

## Madeley Manor Care Home Limited

# Madeley Manor Care Home

### Inspection report

Madeley Manor Care Home  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 17 September 2015 and was unannounced.

Madeley Manor provides accommodation and personal care for a maximum of 42 people who may have dementia and/ or a physical disability. At the time of this inspection there were 20 people living in the home. There had been a change in ownership of the home since the last inspection and the home was currently owned by a receiver company.

At our previous inspection on 10 November 2014 we identified that the provider needed to make improvements in all areas. We found that the provider did not respond appropriately to allegations of abuse. People were not protected against the risks of unsafe care because the provider did not keep accurate records in relation to people's care and treatment. We found that effective systems were not in place to identify, assess and manage risks to protect people against the risks of receiving inappropriate or unsafe care. The provider did

# Summary of findings

not regularly assess and monitor the quality of care provided. We also identified that the provider did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons to provide care.

We found, from the inspection on 17 September 2015, that the provider had made improvements in all of the above areas.

There was a registered manager in post 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. The registered manager of the home was on leave. The home was being managed in the interim by a management company (operations manager) who offered guidance and support to the deputy manager (who was acting as manager of the home).

People's risks were assessed in a way that kept them safe from the risk of harm. Where possible people's rights to be as independent as possible were respected.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's care needs. Call bells were responded to in a timely manner. Staff were trained to

carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff knew how to support people in a way that was in their best interests and advice had been sought from other agencies to ensure formal authorisations were in place where people may be restricted.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy. Attention to detail would help improve the promotion of dignity for people.

People had opportunities to be involved in hobbies and interests that were important to them and there was activities and entertainment on going at the home.

People and/or their representatives were given opportunities to be involved in their care.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

There was a positive atmosphere within the home and staff told us that the registered manager was approachable and led the team well. Staff received supervision of their practice and had opportunities to meet regularly as a team.

The provider had systems in place to monitor the service. We saw that the provider had made significant improvements to all areas and services provided since our last inspection.

# 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 safe.

Staff knew how to recognise and raise concerns in relation to abuse and poor practice. Staff were recruited safely and there were sufficient numbers of staff to keep people safe. Risks to individuals, including medicines were managed effectively and staff were aware of how to keep people safe.

Good



### Is the service effective?

The service was effective.

Staff were trained and had the skills to meet people's needs. Consent for care and treatment was obtained from people. People were supported to have enough to eat and drink and to maintain good health. People had access to health care services.

Good



### Is the service caring?

The service was caring.

Positive caring relationships had been developed between staff and people who used the service. People and their families/representatives were supported to be involved in making decisions about their care. People's privacy and dignity were respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and were enabled to contribute to their care. People's preferences and choices were upheld. People were supported to maintain hobbies and interests. There was a good activities and entertainment programme for people to be involved in. People were able to raise concerns and complaints knowing that they would be listened to and their concerns would be addressed.

Good



### Is the service well-led?

The service was well led.

There was good management and leadership at the home and a positive open culture. The provision of services was monitored and there was a system for making improvements.

Good



# Madeley Manor Care Home

## 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 unannounced inspection was carried out by two inspectors on 17 September 2015.

We reviewed the information we held about the home. This included looking at notifications the provider had sent to us. Notifications are reports of accidents, incidents and deaths of service users. We also reviewed the information we received from other agencies that had an interest in the service, such as the local authority commissioners.

We met and spoke with the managers from the management company and the deputy manager (who was

acting as manager and whom we have referred to as manager for the purpose of the report). We also met with a nurse, five care staff, the activities person, a laundry assistant, cook and a kitchen assistant and the maintenance person.

We spoke with ten people who used the service and four relatives. We observed how people's needs were met by the staff who worked at the home including how staff interacted with people. We looked at four people's care plans, their daily care records and records relating to their medication. We observed how staff interacted with people who used the service and how people's care and support needs were met.

We looked at records relating to quality monitoring including internal and external audits. We looked at the log of complaints and compliments and we looked at records relating to the maintenance of the building and equipment. We looked at the provider's staff training plan and record of staff training and we spoke to staff about their training.

# Is the service safe?

## Our findings

At our previous inspection (10 November 2014) we found that the provider did not respond appropriately to allegations of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 Regulations 2014. We found that people were not protected against the risks of unsafe care because the provider did not keep accurate records in relation to people's care and treatment. We also found that effective systems were not in place to identify, assess and manage risks to protect people against the risks of receiving inappropriate or unsafe care. This was a breach of Regulation of the Health and Social Care Act 2008 Regulations 2014. We also identified that there was not always enough staff to keep people safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 Regulations 2014. At this inspection (17 September 2015) we found that the provider had addressed all of the breaches and had implemented all necessary improvements to ensure people were kept safe.

People who used the service told us they felt safe in the home. A person who used the service said, "I feel safe here, it's a wonderful place there's no place like this in the world". Relatives we spoke with said that they felt their relatives were safe and well cared for. Staff had received training and guidance in how to recognise and report abuse and poor practice. A staff member said, "We have received training about this and I would report this straight away to the nurse or manager". The manager was aware of their responsibilities in making referrals where there was allegations of abuse or poor practice. There was information clearly displayed on the wall in the nurses' office about local procedures for raising safeguarding referrals to the local authority safeguarding team.

We saw that there were enough staff around to keep people safe and meet their needs. Staff were attentive and people did not have to wait long for assistance. There had been a new call system installed which enabled people to carry a call bell unit with them at all times. We saw people using these. The manager told us that the system also enabled them to monitor how long it took staff to respond to calls. A person said, "When I press the call bell somebody comes". The person demonstrated by pressing their emergency buzzer and within seconds six staff members responded. Staff were present around communal areas to supervise people who were unable to use their call bells.

People who preferred to stay in their bedrooms also had their safety and welfare monitored because staff visited their rooms frequently and this was recorded. We observed staff checking on people's safety and welfare whilst people were in their bedrooms. Staff were recruited carefully and relevant checks were carried out to ensure that staff were suitable to work at the home.

People who were at risk of falling felt safe because staff knew how to help them. A person said, "I have had some falls so I am very careful. I have a special mat on the floor now which alarms if I get out of bed and I have not fallen since". The person had consented to the use of this. We observed staff supporting people using equipment when this was required. For example we saw two staff members moving a person with a hoist, the staff took their time with the person and explained what they were doing and reassured the person throughout the procedure. People had had their mobility needs assessed and there were various risk assessments contained in people's care plans to help keep them safe. Staff checked people who were at risk of harm. Staff said, "There are safety checks we have to do hourly to make sure people are alright". We saw that staff maintained accurate, up to date records about people's care and treatment which helped to support staff to keep people safe.

People received their medicines safely and according to their prescription. We observed people receiving medicines in the way they preferred and records confirmed people had received the right medication at the right time. Medicines were administered, stored and disposed of correctly and in accordance with guidelines. A person told us, "Yes the staff give me my medicines. I am quite happy for them to do this". Another person said, "If I have pain I just ask for a painkiller and the staff bring me one". The GP carried out regular reviews of people's medication to ensure that medication was safe and effective.

Prior to the inspection we had received some concerns about the way in which infection control was managed at the home. The Provider had made improvements in this area and a recent infection control audit had recognised these improvements. Staff had received training in infection control and understood their roles and responsibilities in order to protect people from infection. For example we saw staff washing their hands and wearing personal protective equipment whilst assisting people with personal care. We saw that staff changed to different colour

## Is the service safe?

aprons when serving lunch and helping people with their meal. The kitchen had been awarded four stars by Environmental Health with some recommendations for improvement which the manager confirmed would be addressed. We observed that the home was clean and well

presented throughout. Staff were observed wearing personal protective equipment (PPE) such as gloves and aprons and they told us they had access to these at all times. Staff confirmed that there had been improvements with the provision of PPE.

# Is the service effective?

## Our findings

People who used the service felt that staff had the skills to meet their needs. A person said, “The staff are very good here, they know what I want and seem very competent”. Staff understood people’s needs and had received training to support them in their roles. Staff thought that their training needs were met very well and felt supported in their roles. There was a staff training and development programme in place. Staff received regular health and safety training such as how to move and handle people safely and how to give emergency first aid. We saw how well staff reacted when a person needed first aid support. Staff told us that they could access other training which they may be interested in and the manager confirmed this. This helped to ensure that there was a good staff skill mix to support people who used the service. A staff member told us that they had gained knowledge about dementia from previous training and said, “I pass my knowledge on to other staff members”. Staff told us that they received regular formal supervision and that they felt supported in their job roles. A staff member said, “We have been through a lot of changes here and have not always been supported but we are now, things are much better now”.

Where people’s ability to make decisions about their care and treatment was in doubt, mental capacity assessments had been carried out. People were supported to make everyday decisions about their care and support needs. For example a person was supported to make a decision about what to wear and what to eat but was unable to make some other important decisions. Meetings had taken place involving the person’s family and other relevant professionals where an important decision needed to be made. This was called a best interest meeting. Some people had a document in place entitled Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR). It was not always clear on some DNACPRs if discussions about resuscitation and/ or reviews had taken place with the person and/or their family to ensure they were appropriate. The manager said they would discuss this with the GP.

We saw that people had adequate amounts of food and drink. People told us the meals served to them were good. A person said, “The food is good, I get to choose what I want”. We saw staff members helping people with their lunchtime meal and encouraging people with their drinks.

People’s nutritional needs were assessed and monitored and where there were concerns about people losing weight, staff had made referrals to the GP. As a result some people had been prescribed meal supplements and we saw people being helped with these. We saw people having choices at lunchtime and special diets were served. These included pureed and diabetic diets. There was a list on the kitchen wall of the special diets people required. Where people required their food and/or fluid intake to be monitored, records had been kept to ensure people received enough to eat and drink. There had been the introduction of lunch time observations for people taking meals in their bedrooms. This had helped ensure that people in their own rooms received help and support to eat and drink. We observed people in their own rooms receiving their meals. We saw a staff member helping a person to eat their meal in their bedroom and we saw that people were provided with jugs of juice and hot drinks both in the communal rooms and in their bedrooms. We saw staff helping and encouraging people both in communal rooms and bedrooms to have their drinks. This helped to ensure that people received enough to eat and drink and helped prevent people from becoming malnourished and/ or dehydrated. People’s health care needs were assessed and monitored. We saw where people were at risk of skin damage staff were attentive to ensure people’s position was changed frequently. Special mattresses and cushions were in place to help prevent skin damage. We saw where a person had been admitted with pressure ulcers staff had provided correct care and treatment, with the guidance of the Tissue Viability Nurse Specialist. The person’s pressure ulcers had improved considerably. The person told us, “It is much better now. It’s down to the good work of the nurses here”. Risk assessments had been carried out and care plans put in place to support staff with prevention of skin damage. Staff told us that they were supported by the local GP practice and people told us the GP visited weekly to carry out a surgery at the home. A person said, “If I needed to see the GP in between visits I could do. The staff would arrange it no problem”. Support was also provided by district nurses and we saw people had been enabled to attend hospital and outpatient appointments.

People’s mental health needs were monitored and guidance and support provided by the Community Psychiatric Nurse (CPN) as and when required.

# Is the service caring?

## Our findings

People who used the service told us that staff were very caring. A person said, “The staff are very kind to me”. We heard a staff member ask a person, “It’s drafty in here, can I get you a jumper?” Staff then returned with two jumpers and asked the person which one they wanted. We observed and heard positive and caring interactions between staff and people who used the service. We saw a staff member helping a person and asking, “How are you today [person’s name], are you feeling better?” People smiled as staff interacted with them and there was a happy friendly atmosphere. A person said, “ [staff member’s name] is lovely they are so kind. They bring me meals and when I don’t feel like eating they say, ‘Come on now’, smiling”. All of the people we spoke with thought that the staff were kind and caring towards them.

Staff knew people well and were understanding of their needs. We saw how well staff communicated with a person and reassured them when they became agitated on several occasions. We saw how another person had been given an object which was important to reassure them. Care plans were in place to support staff to meet people’s needs.

People’s privacy and dignity was promoted by staff.  
Personal care and support was carried out in people’s

bedrooms or bathrooms. When the GP visited people were examined in the privacy of their own room. We observed how a person’s privacy and dignity was promoted when they became unwell in a communal area. Staff reacted quickly to ensure the person was screened from other people. We heard staff speak discreetly to a person when they requested to use the toilet. Staff explained the ways they promote privacy and dignity for people when they are providing personal care for them. A staff member said, “I keep a towel over their body so that they are not exposed because I wouldn’t like that either”.

People were asked about their preferences and were supported to make decisions. Families and representatives were included in the care and support of their relatives. A relative told us, “The staff keep me informed about what is going on and I feel as though I am involved as much as I am able”. We saw where a person’s representative had been involved in the care plan of the person and had made suggestions, with the person’s consent, and changes had been implemented by staff. The manager had met with people and their relatives/representatives to discuss the care plans and ensure that they were happy with the care provided. Advocacy services were available to people should they require this.



# Is the service responsive?

## Our findings

People received personalised care which was focussed on meeting their individual needs. People told us that staff knew how to look after them and they received care and support in the way they wanted it. A person said, “The staff are wonderful. They know just how I like things done”. We saw that people were dressed in the way they wanted. A person said, “Yes I chose this top and skirt today, I always choose what to wear”. We observed staff responding to people’s individual needs. We saw how a person’s dementia care needs were met by staff and how staff knew what to do, and how to talk to the person when the person became agitated. Staff responded by reassuring the person and afterwards a staff member said, “We know how to talk to [person’s name] when they become agitated. You have to react in a certain way or you can make them worse”. Care plans and daily care charts supported staff to deliver care to people in the way they preferred this. Records confirmed that people received care and support at the time and in the way they wanted to be supported.

Staff responded promptly to people’s needs in emergency situations. Examples of this were when the emergency call rang and staff responded immediately to the situation. Also a person told us, “When I became unwell in the night the nurses kept checking on me all the time and they sent for the paramedics”.

People were enabled to participate in hobbies and interests that were important to them. People told us that they had made friends here and had enjoyed spending time in the garden on sunny days. A person said, “I have a few friends here who I like to talk to,” and another person said, I have a special friend and we like to sit together” .We saw a group of people involved in arts and crafts in one lounge and another group were watching a film of their choice in a different lounge. Everyone was encouraged to join in with activities. The activities staff member said to a

person, “Are you coming to watch the movie or do you want to do something else?” The person replied, “I’ll watch the movie”. The staff member responsible for activities explained how they find out what people want to do and then plan the programme of activities around these preferences. They said, “I ask them what songs they would like to have in sing-a-long and then I print the songs for them”. A person said that they enjoyed a certain type of songs and the activities staff member had printed these off for the person.

People and their families and representatives contributed to their care. A relative told us, “Yes I feel involved, they let me know of any changes to [person’s name]”. We saw where a person’s representative had suggested that they might like to take up a particular hobby and this had been implemented and the person enabled to do this by the staff. We saw letters where the manager had invited people’s relatives/representatives for care plan reviews. We spoke with a person’s representative who was regularly involved in discussions about their relative’s care plan. Another relative told us they knew about their relative’s care plan and that they had signed in agreement with this. They said, “I don’t attend reviews but staff always let me know if there are any changes”.

People who used the service were supported to raise concerns or complaints if they needed to. A person said, “I would speak to the manager but I could ask any of the staff, they would all listen and help me”. There was a formal complaints procedure in place which was clearly displayed and the manager kept account of the complaints received and action taken where appropriate to make improvements. We saw that the manager logged complaints and we saw that these had been responded to within the appropriate timescale and, where appropriate, improvements had been made as a result of the complaint raised.

## Is the service well-led?

### Our findings

People told us that management of the home was good and that there was a positive atmosphere. One person who used the service said, "It's a lovely place to live". Another person said, "The manager and all the staff are very good you can go to them about anything". Staff told us that the manager was approachable and helpful. A staff member said, the manager is fantastic. If you are feeling worried they put your mind at ease". Staff thought that the management of the home had improved. A staff member said, "Management is better. There is more of an open door policy. The managers are approachable". People who used the service and staff all thought that there had been improvements at the home over the past months with all the services provided including the care and the meals.

The manager assessed and monitored staff learning and development needs through regular meetings, supervision and appraisals. There was a staff training matrix maintained which showed that staff received regular updates in mandatory training. Staff felt more supported now and said that although it had been an unsettled time with change of ownership they had been supported through it. A staff member said, "They have kept us up to date with things. Also [manager's name] meets with the people and their families". Staff said there were staff meetings where they could raise concerns and suggestions.

Staff felt they would be listened to and any suggestions they had would be taken on board. A staff member said, "Before nobody listened but now things have changed. We have seen significant improvements with everything".

The provider had maintenance staff who were responsible for monitoring the safety of equipment in the home. They showed us their records of how they monitored and carried out repairs and maintenance checks of electrical equipment, fire alarms, emergency lighting and organised staff fire drills.

There was evidence of improvements based upon the outcomes of the checks the provider carried out. For example, improvements had been made to individual care plans, infection control issues, record keeping and staff training. There was now a system in place to monitor the dependency of people who used the service. The provision of staff was monitored to ensure there was always enough suitably qualified staff provided to meet people's needs. The provider carried out regular quality monitoring checks to help ensure that improvements continued to be implemented where required.

The provider told us that now the above improvements had been implemented they would be introducing a system to obtain the views of people and their relatives/representatives.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.