Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Madelayne Court

School Lane, Chelmsford, CM1 7DR

Tel: 01245443986

Date of Inspection: 05 March 2014

Date of Publication: June 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard

Details about this location

Registered Provider	Runwood Homes Limited
Registered Manager	Mrs Anne-Marie Prothero
Overview of the service	Madelayne Court provides services for up to 112 people, who need assistance due to old age or dementia. It does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Madelayne Court had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cooperating with other providers

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

At our last inspection on 27 September 2013, we had moderate concerns in relation to the lack of appropriate arrangements in place to deal with care and welfare of people who use services, safeguarding and safety, supporting workers and assessing and monitoring the quality of service provision

The purpose of this visit was to check that improvements had been made.

Three inspectors were present on this inspection. We spoke with nine staff this included the manager, senior carers and junior carers. Throughout the day we spoke with 14 people who use the service and six relatives.
We used a number of different methods to help us understand the experiences of people who used the service, because some of the people who used the service had complex needs which meant they were not able to tell us their experiences. Those that could told us, "I am okay" and "very nice people."

Staff told us that they worked as a team, and that they felt supported by the management team. One staff member said, "Brilliant place to work."

We found that people who used the service were involved as far as possible in care decisions and in life choices. Care was always delivered in a way that ensured their dignity was promoted. Care plans and delivery of care for some people was more task orientated than person centred.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our inspection on 21 August 2013 we found that people had not always experienced care, treatment and support that met their needs and protected their rights. The provider wrote to tell us that people's needs had reassessed

This inspection found that people were experiencing care, treatment and support that met their needs and protected their rights.

We looked at over 20 care plans in detail. There was evidence of regular reviews in most of the care plans we looked at. One person had recently returned from hospital and their care needs were under review and another had been resident for only a few weeks, so their care plan was being reviewed daily whilst they settled in.

The documentation viewed was person focused with reflection on social, behavioural and health needs. We saw that there was information and guidance for staff in managing people's nutritional and skin integrity needs. We found that for people with complex health and behavioural problems there were appropriate care plans in place. This meant people identified as requiring intervention around, challenging behaviour, health needs and personal care, nutrition, or mobility were identified and met with appropriate care.

People's mental capacity and on-going monitoring had been recorded correctly and this was reviewed monthly. From reviewing the assessments, it was clear that most staff had a clear understanding of the reasons for a mental capacity assessment. The provider may find it useful to note that not all the capacity assessments had been reviewed monthly as the service's policy.

The documentation that was in place for the assessment of dementia was completed in full, signed and dated. Personal risk assessments had been completed and were followed through with an appropriate action plan.

People's dietary requirements were known to the care staff, such as allergies and

intolerances. These were found documented in people's individual care plans. We found evidence that the people who were identified as needing a special diet or food little and often received it. People had access to equipment to relieve pressure, and safe moving and handling equipment was provided, should it be required.

Medications were given as prescribed and the medical administration record sheets were completed in full. We saw that as required medication was monitored and advice sought from the GP as required if being used regularly.

We saw multi-disciplinary notes that included doctors, dieticians, chiropodist, optician and social workers visits. Staff spoken with were knowledgeable about the people they cared for. Information had been sought, regarding individuals' choices/wishes in the event of their death.

The care plans evidenced a person centred approach to individual care. People's personal preferences or choices were documented and reflected in the actions taken by staff in the delivery of care.

There were arrangements in place to deal with foreseeable emergencies. We looked at the fire evacuation procedures and the training records for fire drills. These evidenced that they were undertaken regularly. The emergency plans for the evacuation of the building were in place and accessible to staff and visitors.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved on their care and treatment, or when they moved between different services. This is because the provider worked in co-operation with others.

Reasons for our judgement

Our inspection on 21 August 2013 we found that the provider did not ensure information from visiting health professionals was communicated to staff so that people could receive appropriate care. The provider wrote to tell us that all outstanding actions were now in place.

This inspection we found that people's health, safety and welfare was protected when more than one provider was involved on their care and treatment

We viewed documentation and discussed with staff how they received information from other healthcare professionals. Staff were aware where to find up to date information about people who use the service and we were able to confirm this by looking at documents that were kept from various visiting healthcare professionals.

Relatives we spoke with on the day of the inspection told us they were always kept informed in any changes in their relative's conditions and were happy with the service. One relative said: "X had an infection last week and the staff noticed the symptoms and quickly informed the doctor X commenced treatment within a day".

This means the people who use the service can be confident that when their care is provided by more than one service; the plan of care includes arrangements for when care is to be changed or to arrange transfer between services.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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