CareConcepts (St. Helens) Limited

Madison Court

Inspection report

Madison Close
Parr St Helens
Merseyside
WA9 3RW
Tel: 01744 455150
Website:

Date of inspection visit: 21 & 24 July 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on 21 July 2015. A further announced visit took place on 24 July 2015 in order to complete the inspection.

Madison Court provides accommodation for up to 66 people requiring nursing and personal care and for people living with dementia who require care and support. The service is located close to shops and a local bus route into the town of St Helens. Set in its own grounds the service has car parking facilities. At the time of this inspection 42 people were living at the service.

There was no registered manager in post at the time of this inspection. 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.

At the last inspection in February 2015 we found that there was number of improvements needed in relation to; medicines, protecting people from receiving

Summary of findings

inappropriate or unsafe care and treatment, supporting staff, people's rights to decision making, maintaining accurate records and monitoring systems in around the quality and safety of the service. In addition, we identified serious concerns in relation to people's dignity and respect and safeguarding. We issued the registered provider with two warning notices in relation to these concerns.

During this inspection we saw that improvements had been made within the service in relation to planning and recording people's care needs and wishes, staff training and support, the environment, the monitoring of the service delivered to people and to the overall management of the service. In addition, we found that the registered provider had taken action to address the concerns raised within the warning notices.

We found during this visit that improvements were needed to me made in how medicines were managed. We found that the temperature of rooms in which the medicines were stored was too high. This meant that people's medicines were not being stored appropriately.

Improvements were needed as to what activities were available for people to participate in. People living in one area of the service had access to a number of activities on a regular basis, however not everyone who used the service had regular access to regular mental and physical stimulation.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Where a person's liberty was being restricted or that they were under continuous supervision, we found that appropriate applications had been made to the supervisory body under the Deprivation of Liberty Safeguards.

People who used the service felt safe. Policies and procedures were in place in relation to safeguarding people. Staff demonstrated a clear understanding of their role and protecting people.

People who used the service had enough to eat and drink. People were offered drinks and snacks throughout the day and had a choice of where they ate their meals.

Staff supported people in a kind and patient manner and it was evident that relationships between people and the staff that supported them had been developed.

People's care and support needs were reviewed on a regular basis. Care planning documents were updated when required and appropriate referrals were made to healthcare professional when required.

Sufficient staff were on duty to meet the needs of people. Staff had received training appropriate for their role and further training was planned throughout the year. Staff felt supported by the management team.

An action plan was in place to address areas of development needed within the service. This action plan had been developed to highlight areas of improvement around the service to improve the quality of care and support people received.

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 not always safe.

Improvements were needed as to how people's medicines were managed at the service.

Staff knew how to recognise and report any abuse or suspected abuse.

Sufficient staff were on duty to meet the needs of people.

Requires improvement

Is the service effective?
The service was not always effective.

Improvements were needed as to how people's decisions about their care and support were recorded in their care planning documents. This would help ensure that staff were fully aware of people's decisions about their care and support.

Staff received training and support for their role which helped ensure that people received the care and support they required.

Requires improvement

Is the service caring?
The service was good.

Staff were kind and caring in their approach to people who used the service.

People were respected and treated with dignity.

Staff knew how to care for people in a manner that promoted their independence.

Good

Is the service responsive?
The service was not always responsive.

Activities were seen to take place on the ground floor of the service only. Further improvements were needed to ensure that all people who used the service had the opportunity to participate in activities that offered mental and physical stimulation.

Care planning documents recorded people's needs and wishes in a person centred manner. These documents informed the staff of how to deliver care and support to people safely.

A complaints procedure was in place and available throughout the service. The information was visible to people who used the service and their visitors. People told us that if they had a complaint they would speak to staff

Requires improvement

Is the service well-led?
The service was not always well-led

Requires improvement

Summary of findings

A clear management structure had been developed since our last inspection. This included the manager, the deputy manager and the introduction of a clinical lead role.

Systems had been introduced that could identify problems within the service early. This helped ensure that people received the care and support they required. However, further development was needed as the newly introduced systems had failed to identify and address areas of improvement required in relation to the storage of medicines.

Incidents, accidents and occurrences were recorded and regularly monitored.

Madison 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.

We visited the service on 21 and 24 July 2015. Our visit on the 21 July 2015 was unannounced.

The inspection team consisted of two social care inspectors. In addition, a specialist professional advisor (SPA) with specialist knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) joined the inspection team.

We observed the care people received, spoke with 14 people who used the service and spent time with people utilising the communal areas around the service. We spoke with eight visiting relatives during our visit and one relative on the telephone. We spoke with the manager of the service, the clinical lead nurse and 10 members of staff who held various roles, including care and nursing staff.

We looked at the records of three recently recruited staff, the care records of six people who used the service, records relating to the management of the service and we toured the building looking at people's bedrooms and communal areas including bathroom and toilet facilities.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered provider had sent us since our previous inspection. We contacted the local authority who commissioned care from the service. They told us that they had continually monitored the service people received.

Requires improvement

Is the service safe?

Our findings

People told us, and indicated that they felt safe living at the service. People's comments included "Yes. I am safe here", "Staff look after me well" and "I have been here since it opened. I feel safe here because of the staff. The staff take care of me". One visiting relative told us, "Yes [relative] is definitely safe. There are new locks on the doors".

At our inspection in February 2015 we asked the registered provider to take action to ensure that the care provided was safe, people were protected from abuse and that medicines were managed appropriately. We asked the registered provider to send us an action plan telling us what action they had taken.

When we inspected the home in February 2015 identified concerns about the way medicines were managed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities 2010). This was because we had found that medicines were not always stored safely as the keys to the medicines room on one floor was stored in an unlocked drawer. In addition we had found that records in relation to medicines were not always accurate. On this inspection we found that improvements had been made as to how medicines were managed. However we found that further improvements were needed as to how people's medicines were stored.

Training records demonstrated that 10 staff responsible for managing people's medicines had received refresher training in relation to medicines since our previous inspection. Policies and procedures were in place and available to staff for the safe management of medicines. We saw that information available to staff relating to people's medicines had improved. For example, we saw that each person being supported with their medicines had a Medication Administration Record (MAR) for staff to sign when medicines had been administered. In addition, information was also available relating to individual's GP name, the person's date of birth, photograph, known allergies and a protocol for the administration of medicines that were prescribed when required (PRN). These protocols helped ensure that staff were aware of the reason for medicines being prescribed, and the signs and indicators to be aware of for when the medicine may be offered. This helped ensure that people received their PRN medicines when they needed them.

Appropriate storage cabinets were available for the safe storage of medicines and controlled drugs. Controlled drugs are medicines that could cause person harm and therefore they have specific storage and recording requirements. We checked the controlled drugs for three people and found that they were being stored and recorded appropriately. However, we saw that the label on one box of controlled drugs had been removed. This put people at potential risk of receiving medicines that were prescribed for another person. We spoke with the senior member of staff on duty who told us how they would take action to rectify the issue. We found that all three medicines storage rooms were extremely hot. Fans were in place; however the temperature of the rooms ranged from 26 degrees to 30 degrees. The majority of medicines being stored in the room were clearly labelled not to be stored above 25 degrees. Following our inspection the manager of the service informed us that air conditioning units were being fitted into the medicines storage rooms to ensure that they were maintained at an appropriate temperature at all times. The manager has been requested to confirm in writing when this action has been completed.

During our previous inspection in February 2015 we identified that people had not been safeguarded against the risk of abuse. This was a breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities 2010) and we issued a warning notice. We saw that the registered provider had made improvements as to how people were safeguarded within the service.

Policies and procedures were in place in relation to safeguarding people. Staff demonstrated a clear understanding of their role and protecting people. Staff knew what action they needed to take if they suspected or observed abuse taking place. They were able to tell us different types of abuse and practices that could cause potential harm to people. Staff told us that the registered provider's policy had been altered to now include a requirement that any safeguarding concerns must be reported within one hour of the concern be raised or observed. Two members of staff told us they had raised concerns under the safeguarding procedures and they felt that they had been listened to and the situations had been dealt with appropriately. Training information demonstrated that since our previous inspection 24 staff members had undertaken safeguarding training. Records demonstrated that concerns relating to safeguarding had

Is the service safe?

been reported appropriately to the local authority and the Care Quality Commission. The amount of reportable incidents had decreased in the period since our previous inspection.

During our previous inspection in February 2015 we identified that people were not protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2010). We saw that the registered provider had made improvements as to how people's care was planned.

Identified risks to individuals had been identified and risk assessments completed, which included actions to be taken to reduce the risk of harm for individuals. For example, people's care planning documents contained risk assessments in relation to moving and handling, skin pressure areas and falls. The risk assessment contained clear guidance for staff to follow in the event of an incident taking place. These actions included completion of the accident book, family to be informed (if requested) and the manager to be informed immediately. This demonstrated that identified risks were being monitored and managed. In order to support individual's in an emergency, a file was available on each floor that contained a personal emergency evacuation procedure for each person (PEEP). These plans contained information specific to an individual as to what support they required to be moved to safety in the event of an emergency.

There were sufficient numbers of care and nursing staff on duty in addition to catering and domestic staff to support the needs of people. Staff told us, "The staffing is fine at the moment. We struggle a bit in the afternoon but we get the work done. When all rooms are full we have six carers (on the unit)". Another staff member told us that there were "Enough staff to look after the residents". Visiting relatives had mixed views on the numbers of staff available. For example, one relative told us, "Sometimes the staff are pushed because they are short staffed", "They just cut the staff from four to three. The girls are struggling and it had cut the quality of care down". Another visiting relative told us "When the unit was full there was not enough staff. They are more hands on now" and another told us "Six months since staff were run off their feet, now there are more staff. Throughout the inspection we monitored the time it took staff to answer people's call bells. We found that the majority of calls were answered within two to four minutes.

Throughout the service equipment was available to help people with their mobility, comfort and independence. For example, accessible bathing and shower facilities were available on each floor along with hoists to support people's safe transfers when moving. One relative told us that a specific piece of equipment had been provided to meet their relative's height needs.

Appropriate recruitment procedures were in place. We saw that these procedures had been followed when recruiting new staff. This included obtaining appropriate references and a Disclosure and Barring Service (DBS) check prior to a new member of staff commencing employment. We looked at the recruitment records for three recently recruited staff and saw that they contained evidence that appropriate recruitment checks had been carried out. This showed that systems were in place to help ensure that only staff suitable to work with vulnerable people were employed at the service.

The building was clean and free from clutter. However, one window on the landing of the second floor did not have a restrictor in place. This area was not generally accessed by people who used the service; however there was a risk people could open the window and come to harm. We reported this to the manager of the service who said they would address the matter immediately.

Personal protective equipment (PPE) was available around the building and staff used it when supporting people with personal care and when handling food to minimise the risk of the spread of infection. Since our previous inspection the service had received an infection control inspection from a healthcare professional. This inspection had highlighted areas which required improvement. The manager of the service told us that the lead nurse for infection control within the service was in the process of completing an action plan to address the areas of improvement needed to ensure that they were fully compliant with infection control practices.

Requires improvement

Is the service effective?

Our findings

People had mixed opinions about the food served at the service. People's comments included "The food has all been very nice", "The food is good. I have mine blended. If you want anything different they change it if you want", "The food is ok. The food is not very good. I spoke to one of the managers about it and I hoped it would improve".

Visiting relatives also had mixed opinions about the food at the service. Their comments included "She [their relative] is a fussy eater. They will make her anything she wants", "Today's meal is the best for ages. It is all cheap cuts of meat" and "We as for fresh fruit and veg, it is not always on the menu".

At our inspection in February 2015 we asked the registered provider to take action to ensure that people's rights were adhered to under the Mental Capacity Act 2005 and that staff were supported to deliver care and treatment safely. We asked the registered provider to send us an action plan telling us what action they had taken.

We found in February 2015 that the registered provider had failed to protect the rights of people who lacked capacity to make their own decisions. During our previous inspection we found that the Mental Capacity Act 2005 was not being implemented at the service. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities 2010. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. During this inspection we saw that where appropriate, applications had been made to the local authority in relation to the Deprivation of Liberty Safeguards.

We saw that 21 people had been made subject of a Deprivation of Liberty Safeguard. Staff had incorporated the Act into their practice and ensured that people's consent was obtained in relation to the care and support they received. People were given choices and their independence was encouraged. Where appropriate, relatives and relevant others were consulted and involved in decisions about people's care.

The Mental Capacity Act 2005 is in place to ensure decisions for people who are not able to indicate their consent or are unable to make specific decisions are protected from harm or discrimination, and that any decisions made on their behalf are done so in their best interest.

During this inspection we saw that the manager had made improvements to comply with this regulation. However they recognised that further work was needed to ensure that practices within the service were further developed. For example, improvements were needed to the service's policy relating to the Mental Capacity Act 2005 as it was found to be over complicated and confusing which could lead to misinterpretation by the staff working within the principles of the Mental Capacity Act. In addition, further improvements were needed to ensure that the assessments used to assess a person's mental capacity to make a specific decision and decisions made in people's best interest were fully recorded in their care plans. This would help to ensure that staff were aware of people's decisions in relation to their care and support. For example, the care file of one person contained a 'Preferred Priority of Care' form which identified the arrangement the person would like as they approached their end of life. We saw that no capacity assessment or best interest decision had been recorded, therefore it was not clear as to how this decision had been made.

A member of staff told us how they ensured people's personal preferences were always met by asking. "I tend to ask a few times. They (people who use the service) can still decide what meals they want; we use picture menus for this. I ask if they want a shower or bath, I give a choice of clothes, it is important that they can dress the same as they used to, and then I ask if they would like breakfast yet". This, along with the use of person centred care planning helped to ensure that people received care that was centred. Staff had good knowledge of the people they supported and their personal preferences.

Since our previous inspection 32 staff had undertaken training in the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. Staff demonstrated a clear understanding of the Act.

During our previous inspection in February 2015 we identified that people were being cared for by staff who were not always supported to deliver care and treatment

Requires improvement

Is the service effective?

safely . This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities 2010). We saw that the registered provider had made improvements as to how staff were supported to meet people's needs.

Staff told us that they had received training to carry out their role. Training records demonstrated that since our previous inspection a number of staff had undertaken training in dementia care, first aid, moving and handling, the Mental Capacity Act 2005 Deprivation of Liberty Safeguards, safeguarding, dignity in care/person centred care, challenging behaviour and record keeping. A training plan was available for the year to provide further training for staff which included dementia care, medicines awareness, food hygiene, nutrition and hydration, care planning/record keeping, professional boundaries, clinical skills and challenging behaviour. The manager demonstrated that all training planned was done so in line with the Care Certificate that came into effect in April 2015 nationally. Staff told us that they were now in receipt of regular of regular supervision from their line manager. They told us that they felt supported in their role and that they could seek the advice of the manager, the assistant manager or the clinical lead at any time.

Care planning documents identified people's food preferences. For example, one person's care plan clearly stated that the individual should not be subject to specific mealtimes in order for their nutritional needs to be met. This was so that the individual could develop a routine of their own in relation to their dietary needs. We saw several people having late breakfast by their choice and that mid-morning snacks were served that included fruit, crisps and sausage rolls. In addition, milkshakes were available to enhance people's intake of calories. People living on the ground floor had individual tea pots, a milk jug and sugar available to them. We saw that these teapots were filled on a regular basis so that people were able to serve themselves drinks throughout the day. Staff recognised the benefits of using teapots in that people were able to help themselves and they also prompted people to drink plenty throughout the day.

We spent time with people during lunch. People were seen to take their meals in the dining rooms, lounges or their bedrooms. Dining room tables were set with cutlery, condiments and table cloths. Pictorial menus had recently been introduced throughout the service to support people with choosing what they wished to eat from the menu.

Risk assessments in relation to hydration, skin integrity and nutrition formed part of people's care planning documents. Where a risk had been identified through the assessment process monitoring was in place. For example, we saw evidence that people's fluid and food intake was monitored on a daily basis and people were weighed on a regular basis to help identify any weight loss or gain. Assessing people's nutritional risk helped ensure that any specific dietary needs and wishes could be planned for.

People had access to a local GP service. In addition, a consultant geriatrician and clinical support team visited the service on a regular basis to monitor people's health and offer advice to the staff team. People's care planning documents contained evidence of the clinical reviews that the team had completed with people. We saw that when required the services of other healthcare professionals was requested. For example, chiropodist, tissue viability nurse, optician, speech and language therapist, dietician and dentist. Care plans contained information relating to specific medical conditions, for example, diabetes. This information helped staff understand the condition and the impact it may have on the person living with the condition.

Since our previous inspection significant improvements had been made to the ground floor environment to support the needs of people living with dementia. For example, we saw that people's bedroom doors had been painted with colours and numbered along with the provision of memory boxes to orientate people to their bedrooms and around the unit. Corridor doors that had previously been locked were now open at all times which enabled people to freely access their bedrooms and all other areas on the floor. The walls had numerous collages and framed pictures as well as specialist activity boards to create a stimulating environment. The manager told us that arrangements were in place to continue to develop other areas of the building to improve the orientation of people living with dementia. They told us that they anticipated that this work would be completed by the end of September 2015.

Good

Is the service caring?

Our findings

People told us that they felt cared for. Their comments included; "The girls are lovely. They are very caring", "The staff are really good to us" and "They are looking after me. They are good girls. They are genuine."

Relatives comments included; "The staff are amenable and helpful", "I think she [relative] gets well looked after", "The staff are nice people. They will do anything for you" and "It seems a nice place. They pop in and chat to [relative]. She is well cared for".

At our inspection in February 2015 we asked the registered provider to take action to ensure that people's rights to respect and independence were promoted. We asked the registered provider to send us an action plan telling us what action they had taken.

We found during our inspection in February 2015 that the registered provider had failed to promote and respect people's independence or treat them with respect. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2010). We issued a warning notice. We saw that the registered provider had made improvements as to how people's dignity and independence was promoted and maintained.

We observed that staff knocked on people's doors prior to entering. Staff described what they did to help ensure they maintained a person's dignity and privacy. They told us that this included informing people what care was being offered, keeping people's curtains closed and ensuring people were covered whilst personal care was carried out. Staff told us that they had received training in maintaining people privacy and dignity. We saw one situation where a person's upper straps to their clothing became displaced when they were being transferred by a hoist to a chair at the dining table. Once seated the staff member gently and discreetly readjusted the person's clothing. This could have been avoided with the use of a cover at the beginning of the use of the hoist and would have ensured that the person's dignity was fully protected. One relative told us that they had seen overall improvements around the service in the last few months.

People told us that they were able to make choices for themselves. For example, what time they wanted to get up and go to bed. What time they had breakfast and whether, they wished to deal with their own post or with the support of the staff team. We saw staff offered people choices as to where they wanted to go in the building, where they wanted to have their lunch and where they wanted to sit.

The registered provider was in the process of implementing new care planning documents for people. We looked at a number of completed newly devised care plans and saw that they provided good information to staff as to how a person wished to be supported so that they maintained their independence. For example, one care plans stated, "Staff to lay clothes on the bed and [X] will put them in the order they want". As part of the new care planning process a document titled "This is Me" was in the process of being completed for people. We looked at two of these completed documents. They were well written and contained sufficient information for a person's needs to be met, for example if a person needed to be admitted to hospital the hospital staff would find the information in the document useful in providing care and support to the individual.

Staff knew the people they supported well. For example, one particular member of staff told us about a reoccurring condition that one person experienced. The person had visited the GP but the condition continued. The staff member had had access to information about the person's last life and had realised that the person had experienced the problem throughout their life. This helped the staff understand and support the individual.

Where possible, care planning documents contained the choices of people in relation to their end of life. In addition, where a decision of 'Do not Attempt Cardiopulmonary Resuscitation' had been made by or on behalf of an individual under the appropriate legislation, the information was clearly recorded and available to staff.

A service user guide was available to people who used the service and their family members and relevant others. The document provided information in relation to the services aims and objectives, equality and diversity, the services available, fees and methods of payment for the service, people accessing their information, comments and complaints and safeguarding people.

Requires improvement

Is the service responsive?

Our findings

People's comments included "It's nice, you can sit in your rooms and watch everyone pass" and "There is a lady who comes around wanting us to do different things like arts and crafts. She comes around with a trolley of crisps, sweets and pop too".

People told us that if they had a complaint they would speak to the staff and they thought that staff would address their concerns.

Relatives of people who used the service had mixed opinions on the service. Their comments included "We have no complaints. If we did we would go straight to the manager", "This is the first time (relative) has been out of bed for a fortnight. He had the same pyjamas on for three days" and "They never seem to go anywhere."

At our inspection in February 2015 we asked the registered provider to take action to ensure that people were protected against the risks of receiving inappropriate or unsafe care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2010). We asked the registered provider to send us an action plan telling us what action they had taken. We found that the registered provider had made the improvements as detailed in the action plan.

We saw that improvements had been made to the process of recording people's care needs and wishes. We saw that the manager was in the process of introducing new care plans for people. We looked at a number of newly developed care plans and found they contained information that was recorded in a person centred manner. In addition, the construction, content and presentation of the documents had improved in comparison with the care plans that we saw during our previous inspection. The documents gave the opportunity to record people's needs in relation to memory and orientation, mood and behaviour, mobility, communication, physical health and washing and dressing. Each plan described the person's care needs, their wishes, specific risks in relation to these areas, and they included personalised information about the support people required. A summary of individual's care needs was also contained at the front of the care planning documents. We saw that care planning documents were reviewed on a regular basis. The manager told us that the new care planning documents would be in place for all people who used the service by the end of August 2015.

We saw that care planning documents considered people's changing behaviours. Staff explained that if a person became agitated they used talking methods to support the person at that time. Staff told us that "If agitated all they need is for you to sit next to them and give them support". Care plans contained clear guidance to staff as to how to prevent and de-escalate situations. This demonstrated that potential situations had been identified and planned for to ensure that they person was supported appropriately.

Staff explained the named care worker system in place. They told us that each person had a member of staff identified as their care worker and it was the care workers role to help gain information about people's preferences to assist with the planning of their care. In addition the care worker's role included liaising with families and ensuring that people had a supply of toiletries to meet the individual's personal hygiene needs and wishes.

The inspection in February 2015 found that people were not protected from inappropriate care and treatment by maintaining accurate records. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found on this inspection that improvements had been made.

Daily records were maintained of the care and support people had been offered and received throughout the day and night. These records enabled staff to monitor people's health and welfare and make changes to help ensure that people received the care and support they required.

A complaints procedure was readily available around the service. In addition, information regarding complaints was also available within the service user guide. Staff had a clear understanding as to how to manage and complaints that they received; this included recording the concerns in an incident book and reporting the issues to their line manager. One relative told us that they were currently pursuing a complaint with the manager of the home. A system was in place for the recording of all complaints, the responses to complaints and further actions for

Requires improvement

Is the service responsive?

improvement if any were identified through the investigation of complaints. Records relating to complaints were reviewed on a monthly basis by the manager of the service and appropriate action was taken when required.

Two relatives and three staff told us that they felt that there were not enough activities available for people throughout the service. Their comments included "They need more activity. She [relative] sits watching the TV all day". Two activities workers were employed at the service. During our inspection one of these workers was on duty. We observed people living on the ground floor of enjoy a group music session. Everybody in the room took part and there was lots of laughter. A number of people were reading the daily newspapers whilst having a pot of tea. We spent time with two people who told us they enjoyed working outside with plants and growing vegetables. One person watered the flowers with the support of a member of staff. They told us "I like living here, I get to water the flowers". Another person had taken great interest in growing cabbages, carrots, beetroot and potatoes. They demonstrated to one of the inspectors the best ways to grow vegetables. They told us "I'm very happy in the garden. I'm very happy here". The activities were seen to take place on the ground floor of the service. Staff confirmed this and recognised that further improvements were needed to ensure that all people who used the service had the opportunity to participate in activities that offered mental and physical stimulation.

Requires improvement

Is the service well-led?

Our findings

Three people who used the service were unable to identify the new manager in post. One person told us "The managers keep changing, you never see her. She must be too busy". A number of relatives also commented that they had not met the new manager. Their comments included "I have not met the home manager but I have lots of contact with the unit manager. She is spot on with her job".

There was no registered manager in post at the time of this inspection. The management arrangements had changed since our previous inspection in that the former area manager who had been working at Madison Court for some time had taken over the role of manager. They had commenced the application process to register as the registered manager with the Care Quality Commission.

A number of relatives told us positive things about the service. Their comments included "We would recommend it to others" and "I would recommend this place because I've never found anything wrong. They have always looked after [X] well".

Staff told us that they felt supported by the manager of the service. They told us that the manager was approachable and that they could go to them at any time for advice and support. Staff comments included, "The new home manager is lovely. I love the unit manager to bits. She keeps us on our toes. She gives you a pat on the back" and "The home manager comes up to the unit and goes around to speak to everyone". Staff told us they felt the service had improved since our previous inspection with one member of staff telling us "Things are much better here".

A clear management structure had been developed since our last inspection. This included the manager, the deputy manager and the introduction of a clinical lead role. The manager and the clinical lead displayed determination and enthusiasm to continue to improve the service delivered to people. Staff were fully aware of the roles of the management team and they knew who to approach if they needed to. Staff were aware of the registered provider's whistleblowing procedures and they were confident that they would be listened to and that their concerns would deal with by the manager in confidence.

In February 2015 the registered provider did not have effective systems in place to regularly assess and monitor the quality of the service provision or identify or minimise risks to people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities 2010). We found on this inspection that improvements had been made.

Since our previous inspection the manager and the clinical lead had introduced a number of quality monitoring checks to ensure that people received the service they required. Staff told us and we saw that regular checks were carried out on care plans, risk assessment and other documentation needed to ensure that people were cared for safely. The audits in place gave the opportunity to record any improvement actions required and when the actions had been completed. However, we found that improvements were needed as to how people's medicines were monitored. For example, the current monitoring systems in place had failed to identify and rectify a missing label on a person's controlled drug. In addition, that the high temperatures of the medicine storage rooms was inappropriate to ensure that medicines were stored in line with the manufacturers recommended temperatures.

Records demonstrated that regular checks on the environment, water and the fire detection systems had taken place and any actions from these checks were rectified.

Accidents, incidents and occurrences were recorded and reviewed on a monthly basis. When required the management team informed the local authority and the Care Quality Commission promptly of the incidents and what responsive action they had taken. For example, information recorded in relation to people experiencing falls was considered when reviewing people's care and support needs.

Relatives and staff told us that the service had improved over the past few months. One relative told us "I've seen steady improvements over the last few months" and another relative told us "Things are ok. Its better now".

Systems were in place for the registered provider to establish people's views on the service and the opinions of their relatives. The manager and the clinical lead visited all areas of the service on a regular basis speaking with people and observing the care and support being delivered by the staff team. Regular relatives meetings had taken place and the minutes to these meetings were available. Invitations to relatives to join the meetings were clearly displayed around the service. A survey had been carried out in February 2015

Requires improvement

Is the service well-led?

to gain relatives views on the service. Following the results of the survey the manager had devised an action plan which showed who was responsible for actions identified from the survey. For example, areas of improvement had been identified in relation to the laundry service and activities available to people. We saw that action had taken place to make improvements to these areas. One relative had commented that "The home isn't colourful or homely enough". We saw that action had been taken to improve people's living environment.

The management team had developed a further action plan detailing areas of improvement needed to enhance the experiences of people living at the service. This improvement plan identified the concern and the action required along with an estimated date for completion. The management team described the action plan as a continuous document that would be reviewed and updated on a weekly basis.

Records were stored appropriately to ensure that people's personal information was protected. Lockable facilities were available throughout the building to keep people's information safe.