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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Madelayne Court is a residential care home that provides personal care for up to 112 older people with a physical or sensory impairment and people with dementia. At the time of the inspection, there were 110 people living at the service.

People's experience of using this service:

Overall, people were satisfied with the service they received. However, we received mixed feedback in relation to the availability and quality of the time staff spent with people and the quality and choice of meals available.

We recommended that the provider look at good practice guidance about the quality of staffing levels, offering a choice of meals whilst awaiting the new supplier and review people's needs in relation to their social isolation.

Risk was well managed at the service. Measures were put in place to keep people safe and risks were balanced so that people had freedom and independence. Staff knew what to do if they had concerns for a person's safety.

Staff were safely recruited and had the necessary skills to meet people's needs. Training and checks of staff competency were in place.

Staff worked well along with external professionals to maintain people's physical and emotional wellbeing.

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

Care plans were clear and written in a respectful person centred way. Care was reviewed and adjusted when changes happened. People were supported to take part in pastimes and interests, however these were restricted due to the staffing levels.

People were given empathy, consideration and respect. Their privacy was protected, and they were treated in a dignified way.

The registered manager and staff worked well with professionals and families to ensure people receiving good end of life care and support.

There was an established management team and a number of long-standing staff who knew people well. The registered manager promoted an open culture where people and staff felt able to have a say in the service. The registered manager developed positive links with external agencies and used feedback to learn

from incidents and accidents.

Rating at last inspection:

The last report was a responsive inspection we undertook due to concerns raised. We inspected the service on 5 December 2017 and looked at two key questions Safe and Well led and found the service to be Good in both questions.

Why we inspected:

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

Follow up:

We will continue to monitor Madelayne Court to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive about each service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well led findings below.

Madelayne Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The unannounced inspection took place on 25 April 2019 and was carried out by one inspector, an assistant inspector, a specialist professional advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance, experience of services for older people and people living with dementia.

Service and service type:

Madelayne Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.'

What we did:

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.

Providers are required to send us a Provider Information Return (PIR) in which they tell us about their

service, what they do well, and improvements they plan to make. The registered manager had completed a PIR which helped to inform our 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 to gather evidence of people's experiences of the service. We spoke with 19 people who used the service and five family members and friends.

We spoke with the registered manager, deputy manager, regional director, the activities coordinator and eleven staff. We reviewed the care records of ten people. We also looked at a range of documents relating to the management of the service, including seven staff files and a range of quality audits.

We had contact with three health and social care professionals who were involved in the care of people at the service.

We requested additional evidence to be sent to us after our inspection. This was received in the timescales given and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

● Some people told us there were not enough staff to care for everyone in a timely way. Whilst everyone told us they were safe and well cared for, one person said, "They always seem short-staffed, they say it to me, and you can see it." Another said, "You can tell they're short of staff – they're rushed, I feel sorry for them." One family member said, "There's definitely not enough staff. I come in every day to see [relative], and I can see how rushed they are. I know they're trying to improve this."
● There were mixed views from staff about the level of staffing to care for people safely. One staff member said, "There's enough staff. There are days when we have sickness but they're pretty good at getting it sorted. It goes through phases, touch wood it's okay at the moment." Another staff member said, "We manage people's personal care needs but there is little time for anything else but people are safe, definitely.
● The provider had a system in place to assess staffing levels in line with people's needs. There was the minimum amount of staff on the rota to care for people safely and staff were deployed on each floor depending on people's needs. We spoke with the registered manager and regional director about the staffing levels. They had identified this as an issue and were in the process of reviewing the staffing levels to increase the numbers of staff where they were most needed.

We recommend that the provider looks at good practice guidance in relation to current dependency levels and staffing.

● Staff were safely recruited with all the relevant checks in place.

Systems and processes to safeguard people from the risk of abuse

● The service had been working closely with the local safeguarding team to look at improvements to people's care following safeguarding concerns. Improvements had been made and monitoring arrangements were in place.
● People and their relatives did not hesitate in telling us they were safe. One person said, "Absolutely I feel safe, they're looking after me well." A family member said, "I feel that my [relative] is safe here, as safe as they would be anywhere. I don't worry about them when I leave. I know they'll always ring me if their condition changes."
● Staff were knowledgeable about safeguarding procedures, had attended safeguarding training and told us they felt able to speak out if they were concerned about a person's safety.

Assessing risk, safety monitoring and management

● Assessments had been completed to support people and staff to minimise risk. Care plans included measures which staff should take for example to minimise the risk of a person falling, obtaining a pressure sore, swallowing and choking and using a hoist and other equipment when moving and repositioning.
● Records were comprehensive and up to date, securely stored and available to staff. The registered manager told us they had improved the assessment, recording and monitoring process of people's care after lessons had been learnt from people's experiences.
● There were effective arrangements in place in the event of an emergency, such as individual plans for evacuation in the event of an incident or fire.
● Records showed health and safety checks and monitoring were undertaken which ensured the building and equipment was safe for use.

Using medicines safely

● Staff were trained to handle medicines in a safe way and completed a competency assessment. This ensured their knowledge was up to date.
● Medicines were stored, administered and disposed of safely. Each person had a medicine administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
● Staff obtained people's consent and ensured they had a drink when given their medicines. They were discreet in checking the person's medicine had been swallowed and were patient and understanding. One person said, "'I have energy drinks on prescription, they make sure I always have them. They [staff] are very good on my pills too, always bring them in on time."
● Medicines prescribed on an 'as and when required' basis (PRN) had protocols in place which informed staff of when the medicines were required.

Preventing and controlling infection

● The service was clean, and staff used personal protective equipment such as gloves and aprons to help prevent the spread of infection.
● Staff had received suitable infection control training

Learning lessons when things go wrong

● The management team carried out regular monitoring of accidents, incidents, complaints and issues. We saw that these had been evaluated to see if there were any ongoing trends and what learning opportunities there were to reduce reoccurrence. For example, an incident of a ring going missing had resulted in a change to their policy. As well as recording the property the person bought to the service, a photograph with the person's consent would be taken to evidence what jewellery they were wearing upon admission. Another example showed a range of learning, training and change in practice to ensure staff were observant and skilled in the prevention and care of pressure sores.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

● The registered manager supported staff to provide care to people in line with best practice guidance. We saw evidence of how the service had implemented the guidance from the Prosper initiative (using improvement methods to reduce preventable harm from falls, urinary tract infections and pressure ulcers) and the impact this was having on reducing hospital admissions.
● People's needs were comprehensively assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
● People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability. However, people's sexual orientation was not acknowledged or included. People's gender preferences for staff support were respected.

Staff support: induction, training, skills and experience

● Staff received an induction and shadowed experience staff before they worked with people on their own. The Care Certificate was used as part of the induction process as good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "We are supported to do the induction and training. I have done some of my care certificate and working on other bits of it. I really like working here."
● Staff attended training in a range of topics central to their role and this was refreshed when appropriate. Training identified as needed by staff in specialist areas such as pressure ulcers and dementia care was provided, and staff told us they could request additional training if needed. One staff member said, "Training is all good, we do a lot. The dementia care one is due again this year, if not I will look online myself." One social care professional said, "I met with the deputies and a moving and handling trainer to discuss equipment and moving and handling issues. They were all very engaging and taking all of what I was saying on board."
● Staff told us they were supported and able to speak with any of the management team. They also confirmed that supervision, team meetings and appraisals took place and we saw these were all recorded.

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

● People were supported to have a balanced diet in terms of their nutrition and hydration. However, a variety of food choices were not always offered. People had mixed views about the variety and quality of the food, comments included "The food is hot enough and very tasty", "The food's okay. I enjoyed the dinner

today", "The food is often not warm enough", "The plates are so cold that food soon cools down. If you ask them [staff] to heat it up, you can sometimes wait for so long."
● On the day of the inspection, a roast dinner was the only choice for people to have. One staff member told us, "There's normally an alternative. But with a roast, it is just a roast – no alternative. In the week, there's a choice e.g. sausage or chicken casserole, veg, mash, fish, macaroni cheese and for tea just a tray of mixed sandwiches. For people who have a soft diet, it's soup – one soup, no choice for tea. If they are not wanting soup, it's pureed leftovers from lunch or scrambled egg."
● People told us that they never saw the chef, and they would appreciate meeting them to discuss their views about the food. Picture menus were not being used as we were told they did not link to the meals currently being provided.
● We discussed our findings with the registered manager. They told us that they were aware of people's dissatisfaction with the food. The provider was in the process of changing over supplier so they were awaiting implementing the new menus.

We recommend that the provider seek the views of people's who use the service to ensure people get a choice of meals which gives them satisfaction.

● Tables were laid attractively with floral arrangements, serviettes and condiments. Staff were welcoming to people as they came into the dining room, offering them a choice of cold or hot drinks, offering second helpings and encouragement to eat if someone was struggling.
● People's requirements, such as those relating to their religion, culture and specific choices, for example being vegetarian, were respected.
● Where people were at risk, records were in place to show what food and fluids people had received to ensure their nutrition and hydration needs were met.

Staff working with other agencies to provide consistent, effective, timely care

● The service worked very well with a variety of health and social care professionals. They were very positive about the service. One health professional told us, "The staff are very knowledgeable and helpful. They would know what signs to look out for with people especially those who are diabetic."
● Arrangements were in place to share information between services as appropriate. For example, a fitness to travel document and one-page profile of important information was available should information about a person be needed quickly.
● Multi-disciplinary meetings were held weekly with health and social care colleagues which enabled people's care to be joined up, coordinated and timely.

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

● The service was on three floors, with good sized bedrooms, communal lounges, dining areas, a garden and lift access to all floors.
● People had personalised bedrooms and the necessary equipment to support them to remain independent and safe, for example, specialist beds, hoists, walking frames and wheelchairs.

Supporting people to live healthier lives, access healthcare services and support

● People had been referred to healthcare professionals such as, speech and language therapists, occupational therapists, district nurses and GP's when they needed it. One person said, "They [staff] let the chiropodist know when I need my feet done, and they feel good afterwards." Another said, "My hearing aids

are looked after well, they have never been lost while I've been here, and the staff always make sure I've got them in."
● Advice given by healthcare professionals was acted upon and included in people's care records.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Comprehensive capacity and best interest assessments and decisions were made on behalf of people who were unable to make their own decisions. This included the use of bedrails, sensor mats and leaving the building unaccompanied.
● The provider made applications for DoLS to the local authority on people's behalf and completed the correct notification to CQC as required by law.
● Staff received training in the MCA and DoLS. We saw this put into practice during our inspection as we observed staff interacting with people, giving them choice and the opportunity to make decisions whilst supporting them with everyday tasks.
● Some people had gates installed at their bedroom doors. People told us that they had requested these due to people going into their rooms, especially during the night. One person said, "The gate is there because I didn't like people coming in, it unsettled me. It's there to keep people out, not to keep me in, don't you worry."

Good

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

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 told us that they liked living at Madelayne Court. One person said, "They all treat me pretty well, they don't rush me." Another told us, "Staff are all very kind here, nothing's ever too much trouble for them." A family member said, "Staff were so helpful and welcoming when [relative] moved in. There was no aerial for the television, so the maintenance person went and found one and fixed it. That little act made their first day or two so much easier."
● People told us they were relaxed and comfortable around staff. One person said, "I am aware that staff check on me during the night, and this gives me confidence that I am safe and well cared for. If I wake up, I joke with them that, "It's okay, I'm still alive," and then we have a laugh together." Another said, "Can't fault them, lovely to me they are."
● During the inspection, we saw many examples of staff showing caring, friendly responses to people, chatting and laughing and being respectful and sensitive. One family member said, "The staff are quick to notice if my [relative] becomes upset. If they are distressed, they'll ring me, as we've asked them to do that."
● Staff demonstrated the levels of their understanding of peoples' families, backgrounds and preferences. One staff member said, "It's all about people having choices and a voice and helping them do whatever they can for themselves, I love my job." Another said, "When I walk through the door it's like having arms wrapped around you. It's such an amazing place to work, so warm and familiar."

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

● We observed that people were supported to express their views. Staff could tell us about people's individual personalities and how they expressed their views. Information about them was written in a sensitive respectful way and kept confidential.
● People and their relatives were involved in regular meetings about the service which were recorded. One person said, "I have been to some, but I don't wait for things to be an issue. I'd sort it before then, by talking to the staff or the manager." A family member told us, "I've seen [relative's] care plan, know everything written in it. They asked for lots of information and ask me to sign things quite often to confirm I'm in agreement with the care provided. Another said, "My family had been involved in [relative's] care plan, we can't praise the service high enough for quality and quantity of information they had asked for."

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with dignity and respect and encouraged their independence. One staff member said, "Slowly very slowly [person's name] is talking more and getting brighter and more confident. It's satisfying to

see."

● Most people were smartly dressed, looked clean and well cared for. However, staff were not always observant about maintaining people's dignity and privacy in the way they looked and were dressed such as wearing stained clothing. We spoke with the registered manager about this who told us they would raise it with all staff. They would also do their own observations of how people looked to ensure people were dressed appropriately and their dignity was maintained.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● The personal care people received was individual to their needs and was delivered in a person-centred way. However, people's needs were not always responded to in a timely way in relation to staff responding to people's call bells. Examples given included, "I wait up to twenty minutes for them to come sometimes when I press my alarm. I can't blame them, it's not their fault," and, "They get me down into the dining room in the morning and there's nobody there! I can sit waiting for breakfast for up to an hour. I think to myself, "Why do they get you up so early?"
● People and their families told us that the quality time they had with staff, other than to provide personal care, was limited. One person said, "I wouldn't mind time with [staff member] other than when I have a bath, that would be nice." Another said, "'My big wish would be that they had extra staff, it would make such a difference to us, they'd be able to come quicker, and spend more time with us." One family member said, "[Relative] hasn't done anything all week, no time with the staff. I'm concerned as [relative] won't ask or make a fuss.
● Staff also told us they do not get social time to spend with people. One staff member told us "Ohh to just sit and have a chat. They're missing out on that. Having a little bit of quality time, it's just not possible and you feel guilty." Another said, "You can't give people as much attention as you'd like, especially people in their rooms, taking that extra bit of time, can't always do the nice stuff."

We recommend that the provider review people's needs in relation to their social isolation and monitor call bell waiting times to enable people to receive a responsive quality service.

● Two activities coordinators provided a programme of activities. One person told us, "We have visiting entertainers, and trips out in a minibus to Maldon, go to a café, garden centres and bowling. I always enjoy getting the chance to get some fresh air. We had a picnic outside in the garden, that was really nice."
● The leaflet advertising events was very colourful but not distributed around the building or to people's rooms, so they could choose to engage in the group activities of the day. One person said, "I don't find out about what's going on, so I don't go." We spoke with the registered manager about this and they agreed to ensure the programme was distributed across all floors to increase participation.
● The provider told us that they had recognised the need for more input into activities and in March 2019 had introduced a friends and supporters' group to assist with greater involvement and engagement with people.
● Care plans were comprehensive and contained information about people's diverse physical, psychological and mental health needs. Their history, likes, dislikes, sensory needs and any preferences for the delivery of their care was recorded.
● Reviews took place to ensure people's needs were being met to their satisfaction and involved their family

or legal representative. Where people had specific health care needs, these were clearly identified and showed how people should be supported.
● From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service identified people's information and communication needs by assessing and recording them.
● People were supported to use an advocacy service if they needed independent advice and support to make important decisions.

Improving care quality in response to complaints or concerns

● The service had a complaints process in place and a record was kept of each complaint, the action taken, and the response recorded.
● The provider understood the importance of monitoring complaints for trends so improvements to the service could be made. People and their families knew how to complain and told us that any complaints would be dealt with quickly.

End of life care and support

● We saw that people's choices, decisions, wishes, preferences had been recorded in their care plan albeit, in some care plans, very briefly.
● Where people had Do Not Attempt Cardiopulmonary Resuscitation orders in place, these were clearly identified so that staff and visiting paramedics would know their wishes in the event of a cardiac arrest.
● One person was nearing the end of their life. A staff member told us about their needs, how they would care for them and what was important to them.
● We saw compliments about the care provided by staff from people's relatives. One said, "My [relative] could not have been in better hands when they were dying, they were with friends." Another said, "A kind word, a shoulder to cry on, a hug, a cup of tea all go an awful long way and, as relatives, we felt cared for too." We also saw a written commendation for a staff member who was asked to wash and dress a person after their death. It said how they had completed this difficult task with the utmost care and attention, preserving their dignity and treating them with respect.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The registered manager promoted a person-centred approach and an open culture. They had the skills and knowledge to lead the service. They were committed, caring, and approachable. One person told us, "I feel I can talk to her, she's a nice person". A family member said, "Management here are very approachable. I talk to the senior or [registered manager's name] and things get sorted. I think they do a good job at running this place."
● The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this. They worked in an honest and open way with the local authority and health services to improve the service for the people they supported.

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

● Staff told us that the management team were supportive and enabled them to do their job despite challenges they faced in relation to staffing levels. Recommendations were made earlier in the report.
● The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.
● The provider had a comprehensive weekly, monthly and yearly governance and audit processes in place. We saw that improvements were continuously being made. For example, a new electronic care plan system was being implemented in May 2019 to make recording more efficient and accurate. Better signage for people with dementia had been introduced because of liaising and learning from the dementia team.

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

● People and relative's views about the service were sought through regular meetings, reviews, activities, surveys and informal gatherings. One family member said, "I speak to (registered manager and deputy's names) if I have any issues, or I'll speak up at meetings. Sometimes things change as a result."
● Records showed that there was good communication with staff at all levels through organised and spontaneous meetings to discuss practice.

Continuous learning and improving care and working in partnership with others

● The registered manager used information, training, good practice guidance and advice and support from a range of professionals across health, mental health and social care to improve care for people on a continuous basis.
● The registered manager actively monitored staff training and development. Where people's needs changed, staff were given further training as necessary.
● People were supported to access good healthcare, equipment and specialist support to ensure their health and independence was maintained.
● Community groups, faith organisations, entertainers and volunteers were actively encouraged to get involved and people benefitted from the talent, enthusiasm and involvement they provided.