

Belmont Sandbanks Limited

# Madeira Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Madeira Lodge Care Home is registered to provide personal care and accommodation for 28 older people, people who live with dementia and people who need support to maintain their mental health.

At this inspection there were 23 people living in the service. Some bedrooms had been decommissioned due to building works to complete a large extension.

### People's experience of using this service and what we found

People told us they were safe at the service and well supported by staff. A person said, "The staff are good girls. They're kind to me." A relative said, "I have the highest regard for the home. They're doing a lot of building at the moment and so things on the outside look a bit messy but the care is spot on. It's the care that counts."

People were safeguarded from the risk of abuse. People received the personal care they needed and medicines were managed safely. There were enough staff and lessons were learned when things went wrong.

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

Quality checks had not identified and resolved a small number of shortfalls we found relating to environmental risks and the safe recruitment of staff. After we spoke with the registered manager these shortfalls were quickly put right.

People and their relatives had been supported to suggest improvements to the service. Regulatory requirements had been met and good team-working was promoted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 25 June 2019). The service was in breach of regulations of the Health and Social Care Act 2008. There were shortfalls in the systems and processes used to monitor and evaluate the service. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and the registered provider was no longer in breach of regulations. However, further improvements were still needed to the way some quality checks were completed.

### Why we inspected

We undertook this focused inspection to gain an updated view of the care people received. This was a planned inspection based on the previous rating. This report only covers our findings in relation to the Key Questions Safe and Well-led.

The inspection was also prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury. This incident may be subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infectious outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection. Please see the Safe and Well-led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Madeira Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

Details are in our Safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our Well-Led findings below.

# Madeira Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Madeira Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to check if the service had active cases of COVID 19.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We sought feedback from the local authority and professionals who work with the service. We used the information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the service and observed some of the care three more people received in communal areas. We spoke with three care staff and the wellbeing and activities coordinator. We also spoke with the deputy manager, registered manager and operations director.

We reviewed the care plans for four people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. This included information sent to us by the registered manager assuring us steps had quickly been taken to address the concerns we raised during our inspection visit. We also spoke by telephone with four relatives who gave us their views on the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- There was a care plan for each person describing the care and treatment they needed. Some people with reduced mobility needed to be assisted to safely transfer using hoists and other equipment. Staff had received training and were correctly following guidance to assist these people in the right way.
- People were helped to keep their skin healthy. When necessary, people were provided with special air mattresses and were helped to regularly reposition to reduce pressure on their skin. This made the development of pressure ulcers less likely. Some people who were at risk of choking received special help to eat and drink safely. This included individual assistance at meal-times and when necessary having food and drink modified so it was easier to swallow.
- The service was fitted with a modern system to detect and contain fire. Equipment including hoists had been serviced and radiators were guarded to reduce the risk of burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. External doors were secured and there were security lights at night.

### Staffing and recruitment

- People and their relatives said there were enough staff on duty. The registered manager had worked out how many care staff needed to be on duty to meet people's care needs. A relative said, "There always seems to be plenty of staff around."
- There were enough care staff on duty. Records showed shifts were being reliably filled and only regular staff directly employed by the registered provider were being used. A member of care staff said, "I think we do have enough staff here and we don't have to rush people."
- People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. Call bells were answered promptly.
- Staff were recruited safely. References had been obtained and checks had been made with the Disclosure and Barring Service to see if an applicant had a relevant criminal conviction or had been included on a barring list due to professional misconduct.

### Using medicines safely

- Medicines were managed safely in accordance with national guidelines. Medicines were reliably ordered so there were enough in stock. They were stored in clean, temperature-controlled conditions.
- There was written information about the medicines prescribed for each person and staff administered these medicines in the right way. A person said, "The staff sort out my tablets for me which is how I like it."

- Staff completed an accurate record each time a medicine was given. There were additional guidelines for staff to follow when administering as-required medicines. These medicines can be used on a discretionary basis when necessary and according to the individual protocols.
- The deputy manager regularly audited the management of medicines so they were handled in the right way.

Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Staff had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are very nice to me and help me lots. I like them." A person who lived with dementia and who spoke very little smiled and gave a thumbs-up sign when we asked them about their home.
- There were systems and processes to quickly act upon any concerns including notifying the local authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Learning lessons when things go wrong

- Slips, trips and falls were analysed by the registered manager to see what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the causes could be identified.
- When things had gone wrong suitable action was taken to reduce the chance of the same thing happening again. When necessary advice had been obtained from healthcare professionals. Practical things had been done including re-arranging furniture in a person's bedroom to reduce the risk of them tripping over.
- Some people who lived with dementia could be a risk to themselves and other people around them when upset. Staff had developed gentle ways to reduce the risk of harm by offering people individual support and reassurance.
- The operations director regularly checked what was being done to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to establish and effectively operate systems to assess, monitor and improve the quality and safety of the services provided. Suitable steps had not been taken to ensure water used in the service was free from infection. Records did not show hot water was temperature controlled to reduce the risk of scalds. Checks had not been completed to ensure bannister rails were clean.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 17. Extra quality checks had ensured water purity standards were met, hot water was temperature- controlled and bannister rails were clean. However, we need to be assured these changes and the additional quality checks described earlier in this report concerning fire safety and recruitment will be sustained and effective.

- The registered manager completed a number of quality checks to make sure people received the personal care they needed. This included checking care plans were accurate. The checks also included observing the delivery of care to ensure it was provided in a safe way and promoted people's dignity. In addition, senior managers regularly called to the service to check it was safely meeting people's care needs.

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

- People had been supported to contribute to the development of the service. In March 2021 people had been individually consulted about changes to the menu. The wellbeing and activities coordinator was completing a quality assurance questionnaire with people to obtain further feedback about their care.
- There was a You Said-We Did noticeboard showing relatives' responses to a questionnaire they completed in March 2020. The comments on the noticeboard showed relatives were pleased with the service their family members were receiving. New questionnaires had been sent to relatives shortly before our inspection visit.
- Health and social care professionals had been invited to comment on the service by speaking with the registered manager.

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

regulatory requirements

- Staff had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff. There were handover meetings between shifts to update staff about developments in the care each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff said they were committed to providing people with person-centred care. People considered the service to be well run. A person said, "I like the staff. No complaints from me." Relatives were also confident about this. One of them said, "I know my family member is safe and cared for by staff who genuinely want the best for them."
- The law requires registered providers to follow a duty of candour. This means after a significant unexpected or unintended untoward incident occurs in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered provider understood their responsibility and had responded appropriately to two duty of candour incidents since our last inspection.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. This included liaising with doctors and other healthcare professionals to ensure people promptly received any medical attention they needed.
- The service was taking part in a national scheme to train some care staff to complete various tasks otherwise undertaken by nurses. This was being done to enable people to receive help from fewer care-givers to increase consistency and to further personalise the experience of receiving care.
- The registered manager had used learning and development opportunities to keep up to date with changes in health and social care. They received newsletters from the Care Quality Commission, knew about important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.