cake making and visits out.

People in their rooms all day were watching the television; some had visitors for part of the day and some were reading magazines, books or newspapers. Staff interacted with people in their bedrooms and were observed sitting, holding hands and talking to people. People were also helping with housekeeping tasks such as set the tables in the dining room and another person was observed dusting ornaments in their bedroom. They told us this made them feel useful.

There was a pictorial activities planner on display, which gave details of events which took place each day, which contradicted with other information on display about activites. This was confusing to the people using the service and visitors. We brought the confusing documents to the registered manager’s notice and this was rectified immediately. The staff produced a monthly newsletter for people to catch up on local events in and outside the home.

People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. This had been reviewed in May 2015.

The complaints log detailed three formal complaints the manager had dealt with since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings in 2014. The registered manager completed a monthly audit of complaints to send to the head office for information purposes.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, “Every confidence in [named staff member].” Another person said, “[Named manager] is my favourite boss.”

People who lived at the home and relatives completed questionnaires about the quality of service being received. Some people told us they had recently completed questionnaires. One person said, “I don’t mind the questions if it helps.” There was a board in one of the corridors which displayed the results of that questionnaire entitled “You said, We did”. The results were positive. Meetings had been held with relatives in June 2015 and October 2015. These discussed topics such as food and calls bells. Relatives told us they felt involved in the home.

Staff told us they worked well as a team. One staff member said, “I like working with these people as there are not so many changes.” Another person said, “I enjoy coming to work.”

Staff told us staff meetings were held occasionally. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of staff meetings for April 2015 and September 2015. Each meeting had a variety of topics which staff had discussed, such as, medicines, staffing and care plan reviews. This ensured staff were kept up to date with events. A separate heads of department meeting was held each week for broader topics to be discussed such as supplies and budgets. Staff told us they felt included in the running of the home, as head of departments passed on messages. This was reflected in records seen.

The registered manager was seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person, which made people smile. The daily walkarounds were recorded each day. We saw those records which gave brief details of people spoken with, observations and occupancy. Actions were highlighted and signed when completed. The registered manager also completed unannounced night audits. We saw the one which had taken place in October 2015 with a start time of 3am.

There was sufficient evidence to show the home manager had completed audits to test the quality of the service. These included medicines, care plans, beds and equipment. Staff were able to tell us which audits they were responsible in completing. Where actions were required these had been clearly identified and signed when completed. Accidents and incidents were analysed monthly to ensure people were not at risk and staff told us that they amended people’ s care plans when necessary. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. Representatives of the company also completed audits monthly to check the home was abiding by the policies and principles set out by the provider and people were being looked after safely.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.