Middleton Grove Healthcare (Southern) Limited

Middleton Grove Nursing Home

Inspection report

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Date of inspection visit:
03 May 2017

Date of publication:
23 May 2017

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

The inspection took place on the 2 May 2017 and was unannounced.

Middleton Grove Nursing Home provides personal care, accommodation and nursing care for up to 54 people. On the day of our inspection there were 51 older people at the service, some of whom were living with dementia and chronic health conditions. The service is spread over four floors with a passenger lift, communal lounges/dining rooms and a garden.

At the last inspection on 18 November 2014, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. One person told us, "No you don't have to worry about being here, they are all kind to us". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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 provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us, "I don't know what training they've had, but they seem well equipped to do the job as you'd expect".

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us, "Oh I look forward to my food here, it's very nice".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us, "[Registered manager] is always letting us know what training is on offer". Another member of staff said, "Supervision is useful to find a

balance on what we are doing".

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. One person told us, "They [staff] are all very kind here". Another person said, "They are great, you can ask for anything and they don't mind".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People, staff and relatives found the management team approachable and professional. One person told us, "The manager seems like a very nice lady". Another person said, "Everything seems perfectly under control here and ticks over well".

Further information is in the detailed findings below.

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 remains Good	**Good**

Middleton Grove Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 May 2017 and was unannounced. The inspection team consisted of one inspector 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 care service. The expert-by-experience for this inspection was an expert in care for older people.

We previously carried out a comprehensive inspection at Middleton Grove Nursing Home on 18 November 2014 and no concerns were identified.

The provider had completed 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges/dining rooms. We spoke with 10 people, four visitors, four care staff, the chef, two activity co-ordinators, a registered nurse, the maintenance person and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent

time looking at records, including six people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "No you don't have to worry about being here, they are all kind to us". Another person said, "They are easy to approach and speak to [staff], so you don't have to worry about anything like that". A relative added, "I never go home and worry. I do have peace of mind".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and relatives felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. A member of staff told us, "I think there are enough staff, we can call agency to cover". Another member of staff added, "If there is a gap, they cover with agency. 99% of the time there is always cover and the nurses help as well".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Nursing staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. One person told us, "I don't know what training they've had, but they seem well equipped to do the job as you'd expect". Another person said, "They have to hoist me, which I hate, but they try to make the whole experience as pleasant as it can be. They take their time and it is generally a smooth operation and they always make sure there are two of them".

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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "I'm due to see the chiropodist and I had the optician recently too. It's all in hand".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "[Registered manager] is always letting us know what training is on offer". Another member of staff said, "Supervision is useful to find a balance on what we are doing".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "The food is too good, I've put on weight since I've been here". Another person said, "Oh I look forward to my food here, it's very nice".

Good

Is the service caring?

Our findings

People and relatives felt staff were consistently kind and caring. One person told us, "They [staff] are all very kind here". Another person said, "They are great, you can ask for anything and they don't mind". A further person added, "There's no arguments and you can have a laugh with the staff".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "We give the residents choice and when we get compliments from them, I feel like 'Oh wow'".

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One member of staff told us, "I always offer choice to people around what they want to wear, what they would like to eat and where they would like to sit". Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. One member of staff told us, "We are always explaining what we are doing and offering choice to people".

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One member of staff told us, "Dignity is covered in induction. We always knock on doors and use the privacy screens". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "I encourage people to be independent and brush their own teeth if they want to". Another member of staff said, "I used to do everything for one resident, but now he is getting dressed himself and putting his socks on". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. Records and our own

observations supported this.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff remained responsive to their needs. One person told us, "They [staff] came and asked me the other day how I was getting on". A relative said, "I have seen the care plan [for my relative], I know I can go and talk with them at any time if anything changes".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us, "Yes we had a little meeting about it all". Care plans contained details of people's likes, dislikes and preferences. For example, one person's care plan stated that it was important to them that they looked smart and we saw that this was the case. Other care plans informed staff on how and at what time people would like their breakfast served and where they wished to sit.

The provision of meaningful activities remained good and staff undertook activities with people and external entertainers. Activities on offer included arts and crafts, bingo, exercise, games, films, reminiscence exercises and visits from external entertainers. Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people playing a ball game together and spending time with staff looking at books and magazines. People were clearly enjoying the activities and often engaged with other people in the room. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people. For example, feedback from people resulted in trips to local shopping areas and museums being organised.

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. One person told us, "The manager seems like a very nice lady". Another person said, "Everything seems perfectly under control here and ticks over well". A relative added, "I feel very welcome at any time here, with the offer of a cup of tea and a warm greeting".

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.

People looked happy and relaxed throughout our time in the service. People, relatives and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. A relative told us, "It feels like a caring place here and everyone is pleasant and patient". When asked why the service continued to be well led, one member of staff told us, "We can approach [registered manager] at any time. We work well together as a team and there is good communication and regular meetings". Another member of staff said, "We're a good team, we are always helping each other and looking for solutions".

The registered manager continued to show passion and knowledge of the people who lived at the service. They told us, "Middleton Grove is very caring towards the residents and the staff also care for each other. We are very transparent and it is very important to provide good care, have a good atmosphere and good communication". A member of staff said, "I love this home. I love the staff and the residents".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Staff continually looked to improve and had worked effectively with the local authority and clinical commissioning group (CCG) in order to develop systems and best practice in relation to people's care.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.