Arena Options Limited

# Madeline McKenna Court

## Inspection report

7 Caxton Close
Haddon Drive
Widnes
Cheshire
WA8 4DY

Tel: 01514951233
Website: www.arena-housing.com

Date of inspection visit:
24 November 2016

Date of publication:
20 January 2017

## 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

This unannounced inspection took place on 24 November 2016.

The inspection was conducted by an adult social care inspector.

The home was last inspected in August 2013 and was compliant in all areas.

Madeline McKenna Court is a residential care home providing accommodation for up to 23 people over the age of 65. It is run by Arena Options Limited and is situated in the Hough Green area of Widnes. The home is a single storey building with 23 single rooms with ensuite toilets.

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.

Everyone we spoke with told us that they liked living at the home and felt safe and secure.

Staff were able to describe the course of action they would take if they felt someone was being harmed or was at risk of harm. Staff told us they would not hesitate to whistle blow to the registered manager, the local authority or CQC.

There was a procedure in place for recording and analysing incidents and accidents.

Rotas showed there were enough staff employed by the home to deliver a safe, consistent service. We observed people were not rushed, and people told us there was enough staff to assist them when they required it.

Medications were managed safely and administered correctly. Medication checks were regularly completed and there were systems and processes in place to report any concerns.

Robust pre-employment checks were completed on staff before they started working at the home to ensure they were suitable to support vulnerable people and had the skills required for this role.

The home was working in accordance with the principles of the Mental Capacity Act 2005 and all DoLS (Deprivation of Liberty Safeguards) were in place for those who required them.

Consent was appropriately documented for people who were able to give their consent and we saw there was a procedure in place for 'best interests' decisions to help those who could not consent.

Staff were trained in accordance with the provider's own training and development policy, and training certificates were stored in staff files.

People were supported to receive a balanced diet. Menus were varied and different dietary needs were taken into consideration.

When speaking with staff, and from our observations around the service, we could see highly personal and warm acts of kindness taking place between staff and people who lived at the home. Relatives we spoke with told us that the staff were skilled and thoughtful.

Care plans were personalised and very detailed, encompassing important information about each person so as to enable the staff to know them as an individual, and explain how their needs should be met. Relatives told us they were involved with and included in their family members' care and support and that communication between themselves and the staff team was good. Relatives told us they felt their family member was valued highly and were listened to.

A process was in place for managing complaints and the home's complaints procedure was available so people had access to this information.
People and relatives were complimentary about the registered manager and the senior care staff.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice and clear and transparent action plans when areas of improvement were identified by the audit process

## 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 were recruited appropriately and safely to enable them to work with vulnerable people.

Risk assessments were in place and risks to people were explained in detail including any action which needed to be taken to help keep people safe.

Systems and processes for the storing, administering and disposing of medication was safe.

There was a safeguarding policy in place; this was available for people in different formats and displayed around the home.

There was enough staff working on each shift; rotas showed shifts were filled appropriately.

There were checks in place to help keep the building safe and these were checked weekly and regularly updated by external agencies.

### Is the service effective?

Good

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink and we received positive comments about the food.

Staff we spoke with received regular supervision and their training was up-to-date.
People received access to health professionals when they needed to.

### Is the service caring?

Good

The service was caring.

We received positive comments about the caring nature of the staff.

People who lived at the home told us that the staff respected their privacy and treated them with respect.

We observed positive engagement and interaction between people living at the home, their families and the staff, and there was a strong bond between all staff and the people living at the home.

## Is the service responsive?

Good

The service was responsive

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaints procedure in place and it was accessible for people who lived at the home. People and their relatives told us that they knew how to make a complaint.

There were activities in place which people told us they enjoyed. People could choose what they did with their time

## Is the service well-led?

Good

The service was well led.

People we spoke with knew who the registered manager was and were complimentary about their leadership and management style.

Staff spoke positively about the open and transparent culture within the home. Staff and people living there said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring quality were established at the service.

# Madeline McKenna 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 was conducted on 24 November 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We checked to see if any information concerning the care and welfare of people who lived at the home had been received.

The provider sent us 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. We were unable to access the PIR before the inspection took place

During the inspection we spoke with four people using the service, two visiting relatives, one healthcare professional and four staff. We spent time looking at a range of records including four people's care plans, three staff recruitment files, staff training and supervision records, the staff rota, medication administration records, a sample of policies and procedures, minutes of staff meetings, and compliments and acknowledgements received at the service. We looked around the home, including the bathrooms, lounges, the dining room and some people's bedrooms.

Good

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe living at the home. We asked them what made them feel safe, one person said, "I know the staff are always there to lend a hand to me when I need it." Someone else told us, "It's just a nice place to be." One visiting family member said, "You always know the faces of the staff, and nothing is too much trouble for them."

We looked at risk assessments in home. We saw that risks to people physical, emotional and psychological health were assessed and updated every month or when people's needs changed. For example, we saw that one person had been becoming more confused lately which included them telling staff they had not had their lunch when they had. We saw that the this person's risk assessment around memory and confusion had been updated to included information for staff to follow to ensure the person had eaten lunch, and the process they needed to follow to offer reassurance to this person as they would often become upset.

We observed there were enough staff on duty to be able to support people. Staff told us they were not rushed or pressured. One staff member said, "Its good here because you actually get time to speak to people without rushing to the next task." One person told us, "I can always get help if I need it."

We saw from looking at rotas, that the use of agency staff was minimal, and the same agency staff were often used to ensure consistency.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a requirement for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the disclosure and barring service (DBS). This confirmed there were safe procedures in place to recruit new members of staff.

There was a safeguarding adult's policy and procedure in place which had been reviewed recently. All of the staff we spoke with could recognise the signs of abuse and clearly explained what action they would take if they felt someone was being abused. We saw that procedures were in place to safeguard people from abuse. For example, one person's care plan made reference to fact that the person bruised easily, and staff must be extra vigilant during personal care and document any new bruises for investigation. This meant the

provider was ensuring any potential harm was recorded and reported.

The deputy manager provided us with an overview of how medicines were managed within the home. Processes were established for receiving stock, monitoring stock and the disposal of medicines. Medicines were held in a locked trolley. The trolley was secured to the wall. Medicines were administered individually from the trolley to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. This is important because if medications are stored in a room which was too hot or cold this could change their effectiveness.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people showed signs of anxiety. The manager confirmed that the people without a PRN plan had full mental capacity to recognise when they needed the medicine and request it. Medication was only administered by senior staff who had completed medication training and had regularly competency assessments.

The home was clean and tidy and cleaning rotas were regularly completed and checked as part of the registered managers quality assurance process.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home and the method of assistance required had been personalised to meet the needs of each person. There was a fire and emergency plan displayed in the hallway. Procedures were in place for responding to emergencies and in the event of a fire

We checked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts, which included gas, fire safety, electric and legionella. We spot-checked the date of some of these certificates and found they were up to date.

Good

# Is the service effective?

## Our findings

People told us they felt the staff had the right skills and experience to support them. We spoke with one person who said, "The staff are very professional." We spoke with a medical professional who told us, "This is definitely one of the better homes that I have been to. I know I can ask the staff to put something in place for someone on my instruction and they will do it. They are very skilled."

Staff told us they felt they had the right skills to enable them to support people effectively and told us they enjoyed their training. Training was a mixture of E-learning and practical workshops. We looked at the training matrix for the home and could see that staff had attended all of the home's mandatory training and certificates we saw reflected this. We saw training had been completed in areas such as manual handling, safeguarding, first aid, and medication plus other relevant training. The registered manager monitored when staff training expired and when refresher training needed to be booked. Staff told us they had an induction when they first started working at the home which involved them shadowing more experienced members of staff. The service was also inducting staff according to the principles of the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in relation to their job role.

We asked the staff if they had regular supervision and appraisal. Staff told us they had regular supervision and there was a supervision schedule in place confirming this. Staff had an annual appraisal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met. All the staff team had received training in the principles associated with the MCA and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Records showed applications had been authorised, were being managed and were being kept under review.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records were written in way which encouraged the staff to ask for consent before providing care to people. For example, one person's care plan stated, "Make sure staff ask consent before providing care to [person]." Care records showed people's capacity to make decisions for themselves had been

assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked to see if people had enough to eat and drink. We viewed menus and saw that they were nutritionally balanced and incorporated the choices of the people living at the home. We saw that people who required soft diets or specialised diets had this in accordance with their plan of care.

We observed the staff asking people throughout the day if they would like anything to drink. We saw from looking in people's care plans that anyone who was required to have their food and drink intake monitored for health reasons had a suitable tracking tool in place which the staff were completing. These were up to date and completed accurately.

We saw people were supported to maintain their physical health and there was documentation, which showed that a range of healthcare professionals regularly visited people and people were supported by staff to attend regular appointments and check-ups.

Good

# Is the service caring?

## Our findings

Families and people who lived at the home told us that the staff were very caring and they liked them. One person said, "The staff are the best thing about the home and the home is very good." Someone else said, "The staff here are absolutely fantastic, they are brilliant people. I can't compliment them enough." Another person said, "They are all lovely." One family member told us, "We come here often and the staff are always so accommodating. There is nothing they wouldn't do."

Our observations throughout the duration of the inspection showed kind, caring and familiar interactions between the staff and the people who lived at the home. Some of the examples of this we saw was one staff member supporting someone to go for their lunch. The staff stood close by the person so they were able to mobilise safely and independently and spoke kindly and encourage them to make sure they took their time.

We also saw one member of staff visit someone in their room to introduce us. The staff member knocked on the door and asked permission to enter, then began to engage in meaningful conversation with the person.

Staff were able to give us examples of how they ensured people's dignity was respected and upheld. For example, one staff member said, "I always make sure that I remember this is their home and I try to do things how they would like."

People and their families told us that they were involved in care planning. One person said, "Oh yes, I know I have a care plan. The staff have gone over it with me; I think my son came as well and discussed it."

We saw that the service provided information regarding local advocacy services for people who might require this type of support. We saw there was no one accessing advocacy services at the time of our inspection.

Good

# Is the service responsive?

## Our findings

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect a response. Everyone in the home told us they knew how to complain. Most people said they had never had a cause to complain. One person said "I have never had to complain." There had been no complaints since the last inspection.

Everyone had undergone an initial assessment process before being offered a place at the home. We saw that the initial assessment process captured the views, preferences, wishes and aspirations of the person before they came into the home. For example one person suffered with confusion and certain conversation topics could trigger this.

Care plans evidenced that a person centred approach was adopted concerning care planning and supporting people. Person centred means that care is designed to meet the needs of the person and not to suit the needs of the service. This was well documented in people's support plans. Information such as what people did for a job and what music they liked was also documented in their care plans. Staff were knowledgeable regarding people's care needs and how people wished to be supported. People told us they had no issues with regards to the gender of their care worker. We could see that this choice was documented in the person's care file. People's care plans were signed to show that they had contributed to the assessment and planning of their care. Care plans were reviewed every month for changes.

We saw that even though staff were required to complete certain tasks for people as part of their care needs, the care plans were written in a way which took the personal needs of the person into account. For example, one care plan we looked at gave specific direction for placing a pressure cushion in a certain way to ensure the person was comfortable. Another care plan contained information around what conversation topics the person might like to talk about.

The home arranged activities. People told us about the activities and that they enjoyed them. We observed one person was having their nails painted during our inspection and other people were completing puzzles. One person told us, "The chiropodist comes every six weeks and the hairdresser visits every week." No one told us they every felt bored and one person told us they were not interested in activities.

We saw that meetings for people living at the home took place every month and the next one was planned for the next few weeks. The registered manager told us because they were ' always' at the home and had a 'hands on approach' to management, people and their families would often spend time with them if they had anything to discuss. We saw topics such as the menu and activities had been discussed and any suggestions to the menu were being introduced.

Good

# Is the service well-led?

## Our findings

People we spoke with told us they were very happy with the way in which the home was run. One person told us, "The atmosphere here is excellent." Another person said, "Very good overall atmosphere." Also, "Very happy with the management."

There was a registered manager in post.

Staff we spoke with said the registered manager was supportive and they would recommend the home to their families and friends.

Staff had handovers between shifts so that they were aware of any changes since they were last working. The handovers were recorded. Staff told us the culture of the home was open and transparent and it was clear the manager was 'hands on', led by example, were clearly proud and passionate about the home and cared about the staff and the people living there.

There were audits for the safety of the building, finances, care plans medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. The registered manager did their own weekly audit of the building and regular care plan checks.
The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement of people and their families, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This helped to ensure there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We looked at how the registered manager used feedback from people living at the home and their relatives to improve the service at Madeline McKenna. We saw that the registered manager had sent out multiple choice questionnaires. The results had been analysed. We saw that 100% of people said they liked living at the home.

The registered manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.