Anchor Trust

Madeleine House

Inspection report

60 Manor Road
Stechford
Birmingham
B33 8EJ
Tel: 0121 786 1479
Website: www.anchor.org.uk/our-properties/madeleine-house-birmingham

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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

This was an unannounced inspection which took place on 8 and 9 June 2015. We last inspected this service on 8 October 2013, and found that the provider was meeting the Regulations we inspected.

Madeleine House is a residential care home providing accommodation and residential care for up to 41 people. At the time of our inspection 39 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some people had different ways of expressing their feelings and were not able to tell us about their experiences. People who could speak with us felt safe and secure in their home. Interactions between people

Summary of findings

and staff were friendly and polite. Relatives, social care and health professionals and staff felt people were kept safe and cared for. Staff understood their responsibilities to protect people from the risk of harm and abuse.

People's needs were individually assessed and written in care records that minimised any identified risks so reducing the risk of harm. People received their medicine as prescribed by their doctor although there were missing signatures on some of the recording sheets.

We found there were sufficient staff available to meet people's identified needs. The provider ensured staff were safely recruited and they received the necessary training to meet the support and care needs of people.

The provider was taking the correct action to protect people's rights and staff were generally aware of how to protect the rights of people.

People's health and support needs were met. People were able to choose what they ate and drank and were supported to access health and social care professionals to ensure their health care needs were met. Staff were caring and treated people with respect and dignity.

There were social and leisure activities that people could choose to take part in. There was a complaints process that people and relatives knew about. People and relatives' concerns were listened to and addressed quickly.

The provider had established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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 understood their responsibilities to keep people safe and reduce the risk of harm.

People's care needs were assessed and where any risk was identified, appropriate actions were taken by staff.

People told us they received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff received training to support them to meet people's care and support needs.

Staff were aware of key processes to ensure people's rights were protected.

People had a choice of meals and were supported to access health care services when required.

Good

Is the service caring?
The service was caring.

People said they were treated well by staff and their privacy and dignity was respected and promoted at all times.

Staff were seen to be involved and motivated about the care they provided.

Staff knew people's likes and dislikes and how people wanted to be supported.

Good

Is the service responsive?
The service was responsive.

People had their care and support needs regularly reviewed.

People received a service that was personalised, based on their agreed needs.

People were supported to participate in a range of group or individual activities.

People and their relatives were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was well led.

People were happy with the quality of the service they received and managers and staff were accessible.

Quality assurance processes were in place to monitor the service so people received a high standard of care.

Good

Madeleine House

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.

This unannounced inspection took place on 8 and 9 June 2015. 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 service.

Before the inspection, we reviewed information we held about the service. This included information about deaths, accidents and safeguarding alerts that the provider is required to send to us by law. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

During our inspection we spoke with ten people, four relatives, two health and social care professionals, the registered manager, care manager, and six staff that included care workers, team leaders and domestic staff. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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.

We looked at records in relation to three people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files. This was to check staff were recruited safely, trained and supported, to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel very safe here, the staff are helpful and the building is secure." Another person told us, "I always feel safe here, my room is secure." A relative told us, "I know [person's name] feels safe living here, they appreciate the building security." Staff supported a person, with different ways of communicating, to transfer from their wheelchair to a lounge chair safely. Staff spoke with the person and maintained regular eye contact throughout the move; we could see this reassured them. We saw that people and staff had positive interactions, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training and were clear about their responsibilities for reducing the risk of abuse. Staff told us about the different types of abuse and explained what signs they would look for that could indicate a person was at risk. For example, bruising, a person becoming withdrawn or changes in their manner. One staff member said, "I would go straight to the manager or area manager and if necessary to Care Quality Commission (CQC)." We saw that staff received training and this was regularly reviewed. The provider reduced the risk of harm to people because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Risks to people were identified and managed appropriately. One staff member told us, "[Person's name] does not like the hoist but staff ease their fear and [person's name] is becoming more confident each time they use it." We saw people had risk assessments completed to ensure their individual care and support needs were being met. The assessments were regularly reviewed as people's needs changed or new risks identified. For example, one person's care records showed they had a number of falls. This was monitored and identified that the walking frame was too small. The provider took appropriate steps to reduce the risk of continued falls and replaced this equipment.

Staff told us that safety checks of the premises and equipment had been completed and were up to date. They told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

We saw that the kitchen, in parts, was not to an acceptable standard of cleanliness which posed a risk of contamination to food with the potential to cause people illness. We brought this to the attention of the registered manager. They agreed it was not to the provider's usual standard and that it would be dealt with immediately. On the second day of our inspection, we saw that the kitchen had been thoroughly cleaned with measures put into place to prevent the risk of a re-occurrence. We saw from the last inspection visit completed by the Environmental Health department awarded the provider with a rating of five out of five for maintaining the upkeep of its premises.

There were mixed views on the staffing numbers. One person told us, "Normally there is enough staff on duty, especially in the mornings." Another person said, "There always seems to be someone to help me if I need it." One staff member told us, "I don't think there is enough staff to work with customers, particularly during the mornings. " Another staff member said, "We need more staff especially in the kitchen and laundry particularly at weekends." We discussed this with the registered manager who explained a domestic staff member had been successfully recruited and awaited their pre-employment checks to be completed before starting work. Another potential domestic staff member had declined the job offer; therefore the registered manager had to re-advertise the post. We saw during the inspection visit, there were sufficient staff on duty to support people with their needs.

Staff told us they had pre-employment checks completed before starting work unsupervised. The provider had a recruitment process to make sure they recruited staff with the correct skills and experience. Three staff files showed all the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People told us they had no concerns about their medicines and confirmed they were given their medicines as prescribed by the doctor. One person said, "I take my medicine at the same time each day." Another person told us, "Staff make sure I take my medicine." There was an 'as

Good

Is the service safe?

and when' procedure in place to ensure it was recorded when medicines were administered. One person told us, "I don't take any medicine but if I wanted a painkiller I would ask staff." We saw that the staff administered medicines appropriately and remained with people to ensure they had taken the medicines before they completed the Medication Administration Records (MAR) chart. We looked at three MAR charts and saw these had been accurately recorded. On reviewing a recording log for additional medicines, we saw a small number of signatures had been omitted. We discussed this with the care manager and the registered manager who told us they would be speaking with the staff concerned. All medicines received into the home were safely stored, administered and disposed of when no longer in use.

Good

Is the service effective?

Our findings

People and relatives said they thought the staff were knowledgeable and trained to support people's individual needs. One person told us, "I think the staff have the right skills to care for me, they always explain things." A relative told us, "I'm confident the staff have the correct skills to support [person's name], the care and their diet is very good." Discussions we had with staff demonstrated to us they had a good understanding of people's individual preferences and support needs.

The provider had a planned training programme for the year and it tracked the training requirements for each member of staff. A staff member told us, "The training has improved and is good since the new manager arrived." Another staff member said, "You can go to the manager and say I would like to have this training and they will look into it." We saw that staff received regular supervision, one staff member told us, "We do have regular supervision and if I am worried about anything, I can raise it with the manager."

Staff told us that they always sought people's consent before offering support. One person told us, "They [staff] will ask permission before caring for me." Another person said, "Some staff don't explain but most do and it is very reassuring." We saw that staff gained agreement from people before supporting them with aspects of their care. Staff said people who had different ways of communicating would indicate their consent through their gestures and body language.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions about care and medical treatment. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for the authority to deprive someone of their liberty in order to keep them safe.

Staff had an understanding of the principles of the MCA in relation to their role, but not all staff had an understanding of the DoLS. However, they had recently joined the service and still in the process of completing their mandatory training. The care manager told us that a number of people were subjected to a DoLS and applications had been made. We saw mental capacity assessments had been completed and best interest meetings held. Applications for DoLS had been submitted to the Supervisory Body, this ensured the provider complied with the law and protected the rights of people lived at the home.

Most people were complimentary about the quality of the food. One person told us, "I like the food and I get enough choice, there's enough food on the plate." Another person said, "The food is passable, we only get two choices a day on the menu." We saw the menu reflected specific dietary requirements and preferences. Staff told us they would prepare individual meal requests for people, where appropriate. For example, we saw one person gave verbal instructions to chef for a particular meal that was not on the menu and this was provided. Staff offered everyone a choice of cold drinks and we saw some people preferred a hot drink which was provided.

The atmosphere in the dining area was calm and relaxed. Staff showed people plated food explaining what each meal was then offered them a choice. Staff provided support when people needed assistance with eating and supported people at a pace that was suitable to the person's individual needs. For example, one person had difficulty using the cutlery, the staff member came down to the person's eye level and offered support to assist them to eat. People could choose to eat in their rooms, remain in the lounge or in the dining room and drinks and snacks were made available throughout the day.

Staff told us people were assessed to meet their individual needs and to ensure people received a healthy and balanced diet. One relative told us, "The food seems pretty good, [person's name] seem to eat well, they [staff] keep checking their weight." Care records showed people's dietary needs, preferences and allergies, were shared with kitchen staff. We saw that fortified food and drinks were provided where needed and records showed people were referred to a dietician and Speech and Language Therapist support (SALT) where appropriate.

People said they were regularly seen by the doctor and other health care professionals. One person said, "I've just had my eyesight tested" and another person told us, "I was feeling very poorly and they [staff] got the doctor in to see me." Relatives had no concerns about people's health care needs. A relative said, "Overall, I'm happy with the home, they always get the doctor or nurse in when [person's name] isn't well." Health and social care professionals had

Good

Is the service effective?

told us they found the staff to be knowledgeable of people's health and support needs. Staff would contact them, when a person's needs changed, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us the staff were very caring, friendly and kind. One person told us, "I do feel the staff are very kind," another person said, "Staff treat me very well" and a relative told us, "[Person's name] can get up and go to bed whatever time they like." There was a vibrant atmosphere with staff speaking and completing activities with people. There were people talking and laughing with each other. We could see from people's reactions, their body language and smiles that they were relaxed.

A relative told us, "This place is good, since [person's name] has come here they have improved significantly." Staff treated people with kindness and empathy; they spoke to people in a sensitive, respectful and caring manner. Staff understood people's communication needs and gave people the time to express their views, listening to what people said. Staff were able to demonstrate they knew people's individual needs, their likes and dislikes and this ensured staff cared for people in a way that was agreeable to them. We could see from the people's demeanour and facial expressions they were comfortable and relaxed. We saw and heard staff respond to people in a patient and sensitive manner.

Overall, people said they were involved in deciding how they were cared for and supported. One person said, "I am happy as things are." Another person said, "Staff do listen to what I have to say, I'm very pleased." Care plans included information about people's previous lives, their likes and dislikes and their individual preferences.

Staff were able to explain to us how they could support people who could not verbally communicate their wishes. For example, staff said once they got to know people, they could tell by facial expressions and body language and whether the person was happy with their care. Alternatively, staff could also identify from a person's reaction when they were not happy. Staff said they would make sure they would deliver care in a way the person was happy with. If the person was not happy, staff would find different ways to deliver the care until the person was happy. To ensure staff were then kept informed of any changes, the care records would be updated. This would reflect what the changes were, in order for the care to continue, in a way that the person was happy with. This ensured that people were supported to make their own decisions about their care and staff respected people's individual choices.

People told us staff respected their privacy and dignity. One person said, "Staff treat me with respect and always observe my dignity." Another person said, "The staff are very discreet." A relative told us, "Staff always treat [person's name] with respect and as far as I know, they observe their dignity, I particularly like the way the staff try to mentally stimulate them, they are good." We saw that staff knocked on people's doors, and called the person's name before entering their rooms. Staff were friendly and they laughed with people.

People were supported to move around the home with care, staff made sure they moved at the pace suitable for the person. In the downstairs lounge, we saw the interactions between staff and the people were respectful. At teatime, to promote independence, we saw that teapots and cups were left on tables in the dining area. Those who could, poured their own tea with staff close by, to offer support if required. People were dressed in their individual styles of clothing that reflected their age and gender, this demonstrated that staff were actively listening to people and respecting their wishes and ensured their dignity and privacy was maintained.

People and relatives told us there were no restrictions on visiting. A relative told us "[Person's name was discharged to the home late and we were made to feel welcome by the staff even though it was really late." There were opportunities for relatives to use the conservatory for privacy or the person's bedroom, giving people the opportunity to meet with their relatives in private. This showed that people were supported to maintain contact with family and friend relationships.

Good

Is the service responsive?

Our findings

People told us they were happy with how their care and support needs were being met. One person said, "The staff ask me if I am happy with the care they give me." A relative told us, "I have regular discussions with staff about [person's name] care and they listen intently to my views." There were mixed views on whether staff talked to people and their relatives about their family member's care. However, we saw from care plans that people and their relatives had been involved in reviews. We saw that staff responded promptly to alarm activations and to requests made by people when they required support. Health and social care professionals told us that instructions they gave to staff were followed and that there were never any problems.

Staff were able to tell us about people's individual needs, their likes, dislikes, interests and how people wanted to be supported. The care plans we looked at confirmed an assessment of the people's needs had been undertaken at the point of admission and had been regularly reviewed. Relatives confirmed that staff supported their family member, in a way that was responsive to their individual needs. Any changes in people's health were identified in the care records and showed the involvement of other health care professionals when needed.

There were a number of people living with dementia who communicated in different ways. We saw staff responded to people with a caring and calm manner and their approach was flexible to meet the person's individual needs. We saw from the expressions on people's faces and their body language that they were happy with how the staff were supporting them.

People gave us mixed views about the individual and group activities available in the home. One person told us, "There really isn't that much to do, anything we do seems to be in the home, I just sit here." Another person said, "I go out every Monday to a club, it's a taxi ride away, it's good." We discussed this with the registered manager who explained that a number of external events had been arranged in the past, for example going out for meals. Unfortunately, people who had originally said they wanted to go later withdrew after changing their mind. The registered manager said they would speak with people to try and arrange further external activities. We saw people were knitting, reading, talking and moving freely from the lounge into the garden. Some people also took part in small group and individual activities throughout our visit.

A member of staff explained their role was to provide, "Activities that ensured people were able to maintain their hobbies and interests." Staff told us they aimed to promote people's wellbeing by also offering one to one support. For example, spending time with one person to read to them. Group activities were also offered to those who wanted to participate which included games and virtual tours. People could choose and were encouraged to take part in a group or individual activity.

The provider had recently redecorated the building to support people living with dementia. For example, the corridors were spacious and free of trip hazards. There were coloured handrails clearly visible and we saw some people could easily locate these and used them to steady themselves to walk independently about the home. There were period style pictures displayed and background music playing in the corridor areas. Anyone that wished to spend time walking in the corridor areas had background sound which offered reassurance. One person was seated in the reception area, staff told us the person liked to see visitors arriving and leaving the home. We saw that staff prevented social isolation because they talked with the person.

People and relatives told us they felt free to raise any concerns and were confident they would be addressed. One person told us, "If I wanted to make a complaint, I would go to the office and ask the staff to help me." Another person said, "I am kept well informed and the staff will phone my family. If I had any concerns, I would tell the staff, I know they would follow them up." A relative said, "I found the openness and honesty of the staff and management encouraging, they admitted they made a mistake and have taken measures to prevent it from happening again. I was satisfied with the investigation." We looked at how complaints had been managed and found these had been investigated by the registered manager and comprehensive responses provided to complainants. We saw action plans had been developed and introduced to reduce the risk of the incidents reoccurring.

Good

Is the service well-led?

Our findings

Everyone was complimentary about the service. One person said, "I know the manager and they always come and say hello, they make themselves available to me and my family." Another person told us, "The manager is always in and around the area, talking to people, they're lovely." We saw that people approached the registered manager and other staff freely. We saw the registered manager had a presence around the building speaking with people and visitors. A relative told us, "The manager is always around if you want to talk with them."

Staff were generally supportive of the provider's vision for the development of the service, one staff member said, "I do love working here, I'm addicted to the place, I come in sometimes on my day off." Another staff member told us, "I would appreciate more information on how the service is moving forward." We saw that the home had recently received a number of awards for service development. Certificates confirming this were displayed on the walls and articles appeared in the provider's newsletter. A staff member said, "Management inform staff of what is going on and information is always available on the notice boards." Staff told us they worked closely with people and relatives, discussing individual care records and other issues. We saw regular review meetings were used to raise any areas of concern, discuss changes to care records and medicines; so everyone was involved in making sure the home continued to meet the individual care needs of the people.

Most of the staff told us they felt like they belonged in a team. They felt motivated and committed to providing a personalised service to the people living in the home. One staff member said, "The manager is very approachable, they will get involved with things." A second staff member told us, "There is a nice feel to the home, management will listen, everybody gets on well." Another staff member said, "I would like the management to be more honest and open with us". We saw team meetings were held approximately every four to six weeks. Staff training records confirmed staff had training opportunities and were supported through regular supervision.

The registered manager explained to us they had tried to develop stronger links with the local community. For example, a local academy had arranged for three students to visit with a view to providing them with life experience in a health and social care environment. Students from the academy additionally donated their art drawings for display within the home. The manager had also arranged with the local supermarket store to provide their staff with training on 'working with people with dementia'. In return, the supermarket store had donated garden furniture to benefit people living at the home.

The provider had taken steps to obtain feedback from people, relatives and staff through meetings and questionnaires. A recent staff survey completed by the provider had shown 97% of staff were satisfied with the terms and conditions of their employment. Questionnaires had been sent out to relatives; however the response had been low. People were encouraged to give feedback on the quality of the service through review meetings and resident meetings. This feedback was reviewed by the registered manager for development and learning. We saw that relatives were invited to attend annual relative meetings to discuss the service, unfortunately, an insufficient number of relatives replied. The manager told us they would email relatives with advertised events to encourage attendance. Although relatives did not readily support these events in large numbers; there was a considerable number that visited their family members regularly. We saw they were given the opportunity to feed back to staff as and when.

There was a registered manager in post. Most of the staff had worked at the home for a number of years, therefore providing consistency for the people living there. The provider had a history of meeting legal requirements and the manager had notified us about events that they were required to by law.

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations. We saw the provider worked well with the local authority to ensure safeguarding concerns were effectively managed.

The provider had internal quality assurance processes that were completed monthly by the registered and area managers. For example, staff training, medication, infection

Good

Is the service well-led?

control, care records and health and safety processes. This demonstrated the provider had procedures in place to monitor the service to check the safety and wellbeing of people living at the home.