Runwood Homes Limited

Madelayne Court

Inspection report

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Ratings

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

Overall summary

The inspection took place on 9 and 11 June 2015 and was unannounced.

Madelayne Court is one of a number of services owned by Runwood Homes Ltd. The service provides care and accommodation for up to 112 people who may need assistance with personal care and may have care needs associated with living with dementia. The service is split into seven units located over three floors.

The service had 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.

People at the service were not always safe as there were not always sufficient staff to meet their needs. Risk assessments were carried out and measures put in place to manage and minimise any risk identified. Recruitment processes were in place prior to people being appointed. Medicines were stored safely and administered safely. However staff did not consistently record the administration of prescribed creams.

Summary of findings

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and is required to report on what we find. The registered manager had a good understanding of the MCA and DoLS and appropriate documentation had been completed.

People were supported to have a balanced diet to meet their individual needs and to make choices about the food and drink on offer. People's health needs were managed by staff with input from relevant health care professionals.

Staff knew the people they cared for and spoke to them in a way which they understood. Staff did not always treat them with respect. People were supported to make decisions about their care, with input from their families as appropriate.

Assessments had been carried out and care plans were developed which reflected individual's needs and preferences. People were not always supported to take part in activities of their choice. People were encouraged to share their views. People knew how to complain and the service had a clear system to manage complaints.

Systems were not in place to effectively address concerns and risks arising from inadequate staffing. There were systems in place to check and audit the quality of the service but these did not always result in improvements. The views of people and their relatives were sought and feedback was used to make improvements and develop the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe.

Staff ensured people were safeguarded from abuse.

There were not always enough staff to keep people safe.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

People had their prescribed medicines administered safely.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge to meet people's needs. Staff had up to date training, supervision and opportunities for professional development.

People were supported to maintain good health and access health services.

People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Is the service caring?

Requires Improvement

The service was not always caring.

People received care from staff who knew them well and treated them with compassion.

People were not always treated with respect.

People were encouraged to express their views. Staff involved people and their families in decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive

People were encouraged to build and maintain links with their family members. Staff understood people's interests; however people were not always supported to engage in meaningful activities.

Staff had a good understanding of how people communicated and took their views and preferences into account when providing care and support.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Summary of findings

Is the service well-led?

The service was not always well-led.

Staff were supported by a manager who was a visible presence in the service.

Systems to ensure there was sufficient staffing to meet people's needs did not always work effectively.

People and their families were asked for their views. The service had a quality assurance system, however the information was not always used to improve practice and resolve concerns.

Requires Improvement

Madelayne Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 11 June 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At our inspection the expert by experience had experience of dementia.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us within the last year. A notification is information about important events which the service is required to send us by law. We used this information to assist in planning this inspection.

Our inspection focused on speaking with people who used the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 13 people who used the service and eight visiting relatives. We met with the registered manager, two deputy managers and the regional manager. Ten members of care staff, the chef and one volunteer. We also spoke to two health and social care professionals who worked with this provider.

As part of the inspection we reviewed ten people's care records. This included looking at their care plans and risk assessments. We looked at the files of three staff members which included their recruitment, induction and training records.

We also looked at records relating to the management of the service, including staff recruitment and training records, medication charts, staffing rotas, quality monitoring audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

People were supported by adequate numbers of staff on the ground and first floor of the service however there were not sufficient staff on duty on the top floor unit, known as the Pines, to effectively meet people's needs. Three relatives told us there were not always enough staff, particularly at weekends. At these times, they said, "Staff are really stretched," and, "Staff are rushed off their feet." During our visit, a family member said they had observed someone needing to go to the toilet but there had been no staff to take them." We observed that staff in the Pines unit were stretched and tasks were carried out in a rushed manner.

Staff told us that staffing levels in the Pines were not sufficient to care for people appropriately, particularly in the afternoon. Each morning there were three members of care staff on duty to care for up to 21 people. There was also a care team manager, who helped with some personal care but had other tasks to attend to, such as administering medication. Each afternoon the staffing level was reduced by one member of staff. One staff member told us, "Not many staff from the other units in the home want to work on the unit [Pines], because they know how hard it is, especially in the afternoons." This was confirmed by other care staff who told us they were too busy to spend quality time with people, respond to call bells promptly or to adequately attend to people's personal care needs. We were told it was rare for a person with dementia from the Pines unit to be supported by staff to visit the garden. During our visit we saw a person in bed trying to help themselves to a drink from a jug of juice which was too heavy and we had to help them with it to avoid it spilling. We also saw a person sat by a stripped bed with soiled bedding by it and observed that this did not get cleared away over 4 hours.

People living in the Pines did not have always have sufficient support to have a bath when they wanted one. This matter was raised by two relatives during our visit and we noted that it had been a topic of concern at a relatives' meeting. The bathing records in the Pines for the four weeks leading up to our visit recorded that two people had not had a bath or shower and 11 people had only had one bath during this period. This included people whose care plans stated they wished to have at least one bath or shower a week. Baths in the Pines were usually scheduled to take place in the afternoon, therefore if a person required two staff to bathe them, there were no care staff available to support the remainder of the people in the unit. A staff member told us, "Whenever we are helping anyone with personal care, residents with dementia get left unsupported in the lounge."

The manager told us a dependency tool was used to determine staffing levels. However the impact of the lack of staff in the Pines unit demonstrated people's needs had not been adequately considered when deciding staffing numbers. A member of staff told us that, "We have raised this many times with the management but nothing gets done." The manager explained that the reduced staffing level had been part of a wider experiment with the layout of the unit. The manager knew the changes had not worked and was intending to increase staffing. However this increase had not been put in place when the manager became aware of the concerns and so the Pines unit had been left with insufficient staff to meet people's needs.

The registered person had not ensured there were sufficient numbers of staff deployed in order to meet people's needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service completed a thorough recruitment and selection process before employing staff to make sure that they had the necessary skills and experience. We looked at three recruitment files and found that all appropriate checks had taken place before staff were employed. Staff confirmed that they had attended an interview and that all the relevant checks had been obtained, including appropriate references and Disclosure and Baring checks to make sure they were suitable to work with people who use the service.

Some people said they felt safe at the service. One person said, "It's not like home but safe, yes." Staff knew how to protect people from abuse and avoidable harm and had completed relevant training, with further updates scheduled as part of individual training plans. There were policies and procedures in place which provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had a good understanding of what abuse was and who to speak to inside and outside of the service if they had concerns. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any subsequent investigations.

Requires Improvement

Is the service safe?

Risk assessments for the location and environment had been produced and were regularly reviewed. We saw that there had been appropriate monitoring of accidents and incidents. Records showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans in case of emergencies, for example updated residents personal evacuation plans were in place. The garden was not safely fenced off, which meant people who were not safe to leave the service independently had to be supported when out in the garden. This was discussed with the manager at the time of our visit.

The service carried out risk assessments and put plans in place to minimise any identified risks, for example moving and handling people. These explained how people were to be transferred between different environments and what equipment was required to do this safely. Scoring systems were used by staff to ensure risks to people were identified and managed effectively. The risk assessments had been reviewed on a monthly basis.

People received their medicines safely and as prescribed from appropriately trained staff, however, the administration of creams was not always appropriately recorded. We saw staff records detailing medication training and staff told us that they only administered medicines after they had received this training. We looked at medication administration record (MAR) charts and saw that these were easy to follow and up to date where staff signed them when they had administered medication. When people had refused their medicines, staff had recorded reasons on the back of the MAR charts. In cases where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. People's medication profiles highlighted any allergies they had, and a current list of their prescribed medicines. Medicines were stored and disposed of in line with current guidance and regulations. Medication audits took place weekly and improvements were made as a result, for example, staff received drug competency checks where gaps were found in the audit.

We looked at a sample of five charts, kept in individual people's rooms to record that they had been given prescribed creams as required. In four of the five cases, these charts did not demonstrate that people had received the required amount of cream. For example, one person needed cream applying twice a day, but there was no record that cream had been applied over the past week. As a result the service was not able to monitor whether people were receiving their medicinal creams as per dosage directions.

Good

Is the service effective?

Our findings

People told us staff had the skills to meet their needs. One person said, "They [staff] are happy working here and know what they are doing." A relative told us that, "Staff cope well, very patient." We observed that staff were skilled in supporting people with complex needs, for example they had communication skills to find out from people what was distressing them, and so help reduce their anxiety.

Staff had the skills and knowledge to meet the needs of the people at the service. New staff completed an induction process, including the use of a hoist and received training and support to develop their skills. We observed two members of staff using a hoist safely, communicating throughout with each other and with the person being supported. A new member of staff told us that she had, "Learnt to talk to people and have fun with them." We saw the training programme which provided a good record of the training staff had received and what the training gaps and future plans were. Staff said that the training which they had received was good, and included e-learning, practical and face to face training. We spoke to one member of staff who was very knowledgeable about the needs of people with dementia and they told us that they had been on two dementia courses. The provider's dementia specialist had recently visited the service to provide training and support to staff to increase their skills in the area of dementia.

Team meetings were also used as an opportunity for learning; we saw recent records where staff had been encouraged to improve their interaction with people whilst providing support. The service challenged poor practice and we saw that a member of staff had received additional training, supervision and monitoring as part of a disciplinary process following concerns around poor performance.

Staff were well supported within a structured environment. Staff told us that they received regular formal supervision every two or three months and that they generally felt they received good support from the manager and their supervisors. There were also group sessions where managers used the opportunity to challenge poor practice within the staff group. Volunteers told us that they enjoyed visiting the service, especially spending quality time talking to people. We also observed that volunteers had a good relationship with staff members.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), and appropriate applications had been made to the local authority for DoLS assessments. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests in line with legal requirements. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

MCA assessments had been completed where there was a doubt about people's capacity to consent to their care and treatment. Where significant decisions were required in people's best interests, meetings had been hosted to consult openly with relevant people prior to decisions being taken. Records were available of these meetings. Where people's relatives had lasting power of attorney they had signed care plans to indicate they agreed with and had been consulted about their contents. Where people had capacity, staff sought their consent when providing them with support.

Whilst people were free to move around inside units, there were key pads on the doors so people with memory loss were not able to leave the units freely. However the service had appropriately assessed where people required on-going supervision to ensure their safety. The provider was able to demonstrate that applications had been made to the local supervisory body for DoLS authorisations, where they were necessary.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. They were involved in making choices about their food and about when and where they ate it. Menus had pictures of the food on offer to support people in their choices. People could eat at times that best suited them and we observed someone having their cooked breakfast mid-morning and there were jugs of juice and water available throughout the service, including in individual rooms. People were offered different choices of what to eat at meal times, and we were told there was a varied menu. One relative commented that her mother was quite fussy with food but they had asked if her mum could have salad in the evening sometimes and this was provided. The head chef met people to get their views about menus at the service. One person told us that there had been, "Big improvement following ideas from residents."

Good

Is the service effective?

Staff were skilled in supporting people to eat. The service had implemented a protected mealtime policy, which required all staff on duty to assist with meal times and interruptions were minimised during meals. In some units meal times were a positive event and people were supported effectively to eat their meals and interact with others. However, in the Pines unit we observed that some people waited a long time to receive their meals. Although some people enjoyed the interaction whilst they waited, a number of people became frustrated or fell asleep at the table. We discussed this with the manager and immediate action was taken to change the layout of the dining area to address this issue.

People's nutritional requirements had been assessed and recorded. Where a risk had been identified there were nutrition and weight charts in place to enable staff to monitor people's nutritional needs and ensure people received the support required. Care records were updated where a person's needs had changed, for example if they needed their food to be blended. Staff supported people who had specific nutritional needs. For example, one relative commented that her family member had a specific health need and staff would make him something different if the choices on offer did not suit him.

People were supported to maintain good health. Care records demonstrated that on-going health needs were met and people were supported to access healthcare professionals and specialists according to their specific needs. For example staff had supported a person with diabetes in accessing the GP and diabetes nurse. An optician visited the home every 6 months and was due the day after our inspection. Referrals had been made to health professionals such as district nurses or speech and language therapy. We spoke to a district nurse who told us that the service was very good at making referrals to her service. Where people's needs changed, staff responded appropriately, for example making referrals to an occupational therapist, falls clinic or rapid assessment clinic when a person's mobility. Staff supported people to access hospital appointments, arranging transport and involving families as necessary.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were caring and kind and treated them with respect. One person told us, “These people are marvellous,” and another person said of the service, “It’s all very friendly, staff know me well.” One family member commented in a survey, “As a family we visit mum on a regular basis and the care staff are kind and considerate towards her.”

There was a pleasant atmosphere within the home. We observed staff were respectful and friendly as they cared for people. A person told us there was, “Good rapport between residents and staff.” We observed good banter between staff and residents, for example we saw a member of staff assist a person to the dining room and throughout this task they were chatting and laughing together. However, we were told by family members that some staff were rushed and a health professional told us the staff in the Pines unit had, “No time for compassion or care.”

Staff were assigned to a specific unit to help them get to know the people they were caring for. People and their families felt that staff knew them and we could see through our observations that staff called people by their preferred names and were able to talk to them knowledgeably about family members.

Staff spoke to people before providing them with support and offered them choice and control when helping them make decisions. For example, people told us they could choose when they got up and went to bed and we saw that some people had chosen to have a lie in. We observed a member of staff who knew which book a person was reading, still offered them a choice of books from the bookcase. We also observed two members of staff conscientiously supporting a person with personal care and they treated them with compassion and patience.

Staff did not always treat people with respect. Family members told us that staff could be short with people, and we observed in the Pines unit that staff were rushed and did not appear to have the time to interact with people in a caring way. For example, we observed staff turning the radio and TV on in the communal areas without consulting with people. On one occasion there were people reading in the room who could have been disturbed by the radio and on another occasion the TV was turned on during lunch half way through a film.

Staff had a good understanding of what dignity meant during personal care. They told us they knocked on doors before entering, kept doors closed during personal care. We observed staff talking to people before starting personal care, so that people were involved in the support they were receiving. One relative commented that staff respected their partner’s dignity and encouraged them to be as independent as they were able.

A room on the ground floor had been decorated like a coffee shop for the use of people and their visitors to the service. This provided a dignified option for people to meet with their visitors in privacy outside of their room.

Requires Improvement

Is the service responsive?

Our findings

People told us the care they received met their individual needs. One person told us they had been supported to do gardening and we saw the raised flower beds which they helped tend. However when we observed people who could not speak with us we noticed that they were rarely involved in meaningful activities. Family members told us there was not enough stimulation for people with dementia; particularly in the Pines unit.

People's care needs had been fully assessed before moving into the service and relatives told us they had been asked questions about their family members when they first moved in. The care plans we looked at outlined people's specific needs and wishes. One person told us they wanted a male carer to carry out their personal care and this had been agreed and recorded in their plan. A social worker told us that a person they were working was supported to follow their particular religion, as outlined in their care plan. People had been involved in contributing to how their care was provided. Some care plans had a form called 'My Day', in which a person had been supported to outline what was important to them.

The service was welcoming to family members and we saw positive interaction between staff and visitors. The chef showed us a cake which had been made for a person's birthday so they could share it with their family and visitors. We were told one person's priority was to have friends over and staff had recorded when visits had taken place.

Whilst there was a schedule of activities there only seemed to be one activity advertised per day, and the majority of people did not seem to get involved in these structured activities. Two people commented that they had been taken out by mini-bus a year ago to a butterfly farm and they had enjoyed it a lot but no other trips had been organised. A well-attended church service took place during our visit, and noticeboards advertised this activity.

The registered manager was aware that there were concerns about the provision of activity within the service and was putting measures in place to resolve this. An activity coordinator who had been recruited recently told us about developments to improve the quality of activities within the service. The coordinator advised that their focus was not just on group activities but on improving daily stimulation and interaction, including for people cared for in bed. The coordinator gave the example of when she had involved a former soldier in sorting out clothes in the laundry, which he had found fulfilling. There was also a focus on recruiting more volunteers who could spend quality time with people, for example reading to them while they were in bed. The coordinator had also arranged for an external activity specialist to visit the service to provide tailored one-to-one activities, especially for people with more complex needs.

People's care plans were reviewed regularly, both on an on-going basis and annually as part of a formal review. One person had been admitted to hospital following a fall and on return to the service their care plan had been reviewed and altered in line with their changed needs. Another person had brought up the lack of stimulating activities at their review and was told that this would now be addressed by the new activity coordinator. Where people had relatives, they were invited to the annual review and given the opportunity to contribute to their family members care. The manager told us that people without family members also had annual reviews to formally look at their care; however staff were not always clear about this process.

Some people who were mobile were supported to maintain their independence, for example they had appropriate equipment which helped to minimise risk. However, this practice was not consistently applied. Other people had not been supported to maintain their mobility, and so had become more dependent on staff to support them. During our inspection we observed that staff were largely involved in personal care tasks and did not always have time to support people to walk independently. One relative told us staff did not take time to support their family member to walk around the unit, which was necessary to help them maintain their independence. When we checked the person's documentation, there was no record that staff had provided the necessary support to enable them to continue walking. We followed this up with the manager and were told that the person had been assessed by the manual handling assessor and falls clinic advisor as not being safe to continue walking.

The service responded to people's concerns. There was a complaints policy in place and we saw records of complaints and of the action taken, with examples of where people had received a good response to their complaint. We saw complaints information on display around the service and people and their families were

Requires Improvement

Is the service responsive?

encouraged to give feedback. People told us they knew who to complain to and one person told us that they had complained verbally and their concerns had been rectified. There were systems in place to capture lessons learnt from complaints and other concerns.

Requires Improvement

Is the service well-led?

Our findings

People told us the home had a nice and peaceful atmosphere. One person told us, "We all know each other …and have a laugh and a joke." Another person told us, "It's my home and I love it."

People knew who the manager and deputy managers were and told us they were approachable although we were told that, "Sometimes there is a delay in getting things done."

The service listened to people and to their relatives to find out their views about the service and used these to shape and improve the service. There were resident and relatives meetings where people were supported to share their views and opinions, for example about the food and decoration at the service. Those who had attended were positive about the meetings. One person commented that they were encouraged to bring their comments and complaints to the monthly residents meetings and to speak on behalf of other people. Some family members told us that meetings were always arranged at the same time of the day so many of them could not attend.

Questionnaires were sent to people and their relatives to gather their views and opinions about the quality of the service. There had been a recent survey about activities and the results were being used by the activities coordinator, for example to help staff focus on the importance of daily interaction rather than just structured activities. The service dealt openly with people and their family members when things did not go well. The manager told me there had been a recent relatives meeting where the atmosphere had not been that positive and so she arranged to meet with family members individually to talk through the issues raised.

The manager was visible around the service and we observed staff, people and family members approaching them during our visit. Due to the size of the service, a second deputy manager post had been created to provide more management support. The deputy managers had specific remits and responsibilities, for example one deputy manager focussed on auditing and care planning and the other on supporting staff to safely administer medicines. Staff knew their roles and responsibilities and a strong culture had developed within individual units. A visiting health worker said that they felt the service was well run, for example staff were organised and the home was always clean and uncluttered. Staff said they felt able to air their views and were listened to, for example a member of staff told us about they had felt able to comment when new forms were introduced.

The main concern raised with us related to the inadequate staffing and lack of stimulation in the Pines unit, and in particular that concerns had been raised over a long period of time and staffing in the unit was still not adequate to meet people's needs. Records showed concerns had been raised by family members at least two months prior to our inspection. Though the manager had taken some steps to resolve the issues, for example by changing the layout of the unit, at our inspection these concerns had still not been resolved. Measures had not been put in place to increase staffing, for example to support people to exercise. The manager responded positively to our concerns and after our visit we were told that an additional member staff had been assigned to this unit.

The manager and provider carried out a range of regular audits throughout the year to assess the quality of the service and to drive continuous improvement and the results of audits were analysed by the management team. A recent detailed audit by the provider has focussed specifically on the quality of service for people with dementia and there was a clear action plan in place. However, the management oversight of the service had failed to identify and resolve the concerns which we found during our inspection. Whilst the manager had a good knowledge of the service, information from audits was not adequately analysed and issues effectively addressed within specific units, shifts and staff teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person had not ensured there were sufficient numbers of staff deployed in order to meet people's needs.** **Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**