Middlesbrough Borough Council

Middlesbrough Intermediate Care Centre

Inspection report

Homerton Road
Pallister Park
Middlesbrough
Cleveland
TS3 8PN

Tel: 01642513120
Website: www.middlesbrough.gov.uk

Date of inspection visit:
07 February 2018
08 February 2018

Date of publication:
03 April 2018

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

Summary of findings

Overall summary

Middlesbrough Intermediate Care Centre (MICC) 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. This service provides short term rehabilitation to maximise the independence of people and enable them to return to living in their own home. The service comprises of care and therapy (occupational therapy and physiotherapy) all based in the same building and provides a range of facilities and equipment for up to 23 people who require rehabilitation. At the time of our inspection 13 people were using the service.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and relatives told us there were suitable numbers of staff on duty to ensure people's needs were met.

Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed complaints and any accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported with eating and drinking and feedback about the quality of meals was positive. Some people were also supported with meal preparation. Special diets were catered for, and alternative choices were offered to people if they did not like any of the menu choices. Nutritional assessments were carried out and action was taken if people were at risk of malnutrition.

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

The premises were clean and tidy. However, some areas were in need of redecoration and replacement flooring.

We observed numerous examples when staff were kind, caring and courteous. Privacy and dignity of people was promoted and maintained by staff. Explanations and reassurance was provided to people throughout the day.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information.

The service had a clear process for handling complaints.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager told us they provided and accessed information for people that was understandable to them. They told us their service user's guide and other information was available in different formats and fonts.

Staff told us they enjoyed working at the service and felt supported by the registered manager and senior staff. Quality assurance processes were in place to monitor and improve the quality of the service. However, we did note a three month gap where the health and safety audit had not been undertaken and the medicine audit did not pick up that the room in which medicines were stored was on occasions too high. We pointed this out to the registered manager who was to take action to address this.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to Good.	**Good**

Middlesbrough Intermediate Care Centre

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 was 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 comprehensive inspection took place on 7 and 8 February 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we were also inspecting another location operated by the provider at the same time and needed to make sure the registered manager was present.

The inspection team consisted of one adult social care inspector and one 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 care service. This ExE had experience of working with older people and intermediate care services.

We had requested a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

Before commencing the inspection we looked at the information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information. A notification is information about important events which the service is required to send us by law. We also contacted health and social care professionals prior to the inspection to gather their views about the service. We also spoke with an infection control nurse and training provider who were visiting the service during our inspection.

During the inspection we reviewed a range of records. This included three people's care records and medicines records. We also looked at three staff recruitment files, including supervision, appraisal and

training records, records relating to the management of the service and a wide variety of policies and procedures. We spoke with seven people who used the service and three relatives. Time was spent observing people in the communal areas of the service and at lunch time.

We spoke with the registered manager, senior team lead, two team leaders, the cook, a therapy assistant, the head of service for prevention, access and provider services, an occupational therapist and generally to other staff.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel so much safer here than at home and realise that I have to go back some time but I am enjoying it whilst I can." Another person commented, "Knowing that if I fall or have a bad day there is always someone to help me makes me feel so safe." Another person told us, "Even at night I feel safe and not just left and I used my buzzer in the early hours and someone came at once, it is very comforting."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

People and relatives told us there were suitable numbers of staff on duty to meet people's needs. During the inspection staff were available in the communal areas of the service, which meant they were able to supervise people and were accessible. One person told us, "If I press my button for help someone appears as if by magic."

At the time of the inspection the service was not admitting more than 15 people for rehabilitation. The registered manager told us there had been some staff sickness which had impacted on the amount of people who could receive rehabilitation at any one time. In addition, as part of the assessment process, senior staff looked at people's individual complexities and dependency to ensure staffing levels were safe.

There was a range of staff either employed by Middlesbrough Council, adult social care and South Tees NHS Foundation Trust Community Therapy Services. These included physiotherapists, occupational therapists, therapy assistants, enablers, team leads and ancillary staff.

We checked staff recruitment records and found that suitable checks were in place to help protect people from harm. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

Risk assessments were in place which covered areas such as nutrition, self-medication, falls, moving and handling, skin care and bed rails.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. Fire drills took place and staff took part, however from records we looked at during the inspection we could not be sure this had included all staff. We pointed this out to the registered manager who told us they would take immediate action to address this.

The environment was clean and tidy. Staff had received training in infection prevention and control and had access to personal protective equipment when required to reduce risks of cross contamination. During the inspection we spoke with the infection prevention and control nurse for South Tees NHS Foundation Trust. They told us they had visited the service when there had been an outbreak of infection. They said, "I visited twice during a recent outbreak and this was managed very very well."

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MARs) that we looked at were completed correctly with no gaps or anomalies. Staff supported people to be independent with their medicines. We did note that the room in which medicines were stored was too high on occasions. We pointed this out to the registered manager at the time of the inspection who told us they would take action to address this.

Staff were aware of their responsibilities to raise concerns, to record accidents and incidents, concerns and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. People told us they were making progress. One person said, "It's the confidence they give you and encouragement all the time, if they believe it is possible then I do too." Another person commented, "Without the care here I would not be walking again and putting on weight and getting stronger. I am so lucky to be able to come here and get sorted out."

Records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, first aid, infection control, moving and handling, medication, food hygiene and fire training. Staff had also received training in understanding Parkinson's disease, arthritis and an awareness of diabetes, strokes and pressure area care. Where there were gaps in training the registered manager was aware and had taken action to address this.

Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. One staff member said, "Our training is good and some is actually hands on. We've had loads of training recently."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection no one using the service was subject to a DoLS authorisation. Records examined confirmed that staff had received training in MCA and DoLS.

We looked at the menu plan which provided a varied selection of meals and choices. We asked people if they enjoyed the food that was provided. One person said, "Our food is lovely and there are some really enjoyable meals."

There were two kitchen areas for people to use, one of which had gas cooking facilities and the other which had electric. Some people were encouraged and supported to prepare and cook their own food as part of their rehabilitation.

We saw records to confirm that nutritional screening had taken place for people who used the service to

identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician. Dietary requirements for health or culture were provided for when needed. A professional wrote and told us, 'The staff appear to have a good knowledge of their service user's needs, for example on a recent visit I performed a [nutritional] assessment which identified that a patient was at risk for malnutrition, when I discussed this with staff they had already noted the patients recent weight loss, and had put in place the monitoring measures which we would require before a dietetics referral.'

The registered manager and staff we spoke with during the inspection told us they worked very closely together within the service and with other health and social care professionals to support people in their rehabilitation. As part of the inspection process we contacted health and social care professionals to seek their views on the service provided. They told us Middlesbrough Intermediate Care was a valuable service in which staff worked hard to rehabilitate people. However, some professionals commented that staff did not always work collaborately with them.

The service was spread across two floors. There was a range of communal rooms, which corresponded to the varying needs of people who used the service. For example, there were dining and lounge areas on each floor, a therapy room, kitchen and laundry room were also on site. The service had a range of equipment to meet the care and rehabilitation needs of the people who used the service to ensure their independence was maximised. However, we did note that some areas of the service were in need of redecoration and improvement. For example, the walls in the downstairs lounge and dining area were marked. In addition some bedrooms needed redecoration and replacement flooring. We pointed this out to the registered manager at the time of our inspection.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect and supported them in a kind and caring way. This was observed during the inspection and confirmed in discussions with people who used the service and their relatives. They told us, "I appreciate that I am involved with decisions about my care and progress and it helps to know that I am not just a name but someone who matters." Another person commented, "I know my care staff at home and how they do things and I never felt awkward. It is just the same here they always ask, never just rush me through things and it's lovely they chat away and make my day."

Observations throughout the inspection showed staff were polite, friendly and caring in their approach to people. People were relaxed and happy and were able to freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person.

Staff understood people's needs and demonstrated they knew how people liked to be supported. The staff understood the importance of supporting people to regain life skills to enable them to continue living in their own homes.

People were satisfied that their privacy and dignity were preserved. People spoke positively about the staff and how they always asked before providing care and respected their dignity. One person told us, "I do need help with the shower but the staff knock first and ask if I am ready or would I like to wait and they close the curtains and hang the sign out. I was really worried someone would come in but not now."

Staff respected people's dignity and lowered themselves to eye level when speaking with people who were sat down. Staff explained where they were going with people, or how they intended to help them. People were supported to be independent with their mobility. Staff provided reassurance and support when people were walking with their mobility aids such as walking frames and sticks. They ensured people used equipment if necessary and encouraged them to take their time and not rush. Staff showed a commitment to promoting people's independence as much as possible.

Staff were patient when speaking with people and took time to make sure that people understood what was being said. People and staff engaged in conversation, general banter and there was laughter.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. Some staff had completed training in equality and diversity and all other staff were due to undertake this by the end of March 2018.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Good

Is the service responsive?

Our findings

People told us they were happy with the service they had received. One person said, "It is good to try out some of the equipment that I will need when I leave. I am glad there is someone to show me how to use it. They will also look at anything else I want to keep me safe."

During the inspection we reviewed the care, support and rehabilitation records of three people. People had received an assessment, which highlighted their needs. Following assessment goals were set and care plans had been developed to support people with their rehabilitation and needs. The assessments and care plans focused on people's re-enablement needs and these records were reviewed regularly.

The service employed an occupational therapy assistant who worked 18 hours a week over three days. The registered manager told us the therapy assistant encouraged people in reminiscence and set up other activities and games such as dominoes. Every Thursday there was a 'falls group' in which people who used the service met to talk about falls prevention. At other times there were therapy groups in which people took part in baking, kitchen practice and cooking and peeling vegetables. Every Friday there was a chair based exercise class in which people could take part.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. The registered manager told us they had always striven to provide information to people that was understandable. We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the service and results from surveys. There were leaflets about the service, safeguarding and how to complain. The registered manager and staff told us all leaflets and information could be provided in an alternative format such as other languages, large font and braille. We were shown other examples of how people received information which they could read and understand such us exercise programmes printed on a larger scale and medicine records. One person told us, "I love my little notice board in my room with all my info on it like tablet times and visitors. I will get one when I go home it is brilliant."

People who used the service were provided with a copy of the complaints procedure. People and relatives we spoke with during the inspection felt able to raise a complaint. However, they told us they had no reason to complain because they were well looked after. Since the last inspection of the service there has been one formal complaint and appropriate action had been taken to address this. The registered manager told us that outcomes from any complaints made would be seen as an opportunity to learn and make improvements.

Good

Is the service well-led?

Our findings

People and relatives thought the service was well led and people we spoke with were satisfied with the service they received. A relative commented, "We would be happy to leave feedback about this place as it has been a very positive experience for the whole family."

The service had a registered manager. 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.

Staff told us the service was well-led and the registered manager was approachable and supportive. One staff member said, "I like [name of registered manager]. She is fair and listens to me if I have any concerns."

At our last inspection in December 2015 we looked at the arrangements in place for quality assurance and governance. We saw that numerous checks which were carried out, however some of these were infrequent. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Since the last inspection improvements had been made. A monthly health and safety audit and a monthly check on medicines had been introduced. Although these checks had been introduced some further improvement was needed. For example, the medicine audit did not look at systems and it was not identified by senior staff that on occasions the room in which medicines were stored was too high. In addition there was a three month gap from when the health and safety audit was undertaken in October 2017 but then not completed until February 2018. The registered manager had delegated audits to senior staff and was made aware of the need to check these when completed.

Other audits were undertaken on infection control, care records, mattress conditions and staff records.

At the last inspection we identified that senior management visited the service on a regular basis to speak with people who used the service and monitor the quality of the service provided; however they did not keep a record of this. Since then bi monthly audits had been introduced and we saw records of the findings from these visits.

Staff meetings were held on a regular basis. Staff told us they were encouraged to share their views and ideas at meetings and they felt listened to. Meetings were used to keep staff updated with changes affecting the service, training, feedback from questionnaires, infection control, falls prevention and more. This meant that effective mechanisms were in place to give staff the opportunity to contribute to the running of the service.

The registered manager told us people who used the service were asked to complete a survey and provide feedback when they were discharged from the service. We looked at surveys which informed that people and relatives had been very pleased with the service they had received. The results of this survey were

displayed within the service for all to read.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.