Middleton Hall Limited

Middleton Hall Retirement Village

Inspection report

Middleton St George Darlington
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Date of inspection visit: 17 and 24 November 2014
Date of publication: 10/02/2015

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?	Outstanding
Is the service well-led?	Requires Improvement

Overall summary

The inspection visit took place on the 17th and 24th November 2014 the first day was unannounced.

We last inspected Middleton Hall in 2013 and found the service was not in breach of any regulations at that time.

The service provides accommodation for up to 77 older people. Middleton Hall is on the outskirts of Middleton St. George. The home is situated in extensive grounds and gardens that are accessible to the people living there.

The home provides a range of accommodation options. People have the choice of residential care apartments, studios and more traditional bedrooms, depending on their level of need.

There is a manager in post who is registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The manager had made several urgent applications prior to our visit and following advice had carried out capacity assessments on all people using the service. Following this action they had commenced making applications where this was necessary. This meant people were safeguarded. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People told us they felt safe at Middleton Hall and that staff were always kind towards them. We saw people being given choices and encouraged to take part in all aspects of day to day life at the home, from helping to set the table for lunch to looking after the service's two chickens. Activities were based on people's individual needs and focussed on a model called "Living Well" a holistic approach to mental and physical well-being.

Relatives told us they were provided with information about their relative and involved with the care planning and review process.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the managers and each other. Retention of staff at this service was good.

In the residential and family living service we saw people's care plans were personalised and had been well assessed. The care plans in the nursing unit were based on a very medical model of care which meant they were not written from the point of view of the person. Both the registered manager and nurse in charge stated they were aware of this and had plans in place to review all the care files in this unit.

Staff told us they felt listened to and were able to talk to the managers and relatives and people who lived at the service also confirmed the management were approachable and accessible. There was a robust quality assurance programme in place that identified areas for improvement and people were actively involved in the day to day and long term planning of how the service was delivered.

People had access to different dining experiences at this service and people were very positive about the quality of food provided.

We saw medicines were administered safely but improvements were required to make sure records were completed correctly and guidance was in place for as required medicines.

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?
This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the service.

Staff knew how to recognise and report abuse.

There were enough trained and experienced staff to meet the needs of the people at the service

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Medicines were administered safely but work was required to improve records for medicines.

Good

Is the service effective?
This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff knew the needs of the people well and were able to provide effective and compassionate care and support. Staff were trained to meet the needs of people using the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good

Is the service caring?
This service was caring.

People and their relatives told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good

Is the service responsive?
This service was responsive.

Outstanding

Summary of findings

People's care plans were reviewed with them on a regular basis and systems were in place to quickly identify if someone's needs had changed.

The service provided a choice of activities and locations and people's choices were respected.

People, staff and relatives were all aware of how to raise a concern or complaint and these were handled appropriately.

Is the service well-led?

Requires Improvement

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

People, staff and relatives all said they could raise any issue with the registered manager or any staff member. The registered manager maintained a regular presence within the service.

The service had not been submitting notifications where required to the Care Quality Commission. The registered manager investigated this and immediately implemented a new policy for all care managers to adhere to.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Middleton Hall Retirement Village

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.

The inspection visit took place over two inspection days on the 17 and 24 November 2014. Our first visit was unannounced and the inspection team consisted of an 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.

Before the inspection, the provider was sent a Provider Information Return (PIR) to the electronic address that CQC had on record. 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 did not receive the PIR form and the registered manager stated the email address that was used by CQC to send this form was out of date. The registered manager informed CQC immediately of the correct email correspondence address. We also reviewed all of the information we held about the service.

One the first day of our visit to the home we focussed on speaking with people who lived at the home and their visitors, speaking with staff and observing the care provided to people. We also undertook pathway tracking for six people to check their care records matched with the care needs that they said they had or staff told us about. The inspector returned to the home the following week to look in more detail at some areas and to examine records relating to the running of the service.

During our inspection we spoke with 17 people who lived in the service, two visitors, the nursing team leader, seven care staff, one ancillary staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for six people. We also looked at records that related to how the service was managed.

Prior to the inspection we spoke with one member of the local authority contracting team who raised no issues with the service.

Good

Is the service safe?

Our findings

People we spoke with had an understanding of abuse and confirmed that there had been nothing to cause them concern in this area. All the people we spoke with told us they felt safe at the service. Comments included: “I couldn't ask for anything better,” and “I'm very happy, the staff are both caring and careful.”

People all said that staff always asked permission before anything was done for or to them. We observed staff telling people what they were going to do before they provided any direct care. People at the home appeared comfortable and happy with the staff supporting them.

There were sufficient staff on duty. People who chose to stay in their rooms said that call bells were always answered extremely promptly. Although staff were busy, care did not appear rushed and talking to two team leaders they both said that if they felt they needed more staff they would speak to the manager and they would be listened to. A member of care staff told us; “Staffing has improved on the nursing unit, people’s needs have changed and we got an extra pair of hands and it’s made a huge difference.” Shift rota records confirmed that consistent staffing levels were maintained across all areas of the service.

People’s dependency levels were reviewed each month by the team leaders in each area and we were told about new assisted technology that was being used to help keep people safe. This included in the family living unit for people living with a dementia, that bathroom lights would automatically come on when someone got out of bed.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; “I’d report any concern I had about care, I‘d go straight to the nurse in charge.” We looked at training information which showed that staff had completed training in regard to safeguarding and the Mental Capacity Act. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We spoke with a member of the housekeeping team who explained their role and told us which areas of the service they covered in regards to cleaning. This staff member showed us their records of performing deep cleaning tasks each month and also told us they had been trained in health and safety and infection control.

The training records we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid, infection control and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. In independent services where there were couples living together, the service ensured that there was an emergency plan in place if one of the couple was the main carer for the other.

Care plans contained risk assessments that were regularly reviewed to ensure people were kept safe. The service had a positive view of risk taking in terms of supporting people to maintain independence wherever possible. For example the service was experimenting with a safety system called 'Buddi', for those people who may be at risk of leaving the premises. This enabled two people to remain at Middleton Hall because each individual carried a device, which linked to a tracking system. The service had also introduced painted footprints around the grounds so that people that may have memory difficulties could follow them and find their way back into the building.

We also saw the service had generic risk assessments in place regarding the environment. These were reviewed by the senior management group at the service, which included the registered manager and team leaders who were in day to day charge in the service. Managers also carried out spot checks such as a recent uniform check on all staff in the building. Staff were advised if they were not complying and why.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of provided to the people.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at Middleton Hall had been carried out. Most of the staff we spoke with who were on duty on the day of the inspection, had worked at the service for many years and retention rates were good.

Good

Is the service safe?

The registered manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. All new workers had to undertake a three day induction programme including health and safety, infection control, manual handling and "Living Well". Additionally they had to complete a minimum of two weeks supernumerary under supervision before becoming part of the shift rotas.

Throughout the inspection we observed the interactions between staff and people who lived at the home. We saw staff were available to support people living at the service to go about their daily activities. On several occasions we observed staff chatting with people in their room.

When people had to attend medical appointments; dentist, hospital etc. they told us they were always accompanied by a carer. One person told us, "I had to go to hospital in Middlesbrough every day for six weeks and they always made sure there was a carer to go with me."

Senior care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training matrix provided by the registered manager. Staff also told us their competency to administer medication was carried out twice a year.

We observed nursing staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We noted two omissions of signatures in the controlled drugs stock book and some missing weekly drug audits. We also recommended that in line with NICE guidance that any handwritten medicine administration records (MAR) should be double signed by two members of staff. On our second visit to the service the registered manager explained they had implemented a new medicine audit programme and developed a revised medicines policy that they had discussed with all staff who administered medicines.

We discussed the ordering, receipt and storage of medicines with the nursing unit team leader who was responsible for this role. There was a clear system for the receipt and ordering of medicines that enabled staff to liaise with the pharmacy or GP practice if any issues were raised. We discussed that on the nursing unit we saw there were no protocols in place for PRN ("as and when required") medicines. Although it was acknowledged that medicines were always administered on this unit by trained nursing staff, in case of new staff or agency staff being used then these protocols should be in place. On the second day of our inspection we saw these had been put in place.

Staff told us about regular training they received to ensure they and the people who used the service were kept safe. This included competency checks on medicines administration, fire training, moving and handling training and health and safety. The training matrix records we viewed showed that staff were routinely updated in these areas and training was discussed as part of the regular supervision process with managers.

Two people who we spoke with in Middleton Court both said that their medication was always delivered at the same times every day.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. One of the directors had responsibility for the on going maintenance of the whole service both internally and externally. We also saw that night staff had responsibilities for checking and cleaning items such as hoists, slings, wheelchairs and the medicines trollies and this was recorded to ensure these items were clean and safe.

Good

Is the service effective?

Our findings

People told us they felt they received effective care. One person said; "Every morning when the carer comes with the first medication round they always ask you how you are feeling."

The staff all said they received regular support and training and were expected to upgrade their skills, study for National Vocational Qualification's, undertake dementia training and to be part of the "Living Well" project to help people to get the most out living at Middleton Hall. Training records and a training matrix showed statutory training took place for all staff.

Staff also told us about other training they received in relation to people who lived at the service. For example nursing staff told us how they had attended specific training regarding assisting someone with a PEG (**Percutaneous endoscopic gastrostomy)** to ensure their skills were up to date in this area when a person using the service returned from hospital with a PEG in situ. Another staff member told us about a palliative care course which they said was; "very informative and useful."

All staff we spoke with said they had regular supervisions and appraisals. Three staff said they were always asked if they needed further training or anything to help them in their job roles. Every staff member we spoke with said they felt able to raise any issues or concerns to the management. One team leader who was new in post told us they met weekly with the registered manager and said they were also able to ask advice from other team leaders on shift at any time.

We looked at supervision and appraisal records. We saw that supervision occurred regularly and that people were offered the opportunity to discuss their roles. The service also undertook group supervisions and competency checks and we were told how a recent group exercise had included how to complete a safeguarding log. We also saw how at annual appraisals that people's personal and professional developments were discussed and actioned.

The senior management team met weekly to discuss all areas of the service. Team leaders from each area told us they met with the registered manager weekly on an individual basis, and there were bi weekly care service meetings. At these meetings team leaders and the registered manager and other directors discussed operational issues. They also explored issues of best practice and new ways of working or legislation and documents. Items from these meetings were then discussed at regular staff meetings that took place in all areas of the service.

The service currently had three people with Deprivation of Liberty Safeguard (DoLS) authorisations in place. We discussed with the registered manager about assessments of capacity for people. On our first visit the service did not have current assessments in place for those people who had capacity and we discussed where people had Do Not Attempt to Resuscitate forms in place that a capacity assessment must be in place. On our second visit, the service had introduced capacity assessments across the whole service with a monthly review process. This had led to the service stating it was putting forward further DoLS applications to the authorising body. This meant that people's rights would be better protected.

We observed the meal time in two areas of the service and sat having a meal with people who used the service. The general opinion from people we spoke with was that the food was very good with adequate choice and people could also eat in the Orangery cafe or the restaurant if they so wished. Those in Middleton Grove, the assisted living complex could make their own meals in their flats. The atmosphere in the dining room was relaxed, and although people had chosen from the menu the previous day they could change their minds if they wished.

Staff took their time when asking people about their choice to ensure they could process the question and give a response. Everyone we spoke with at the mealtime said they had enough to eat.

We saw people being helped with their food and the staff were very patient with people who required support.

Staff told us how they would report to senior staff if they had any concerns with people's food or fluid intake. One of the nurses from Middleton Gardens had a lead role in monitoring nutrition for people and all staff had received training in the "Focus on Under nutrition" project. People told us they were weighed monthly and we saw this recorded in people's care plans.

The service had a keyworking system in place and records showed that staff members spent dedicated time in the keyworker role with individuals and this was recorded.

Good

Is the service effective?

Staff explained that a GP visited the service on a weekly basis and held a clinic and people said that a chiropodist also visited the service regularly. We saw from care plans that people's healthcare needs were clearly recorded and that advice was sought promptly where needed. We met with a visiting community matron who told us they were; "Very happy" with the nursing care provided at Middleton Hall.

Good

Is the service caring?

Our findings

There was a relaxed and welcoming atmosphere in the service and staff we spoke with told us they enjoyed working at the service.

The premises were spacious and well-furnished and allowed people to spend time on their own if they wished or to join in activities that often took place in other areas of the service. People were supported to attend the spa or the Orangery restaurant. We saw that people living with a dementia were supported to access the outside areas of the service and went to other activities if they so wished across the site. This showed that people could move around the service and were integrated within it despite their differing needs.

People we spoke with across the whole range of services at Middleton Hall unanimously praised the care they received and the staff members. One person said; “You'd never find a nicer crew-they're very busy but would run a mile for you.”

Everyone we spoke with said they were treated with dignity. We saw staff using people’s preferred names and knocking before entering rooms. When asked if the staff were kind one person said; “The staff are so nice, they are kind and helpful and they all know what they are doing.” We saw staff interacting with people over the course of the two day visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shared with people.

We looked at care plans for six people living at Middleton Hall. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given. We discussed with the registered manager and nursing team leader that nursing care plans were based on a more medical model of care, which meant they did not reflect the input of the person in planning their own care and how they wished it to be delivered. Both managers said this was an area that had already had been identified and that the nursing team leader had not had the capacity in the last 12 months to implement a more person centred approach. However, a new nurse had begun their induction and so the nursing team leader stated they would have more time in a super-numerary role and so could begin the revision of new more person centred care plans. We saw that all care plans were reviewed along with accompanying risk assessments on a minimum monthly basis.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a monthly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. Staff told us told us the GP visited weekly. We saw from care plans that appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded.

Is the service responsive?

Our findings

Every month an assessment of each person's needs was carried out using a dependency tool. This may be done by staff observation but at least every six months it involved a discussion with the person and their family. This enabled early discussion to take place if someone's care package needed adjusting or if they ought to consider moving to a different unit within the service because their needs were changing. This meant that people were supported to plan for their future care needs.

One person had moved into their own bungalow in the grounds when their partner had been admitted to the nursing wing. The service was in the process of building more bungalows at the time of our visit. Her husband had since died. They told us as their own needs had increased they had moved to assisted living and then later to nursing care. They said, "They always talked with me about my care and since I knew all the staff it was easy to transfer when I needed to."

The relative of a fairly new person on the nursing unit, Middleton Court told us; "The manager from the home came to the hospital and did a thorough assessment so when my mother came here the transfer was smooth and the right care package was in place."

The registered manager told us; "We want to look at how we can improve communicating with people. We meet with people three monthly formally, and relatives every six months. We plan to increase this to every eight weeks so that we can act quicker on any concerns or worries that people have."

Middleton Hall runs a "Living Well" project and in each area of the service there were examples of ways in which people could pursue their own interests and maintain relationships with the community.

The Family Living dementia unit within Middleton Gardens was designed to encourage a homely feel with people helping with baking or gardening and looking after the chickens. On the day of our visit, three people were being taken to a garden centre to choose some Christmas decorations and then having lunch out. One person was regularly taken to Darlington to join a "Singing for the Brain" group. Each week an ex-carer came to hold a knitting session and some people were engaging in this and teaching some of the younger members of staff how to knit. The team leader in Middleton Gardens told us; "We try to make everything we do with people person centred, we encourage independence and giving people choice."

Daily activities were arranged in Middleton Gardens and Tuesdays were designated as trip days.

Middleton Grove catered for people who had differing levels of independence. One person aged 95 was still driving and was able to attend their own hobbies and to meet up with friends. They also said they liked the "fine dining" evenings in the restaurant and meeting friends in the Orangery cafe. They said; "Here we have a good mix of people and a vibrant life, you don't get the feeling of being in an old people's home."

Another person in Middleton Grove had become totally dependent on staff support, and although they did access the cafe occasionally they preferred to stay in their own room. They said; "The staff look after me well."

The manager told us that the "Living Well" programme meant looking at each individual's interests and trying to cater for them where possible. One person had been helped to use technology to Skype their relatives in Australia, another had been taken to an Antiques Roadshow to get their painting valued. One person said, "I was suicidal after my wife's death, I had no interest in life. Then one day when we were talking about my former interests I told them I used to like fishing and the next week they arranged for a carer to take me fly fishing."

People told us they would complain to a staff member or the manager if it was necessary but it never had been. One person said "Yes I would say something, we get on well and they would deal with it."

Records we looked at confirmed that the service had a clear complaints policy and there was an "open door" system by the registered manager and team leaders. Any complaints had been documented and investigated and recorded in accordance with the company's timescales and procedures.

Several people told us they went to regular meetings; we saw records of these and found that issues such as activities and menus were discussed as well as wider service developments such as the current restaurant refurbishment.

Is the service responsive?

We asked people about choices. People told us they felt able to make choices about their care and lifestyle. Staff members also gave us practical examples of enabling people to retain their own personality for example, helping people dress and staff assisting with showing people clothes they may wish to wear. Other staff told us about promoting independence with people by offering support and encouraging people to do things however small for themselves.

Requires Improvement

Is the service well-led?

Our findings

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 plan to make. The service did not return a PIR and we took this into account when we made the judgements in this report. We discussed this with the registered manager who stated CQC had an out of date email address for their organisation. We stated that it was the service's responsibility to ensure any changes to contact details are communicated promptly. Following the inspection visit the registered manager provided their correct email address and a copy of the completed PIR form.

Statutory notifications were not submitted in relation to relevant events at the locationwithout good reason. We discussed with the registered manager that there had been a very small number of notifications sent in to CQC within the previous 12 months. We had only been informed of two deaths at the service and no other events. The manager investigated this between our inspection visits and immediately implemented a new policy and spoke to all team leaders to ensure that any events were appropriately recorded and actioned if they were required to be notified to CQC.

The registered manager had been in post for a number of years along with the nurse team leader. Many other staff had also worked at the service in excess of ten years and data told us that staff retention was better than average at Middleton Hall.

Our observations were very positive with staff all communicating in a kind and friendly manner and there was a welcoming and warm atmosphere within the service.

Visiting relatives all said they had never had to raise any concerns, that the staff were all approachable, as was the registered manager. The close relative of one person said; "I am so pleased with the care, I am relaxed knowing my relative has 24 hour care instead of worrying about them being at home alone."

The Expert by Experience on the inspection said that people were relaxed and forthright in expressing their opinions of the service and everyone said they would have no hesitation in raising concerns with their unit manager if needed. Many people attended the meetings held monthly across the service and records of these were held.

All staff said they would be happy to report any issues to the registered manager or team leaders. All staff we spoke with said they felt supported by management and several people talked of the "family atmosphere" at the service. Everyone we spoke with said they enjoyed working at Middleton Hall. We saw that regular newsletters were sent out about service developments as well as profiles of staff and the special awards for achievements obtained by both people using the service and staff.

The service had good links with the local community. As well as a weekly visit by the local GP, there were lots of events that the service participated in locally as well as regularly hosting fayres and coffee mornings.

We saw systems in place to monitor and review the quality of service being delivered. We saw that audits had been completed. These included regular health and safety checks, medicines audits, and infection control checks. The registered manager told us about how the service encouraged a culture of raising concerns. For example, one person's friend commented on the food. The manager met with the friend and invited them for several meals unannounced so that they could see the quality of food and service that their friend received.

The service regularly carried out surveys seeking the views of people. Last year, 93% of respondents felt the service provided by Middleton Hall was either excellent or good. The friendliness of staff was the highest rated aspect.

The manager gave us examples of how people had fed back requests for improvement to the service. In Middleton Court people said that the lounge was looking in need of a makeover. The service worked with people and the staff, changed the room round, bought new cushions, ornaments and pictures. They had also changed the layout of the dining area; created a TV area; and also a quiet area. In Middleton Gardens people said they wanted additional communal toilets. The service said they initially thought there were enough toilets, believing that most people would prefer to go to their own room and bathroom.

Requires Improvement

Is the service well-led?

However on further discussion, some people had said the journey to their own room was too long so the service has commenced work on creating a new toilet near to the communal facilities.

The service had recently been awarded the Investors in People Gold standard for the second time which put them in the top 1% of companies with this award. The service also held awards recognising the achievement and commitment of individual staff members and holds a Better Health at Work – Gold Award, promoting better health in the workplace.

The provider made regular checks to make sure the building and practices were safe for the people who lived at Middleton Hall. There were maintenance staff at the service who carried out regular checks on fire equipment and other safety checks which were recorded. We saw that checks for fire equipment, legionella, heating, electrical equipment and wiring, hoists and lifts had all been carried out by specialist contractors. The management had systems to analyse any incident reports from the home so they could make sure any risks were identified and managed such as accidents and falls.