

Middleton Grove Healthcare (Southern) Limited

Middleton Grove Nursing Home

Inspection report

11 Portland Road, Hove, East Sussex BN3 5DR
Tel: 01273 325705
Website: www.ashtonhealthcare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 18 and 21 November 2014. Middleton Grove Nursing Home was last inspected on 14 November 2013 and no concerns were identified.

Middleton Grove Nursing Home is a care home with nursing located in Hove. It is registered to support a maximum of 54 people. The service provides personal care and support to people with nursing needs, many of whom were living with dementia. The home was divided in to four units, each with their own lounge / dining areas. On the day of our inspection, there were 46 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also

Summary of findings

undertaken to ensure new staff were safe to work with vulnerable adults. One person told us, “I feel safe here”. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person’s best interests.

Accidents and incidents were recorded appropriately and steps taken by the service to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were encouraged and supported to eat and drink well. One person said, “The food, oh yes it’s very good”. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People’s weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities.

Staff had received essential training and there were opportunities for additional training specific to the needs

of the service. Staff had received regular supervision meetings with their manager, and formal personal development plans, such as annual appraisals, were in place.

People felt well looked after and supported and we observed friendly and genuine relationships had developed between people and staff. One person said, “I’m very lucky, I’ve got no complaints. I think this place is first class”. The registered manager told us, “We are very good at caring. We train staff well and we are good at listening. We build relationships with the residents and their families”. Care plans described people’s needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to stay in touch with their families and receive visitors. One visiting relative told us, “I’m pretty happy with the whole set up. I’m here every day and things run well”. Relatives were asked for their views about the service and the care delivered to their family members. Completed surveys showed families were happy overall and felt staff were friendly, welcoming and approachable. Residents’ meetings were held and people said they felt listened to and any concerns or issues they raised were addressed. One person said, “I haven’t needed to complain, but I would speak to the registered manager or deputy manager”.

Care plans gave detailed information on how people wished to be supported and were reviewed and updated regularly.

People were involved in the development of the service and were encouraged to express their views. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an ‘open door’ management approach, where management were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good



Is the service effective?

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unduly restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

Good



Is the service caring?

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were maintained safely and people's information kept confidentially.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in a range of recreational activities both in the home and the community. These were organised in line with people's preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Good



Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

The service was well-led.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by management, said they were well trained and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery.

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 checked 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.’

The inspection took place on 18 and 21 November 2014. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors and an expert by experience in older people’s care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete 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 planned to make. This enabled us to ensure we were addressing any possible areas of concern and look at the strengths of the service. Following our visit, we spoke with the Local Authority and the Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care and spoke with people and staff. We shared a meal with people and also observed how people were supported during their lunch. We spent time looking at records, including 11 people’s care records, four staff files and other records relating to the management of the service such as complaints and accident / incident recording and audit documentation.

During our inspection, we spoke with four people living at the service, three visiting relatives, three care staff, the chef, the administrator, two registered nurses, the deputy manager and the registered manager.

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. Staff told us they encouraged people to be involved in their risk assessments. The deputy manager said, "We provide adequate training for staff around all aspects of care including managing risks. Staff have a duty to assist people and promote independence. We record this in the care plans and discuss it at handover meetings".

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. For example, after analysis of an incident, one person received a new bed that was more appropriate for their specific need.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff and people knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This 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.

Staffing levels were assessed to ensure people's safety. The deputy manager told us, "Myself and the registered manager forward plan the staff rotas. We listen to staff and allocate to people their preferences of when they want to work". We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. Feedback from people indicated they felt the service had enough staff. In respect to staffing levels and recruitment, the deputy manager added, "The manager and the owners listen to the needs of the service. It's not just about getting bums on seats. It's about recruiting the right people who fit in with the team and the home". This helped to ensure that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with vulnerable adults.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse 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 as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

One person was assessed as needing to receive their medicines covertly. This had been recorded appropriately in their care plan and correct guidelines had been followed. Nobody we spoke with expressed any concerns around their medication or that of their relative.

Medicines were stored appropriately and securely. Medicines which were controlled under the Misuse of Drugs Act 1971 (controlled drugs) were appropriately double locked within a medicines cupboard. These drugs were listed and logged in a controlled drugs register. We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately.

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person said, “Yes, some of the staff are extremely good”, a relative told us, “The staff are first class, nurses and carers are lovely. I leave this place knowing my relative is well cared for”.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received additional training specific to peoples’ needs, for example around behaviour that challenges, care of people with dementia and assessing mental capacity. Additionally there were opportunities for staff to complete training which was accredited via the Local Authority. This training is designed around best practice and aims to develop knowledge and standards of care in the local area.

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems of staff development, including annual appraisal was in place. One member of staff told us, “I feel supported, the managers’ listen to us”.

The staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of DoLS. In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the manager had sought appropriate advice in respect to these changes and how they may affect the service. The service was meeting the requirements of DoLS. Although no DoLS applications were in place, the registered manager and deputy manager knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. The deputy manager told us, “All the food is

homemade and the menu is regularly altered. We get feedback from people about the food and cater for vegetarian diets and special diets. People can eat when they wish and we have some people who like a late supper or an early breakfast”.

People’s weight was regularly monitored, with their permission. Where some people needed a specialist diet to support them to manage health conditions, such as those with swallowing difficulties and this was provided. The deputy manager added, “We have regular intervention from the SALT (speech and language therapy) team and dieticians. They liaise with kitchen to make sure people’s needs are met”. The staff we spoke with understood people’s dietary requirements and how to support them to stay healthy.

We observed lunch and we also ate with people. The lunchtime was relaxed and people were considerably supported to move to the dining areas, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. People ate at their own pace and were not rushed to finish their meal. Some people stayed at the tables and talked with others, enjoying the company and conversation.

The menu was displayed for people and showed the options available that day. People also told us the staff asked them what they wanted to choose each day. Everybody we asked was aware of the menu choices available. The staff knew individual likes and preferences and offered alternatives. People were complimentary about the meals served. One person told us, “Food is very good indeed, it’s fresh and they make it look interesting”. A relative said, “Food? Oh that’s good, my relative is putting on weight. If something is not suitable, they prepare my relative something different”. We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request.

Care records showed when there had been a need, referrals had been made to appropriate health professionals. The deputy manager told us, “We liaise with health professional all the time and the care staff are very vigilant and inform the nurses of any concerns”. Staff confirmed they would recognise if somebody’s health had deteriorated and would raise any concerns with the appropriate professionals. We saw that a GP visited once a week and that if people

Is the service effective?

needed to visit a health professional, such as a dentist or an optician, then a member of staff would support them. The deputy manager added, "If people do need any treatment, we discuss it with them in the best way we can.

We break it down so that they can understand and we involve families. We discuss outcomes and what they can expect by having the treatment, and we always refer quickly".

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had been developed with the staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. One person told us, "I'm very lucky, I've got no complaints. I think this place is first class". A relative said, "Excellent staff, my relative lights up when the staff walk in".

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. One person told us, "They let me decide, no pressure". Staff supported people and they were encouraged to be as independent as possible. The deputy manager told us, "People are treated as individuals. They have choices around what they want to do. Nothing here is institutionalised".

People said they had their privacy and dignity respected. One person told us, "They always knock on my door and wait until I tell them to come in". Another person said, "When they are checking if I'm alright, they ask would I liked to be checked here in the lounge or back in my room". The deputy manager told us, "From day one we discuss with staff the importance of dignity and respect. This is instilled into all staff". During our inspection a recently bereaved family visited the service to offer their thanks to

the staff. The staff conducted themselves with compassion and empathy, and it was clear that caring relationships had been formed with this family and their relative whilst they were at the service.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. One member of staff commented, "We have time to get to know the residents and communicate with them well. We let them make their choices and help to make them feel important and safe, especially if they are bed-bound". Another member of staff said, "We help people make decisions by getting to know them. We read the care plans if we're uncertain about anything". All the people we spoke with confirmed that they had been involved with developing their, or their relative's care plans.

Care records were stored in locked cabinets when not in use. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training. Staff supported people in doing what they wished, such as sitting in the lounges or going to their room. There was a friendly, safe and relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The deputy manager told us, "Relatives and friends can visit whenever they want, it's the residents' home and we are respectful of that".

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. There was regular involvement in activities and the service employed two activity co-ordinators. The deputy manager told us, “We have an activities board to show what’s on, but it’s for suggestion really, as it’s down to people to decide what they want to do. Some people don’t want to get involved, but that’s fine, the activities staff will spend one to one time with them”. Activities were organised in line with people’s personal preferences, for example, one person wished to spend time in their room and enjoyed the activity co-ordinator watching films with them and cleaning their fish tank. We also saw a varied range of activities on offer, including quizzes, visits from pets, trips to the local shops and exercises to music.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. The procedure for raising and investigating complaints was displayed. One person told us, “I haven’t needed to complain, but I would speak to the registered manager or deputy manager]. A relative said, “We had a few small concerns, but they were all promptly resolved”.

A service user satisfaction survey had been completed in July/August 2014, and the results of people’s feedback had been used to make changes and improve the service. For example, in light of comments received, the welcome pack

for people had been changed to include details of who the staff were at the home. Meetings were held for people at which they could discuss things that mattered to them. Notes from a recent meeting showed discussions had taken place around food, activities and feedback on staff. People said they felt listened to. A suggestions/comments box was also available in the main entrance area for people, family and visitors to provide feedback.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that care plans provided detailed information for staff on how to deliver peoples’ care. For example, information about personal care and physical well-being, communication, mobility and dexterity. Daily records provided detailed information for each person and staff could see at a glance how people were feeling and what they had eaten.

People had been involved in the drawing up of their care plan and they also provided information from the person’s point of view. For example, one person had stated they wished to always sleep with their light off and that they enjoyed reading and watching documentaries. Care plans were reviewed monthly or when peoples’ needs had changed. People were involved in the reviews, which were then checked and signed by them on completion. The deputy manager said, “We have person centred care plans. We try to get as much information as we can about people’s life history, and the activity staff develop the ‘This is me’ information”.

Is the service well-led?

Our findings

People were actively involved in developing the service. We were told that people gave feedback about new staff in their probationary period and residents' meetings also took place. We saw minutes of residents' meetings and topics discussed included food, activities and feedback on staff. A relative said, "Every few months I'm asked how things are and are there any improvements I'd like to see".

We discussed the culture and ethos of the service with the registered manager. They told us, "I may be the manager, but it is the team that runs the home. We're working together, supporting each other individually and as a group. We have a flexible approach to running the home, which is all for the residents". A person commented, "It's much better since the registered manager came here, it's excellent". Another person said, "The registered manager runs a tight ship, it's got a really nice atmosphere here".

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, "We get good support from the managers. They know what's going on and if things get busy then they come and help us. I feel supported". The registered manager told us, "We have an understanding of the staff and the day to day running of the home. The staff know us well and we have an open door policy, we can usually tell if something is wrong. I will liaise with senior staff, as it is important to support people".

There were good systems of communication, and staff knew and understood what was expected of them. Handover between shifts was thorough and staff had time

to discuss matters relating to the previous shift. Team meetings were held at which staff could discuss aspects of people's care and support and work as a team to resolve any difficulties or changes. The deputy manager told us, "Responsibility is cascaded down at all levels. Everyone is accountable for their own actions, so we expect honesty and good sharing of information". A member of staff said, "We all work well together as a team and there is good communication. I love my job and the fact that I'm supported to give good quality care to the residents".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. For example, an audit highlighted that the 'resident of the day' system was not being routinely carried out by staff in all departments. 'Resident of the day' is a system whereby one person receives a review of all aspects of their care, to ensure that it is meeting their needs and to determine if any improvements can be made. In light of the outcome of this audit, further one to one training was implemented for the staff in question. Questionnaires were sent out annually to families and feedback was obtained from people, staff and involved professionals. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.