

Prime Life Limited

Middlefield House Nursing Home

Inspection report

Middlefield Lane
Gainsborough
Lincolnshire
DN21 1TY

Tel: 01427615577
Website: www.prime-life.co.uk

Date of inspection visit:
21 January 2020
27 January 2020

Date of publication:
02 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Middlefield House is a nursing home that provides personal and nursing care for up to 18 people with learning disabilities, autistic spectrum disorder or associated physical needs. At the time of this inspection, 17 people were using the service.

The service had been developed and designed before Registering the Right Support and other best practice guidance was introduced. The service was a large home, bigger than most domestic style properties. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs or anything else outside to indicate it was a care home.

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

Although there was a clear management structure and communication strategies in place at the service, the quality monitoring processes in place did not always highlight issues around the environmental cleanliness that we found during our inspection. These issues were addressed during inspection, and the senior management team told us they had reviewed their quality monitoring processes in relation to infection prevention.

People were protected from abuse, as staff were aware of their role in safeguarding people and the provider worked closely with the local authority teams to manage any safeguarding issues.

The risks to people's safety were assessed and managed safely using evidence-based assessment tools. People's medicines were well managed and were stored safely.

People were supported by a group of staff who had been provided with effective training for their role. The numbers of staff reflected and met the needs of people at the service. There were safe recruitment processes in place.

People's nutritional and health needs were well managed. They 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.

People received person centred care from a group of staff who knew their needs very well. There was a caring attitude towards people from the staff who supported them. We saw a number of positive interactions between staff and people at the service. Staff worked to maintain people's privacy, dignity and encourage their independence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 13th March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected This was a planned inspection based on the previous rating.

Follow up We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Middlefield House Nursing 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 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 team consisted of one inspector

Service and service type

Middlefield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information helps support our inspections and we used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service about their experience of the care provided. Some people who used the service had limited verbal communication. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten members of staff including a housekeeper, a cook, three care staff, the registered nurse, the registered manager, the regional support manager and two company directors.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We spoke to three relatives to gain their views on the service provided for their family member.

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.

Preventing and controlling infection

- The service did not always have robust processes in place to reduce the risks of the spread of infection at the service.
- On the first day of our visit we found a number of areas had not been cleaned to an acceptable standard. A number of bathrooms, toilets and a bedroom we viewed showed visible dirt and debris and one toilet lacked hand towels for people to dry their hands after washing them. There were body fluids on the underside of toilet seats. The washing machines in the laundry had not been cleaned on a regular basis.
- The registered manager told us the night staff were meant to undertake a number of cleaning duties in the communal areas and staff were meant to check areas such as bathrooms and toilets twice a day for cleanliness. The service also employed a cleaner for 20 hours three days a week. We raised to the senior management team that this arrangement was not effective in maintaining acceptable standards of cleanliness at the service. We also viewed the quality monitoring audits and found the audits did not highlight the concerns we found at our inspection.
- The registered manager addressed our immediate concerns during the first day of the inspection and when we returned for our second day the service was visibly cleaner. We saw two members of staff undertaking cleaning duties. The senior management team told us they were reviewing the arrangements in place to support effective cleaning of the service and had introduced a new auditing tool to monitor infection prevention and control.

Staffing and recruitment

At our last inspection the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the staffing levels at the service. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People we spoke with told us staff supported them when they needed them. Staff told us they felt there was enough staff to both manage people's needs when they were in the service and support people to go out into the community.
- At the last inspection we saw people were not given the support they needed in a timely way at meal times. Since then the registered manager had changed the way mealtimes were organised to allow people to have sufficient support and make the mealtimes more enjoyable for people. We observed the lunchtime meal which was a calm, well organised and pleasant experience for people.
- The staff rotas we viewed reflected the established needs of the people at the service. This included ensuring there were staff allocated to support people who had allocated one to one hours to provide them with support to go out into the community on a regular basis.

- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the Disclosure and Barring Service (DBS) were made. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people. The registered manager had processes in place to monitor the registered nurses employed registration with the Nursing and Midwifery Council (NMC) and we saw evidence of these checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives felt safe at the service. They had confidence in staff to protect people from potential abuse. Staff we spoke with showed good knowledge of their roles in managing any potential safeguarding issues. All the staff we spoke with told us they had confidence in the registered manager to address any safeguarding concerns raised to them.
- The staff had received up to date training in safeguarding practices and there was information on posters around the service to show what agencies people and staff could contact if it was necessary.
- The provider had processes in place to learn from events or incidents at the service. Staff told us they received regular supervision and there was a comprehensive handover each day. They attended regular staff meetings where issues of concern would be discussed.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed and measures put in place to mitigate the risks while still supporting people's independence.
- One person who had significant mobility needs and required specialist footwear and mobility aids, told us staff ensured they wore the footwear and used their mobility aid to assist them when walking. On the day of our visit we saw staff ensured people used the correct equipment to aid with their mobility. We saw staff supporting people in line with their care plan.
- Staff were very knowledgeable about the risks to people's safety. We saw people's care plans were reviewed each month and updated in line with their individual needs.. For example, a number of people had seizures and each had a risk assessment and care plan that gave staff information on presentation or triggers for each person.

Using medicines safely

- People received their medicines safely from staff who had been completed training in the safe handling of medicines.
- One person we spoke with told us they received their medicines when they needed them. We observed the registered nurse administering other people's medicines safely and in line with the information in the care plans.
- Medicine records were completed safely and people's photographs were in place as well as any allergies. When people had been prescribed 'as required' medicines there were detailed protocols in place to provide staff with guidance on how, when and why these medicines should be given. Some people at the service were not able to communicate verbally and the protocols gave staff prompts on what symptoms a person might display to show why they may need the medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were adequately trained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Staff had completed mandatory training and appropriate updates and used their training to support people in different ways. Such as their knowledge of people's specialist equipment needed for mobility or health needs.

- Staff were also trained to manage the different health conditions people may present with. For example, supporting people if they had seizures or managing people's diets in line with underlying health conditions such as diabetes.
- Staff received regular supervision to support them in their role and found this useful when discussing training and support needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. Staff worked with the person, their families and external health professionals to ensure the assessments undertaken remain relevant for people's care needs and staff could be guided as to the most effective way to support people. We observed staff followed the guidance set out in people's care plans.

Supporting people to eat and drink enough to maintain a balanced diet

- People were effectively supported by staff to enjoy a diet that met their needs. When we previously visited the service we felt the organisation of meals meant people were not always supported in a timely way and mealtimes were at times disorganised. However, the registered manager had responded to our observations and had made changes that had a positive effect on people's mealtime experience.
- The staff team worked together to ensure the mealtime experience was well organised. We spoke with the cook who had a good knowledge of people's needs and preferences and was on hand throughout the meal to support staff serve people.
- Relatives told us staff worked well with people and supported them to eat balanced meals they enjoyed. When people were at risk of losing weight, we saw staff followed guidance in care plans to encourage them to eat enough.
- When people required specialist diets, staff were aware of these diets and supported people

appropriately. The registered nurse referred people to appropriate health care professionals when there were changes to their nutritional needs, and worked with them to ensure staff followed guidance on people's diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were managed and supported in a holistic way. The staff worked with the relevant health professionals who provided support for people. The registered nurse gave an example of a person who had recently been diagnosed with a health condition affecting their nervous system. They gave examples of the different health professionals they had worked with to meet the person's changing needs.
- Relatives told us people were supported to attend regular appointments, such as the dentist and the GP if people were unwell. There were dental health support plans in place for people. Records also showed that people were supported to have access to external professionals such as the Speech and Language Team (SALT) and epilepsy specialists.
- People at the service were supported with the management of their medicines and the service worked with the relevant health professionals on the nationally recognised initiative to stop the over medication of people with learning difficulties (STOMP). However the registered manager highlighted that this had a negative effect on one person at the service. They had been working with the relevant health professionals providing information on the effects of the changes in the person to ensure a positive outcome for them.
- People and relatives told us how staff supported people to live healthy lives. This included management of people's diets. One relative told us how through staff support their family member had been able to stop medication for a long term health condition that affected their diet.

Adapting service, design, decoration to meet people's needs

- Although the service had been developed and designed before Registering the Right Support and other best practice guidance was introduced, the environment people lived in was suitable for their individual needs. There were different areas for people to spend time and throughout our visit we saw people using the different areas. Bedrooms were individualised and reflected people's interests.
- The provider had an established process in place to ensure the environment and equipment used at the service was serviced regularly to ensure people lived in a safe environment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people could not make a decision, staff completed a mental capacity assessment and best interest decision and these were kept under review. This ensured the principles of the MCA were followed.
- DoLS applications had been made when required and the details of DoLS granted were recorded in

people's care plans, along with any conditions attached to the authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a staff group who were kind and caring towards them.
- We received positive feedback from people and relatives about staff's attitude. Two people told us they liked the staff and were treated well by all of them. One relative said, "I am very satisfied [with Staff] and wouldn't want [Name] to be anywhere else." Another relative said, "All of the staff are nice and they all make me feel welcome."
- The registered nurse told us the staff at the service were very dedicated and had the knowledge and skill to communicate in ways that ensured people were treated equally whatever their communication needs were. They said staff know what people enjoyed and supported them to achieve that.
- Staff were supported by detailed information in people's care plans. The interactions between staff and people who used the service were warm and the atmosphere in the service was calm and happy.
- People's religious preferences were documented in their care plans. However, no one at the service had chosen to actively follow a particular faith at the time of our inspection.

Supporting people to express their views and be involved in making decisions about their care.

- Staff worked consistently with people and their relatives to support them express their views. Relatives told us they had been involved in creating and reviewing their family members' care plans.
- Several people at the service experienced difficulties with verbal communication. Staff used a variety of methods to help them understand people's needs. For example, some people responded to key words, others used visual aids and other people used limited sign language. Staff were knowledgeable about the individual communication needs.
- People's choices and preferences were detailed in their care plan and we observed staff followed this in practice. For example, one person enjoyed going out for a paper each day and staff ensured one of them made time to go with the person every day.
- People were supported to have access to advocacy services. A number of people had no family members to support them. The registered manager worked with their social worker to ensure they had the support of an advocacy service. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and staff treated people with respect and encouraged them to be as independent as possible.
- One relative told us they regularly visited unannounced.. They were always happy with their family

member's appearance when they visited.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from a staff group who had excellent knowledge of their individual needs.
- People at the service had complex learning difficulties, and the information in their care plans reflected how to manage these needs. The information gave clear guidance on how to support people but encourage as much independence as each person could achieve. Throughout our inspection we saw staff working in line with people's care plans, this included using individualised specialist equipment
- Relatives told us the staff treated people in a person centred way. One relative told us their family member had more control and choice over their life since going to the service, this along with staff's hard work had a positive impact on the person's behaviour patterns.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of social activities both with their families or with people and staff at the service. One relative told us they had been able to have the family member over to stay with them on a regular basis and had been able to take the person on holiday.
- There was evidence of the different events people had enjoyed, both in the service and out on trips. The registered manager told us staff often came in on their days off to help celebrate events such as people's birthdays or other special events at the service. People's care plans gave information on the different activities people enjoyed.
- Staff took advantage of events and activities in the community for people with learning difficulties. For example a local supermarket made adjustments to their service at a particular time in the week to make the supermarket more accessible for people with learning difficulties, by offering a quiet period. Some people from the service enjoyed shopping there at that time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had information in ways they could understand. The ways the information was provided supported people to make their own choices and allowed them to be as independent as they could be on a day to day basis.

- Throughout the service there was easy read signage and different symbols that people used to communicate their needs. For example, when staff wanted check if one person wanted to undertake an activity they used key objects to let the person know what was on offer.
- People's ways of communicating were known by staff. Staff spoke to us about how they used people's body language and facial expressions to identify their needs. One person used limited sign language to communicate some of their needs.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place for people or their relatives to use, and the registered manager was aware of her responsibilities to manage complaints to ensure good outcomes.
- People and relatives told us they had no complaints about the service, but everyone was very clear that they could go to the registered manager or any of the staff if they did, and issues would be dealt with for them. All the relatives told us there were good lines of communication from the staff group and they found this very reassuring.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager was working to ensure individualised care plans were in people's records. Some people were not able to express their wishes and some people lacked family members to provide information. The registered manager was working with social workers, people's key workers and advocates to ensure there was meaningful information on how to support people at the end of their lives in their care plans.

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.

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

At our last inspection the provider had failed to ensure adequate processes were in place to monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Some of the quality monitoring processes in place at the service had not highlighted the issues we found around management of the cleanliness of the service. The senior managers for the provider told us they had already recognised the need to review their auditing tools in relation to the environment and they were in the process of rolling out their new tool which would improve ongoing monitoring of the environment.
- However the registered manager did have auditing processes in place to monitor incidents, accidents, falls, people's weights and care plans. As a result of these processes the oversight of people's care was being effectively managed. We saw numerous examples of how this oversight had a positive effect on people's care.

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

- Throughout our inspection we saw the registered manager and their staff promoted a positive person centred approach to the care they provided for people. There were clear processes in place which the registered manager and their team used to act on the duty of candour.
- Relatives told us there was clear leadership, and staff were open and honest with them when discussing the care needs of their family members.
- Relatives also told us they knew who was in charge on a day to day basis and felt the registered manager and her team worked to improve people's care in an individualised way. A staff member told us, "[Registered manager] really does fight to get people the care they should have."
- The registered manager knew the people in their care well. They were able to discuss the individualised strategies used for each person, giving clear rationales as to why their care was delivered in a particular way.
- The registered manager had worked with the local authority teams to address any safeguarding issues, they had reported incidents in line with their legal responsibility to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and the registered manager at the service worked to involve people and their relatives in their care. They worked with external health professionals to improve outcomes for people.
- Relatives told us their views on how the service was run was considered when they spoke with staff at reviews or during visits to their family members. Some relatives were able to give us examples of how their views had been listened to, acted upon and resulted in positive action with good outcomes for their family member.
- Staff told us there were regular meetings and they were supported with supervisions. They told us their views on different aspects of people's care were listened to.
- There was clear evidence of the ways the staff team worked with external health professionals to ensure good outcomes for people. The STOMP project required collaboration and commitment from staff to work with, and follow guidance from different health professionals to ensure good outcomes for people. We saw evidence of this throughout the inspection.