Prime Life Limited

Middlefield House Nursing Home

Inspection report

Middlefield Lane
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 April 2016 and was unannounced.

Middlefield House specialises in the care of people who have a learning disability. It provides accommodation for up to 18 people who require personal and nursing care. On the day of our inspection there were 17 people living at the home.

At the time of our inspection 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.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were usually in place, where people received their medicines in food risk assessments had not been completed. Medicines were administered and stored safely. Accidents and incidents were monitored and recorded.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People had access to leisure activities and excursions to local facilities.

People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity.

People were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff available to care for people appropriately. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. The provider recorded and monitored complaints.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely. Risk assessments for administration of medicines were not always in place.

Is the service effective?

Good

The service was effective.

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet. People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was consistently caring.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people. People were supported to be independent.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue to leisure activities and participated in the local community.

People had their needs regularly assessed and reviewed. People were regularly involved in these reviews.

People were supported to raise issues and concerns. Relatives told us they knew how to complain and would feel able to.

Is the service well-led?

Good

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

Middlefield House 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 27 April 2016 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience (Ex by Ex). 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 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 also reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager, two members of care staff and the cook. We spoke with two people who were living at the service. We also spoke with three relatives by telephone. We looked at four care plans and records of training, complaints, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Relatives we spoke with told us that they felt their family member was safe. One relative told us, "Oh yes [my relative] is very safe there" and another said, "Yes [my relative] is safe, we are very happy with them."

Medicines were handled and administered safely and medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Staff told us that they received regular training on the administration of medicines. We saw from the records that staff had completed training. Medicine administration records were completed fully and systems were in place to ensure that the member of staff who gave medicines could be identified. This facilitated a check in the event of a medicine error. Where people required specific support with their medicines or required 'as and when' medicines this was recorded clearly to ensure staff could provide appropriate support. For example two people whose records we looked at took their medicine with food as they found it easier to swallow them in this way. There was guidance which detailed how to offer the person their medicines so that they were aware that they were taking them and they were in the method preferred by them. However although guidance was in place for this within the medicine records, this method was not reflected in the care records. The medicine care plans did not reflect the care required. Where medicines were offered with food risk assessments had not been completed. There was a risk that the person may not receive a consistent approach when being offered their medicines and the risks related to this method of administration had not been identified.

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. Staff were aware of how to report an incident both internally and externally to the provider. They told us that they had received training to support them in keeping people safe. We saw from the training record that all members of staff had received this training. The provider had safeguarding policies and procedures in place to guide practice and regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example risk assessments were in place for people who required bed rails to keep them safe at night. The provider consulted with other healthcare professionals when completing risk assessments for people, for example the GP. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Call bells were available throughout the home. The registered manager told us that although some people were unable to use these they were a good safety net for staff if they needed to summon assistance to provide safe care to a person. Accidents and incidents were recorded and investigated to prevent reoccurrence.

We found that there were sufficient staff on duty to meet people's needs. We found that the service had a very low turnover of staff and staff retention was good, this helped to support continuity of care for people. When there were gaps on the duty rota due to staff sickness these were filled by staff on the internal bank.

Staff told us there were enough people employed by the service. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. One relative commented, "Yes they are well trained and competent" and another told us, "Yes they know what they are doing."

Staff told us that they felt they received appropriate training to enable them to care for people. A staff member told us, "Yes I feel very well supported, I think we have plenty of training." We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. Training was provided in a variety of methods for example, face to face and by computer. The training included statutory training such as fire and health and safety and also topics which were specific to people's needs such as communication. We spoke with a member of staff who had recently started working for the provider and they told us that they had received an induction when they started work with the provider. The induction was in line with national guidance as the provider had recently introduced the Care Certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people. Supervision was provided on a regular basis and staff told us that they had received appraisals. Appraisals provide an opportunity for staff and managers to review performance and ensure that staff have the skills and support to carry out their role.

We saw that some staff had been nominated as leads for key topics and had received additional training in order to assist them in their roles. For example, one staff member was the lead for dignity. As part of their role they had developed a tree on which people were encouraged to put their wishes for being treated with dignity. as part of their lead role they also provided additional training and support to ensure that people's needs were met in these areas.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met. For example, a relative told us, "[My relative] is diabetic and they make sure they have a sugar free diet." Staff told us that several people had special diets which included gluten free, sugar free and needing food blending. We observed that the cook was aware of people's needs and told us how he ensured that the meals met people's needs. We observed lunchtime and saw that staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient and appropriate nutrition. Staff sat with people and chatted with them, for example, about their plans for the rest of the day. People had access to drinks and snacks during the day. A daily menu was available and those who did not like the food choice for that day were able to have an alternative.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The registered manager told us that they had a positive relationship with the local GP practice. Physical health assessments had been carried out and we saw that people had accessed health screening. The provider had made appropriate referrals when required for advice and support. Where people had specific health needs such as the need for specialist skin care advice and support had been sought. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. People had transfer documents in place which included

information about people's health needs so that if they were admitted to hospital or needed to attend a clinic, information was readily available to ensure that they received appropriate treatment.

Staff understood about consent and told us that they would always seek people's involvement in consenting to care. Where people required health interventions appropriate consent had been sought. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed meetings had taken place which involved a range of people including the local authority and people's representatives to consider what was in people's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of our inspection no one was subject to a DoLS.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. A relative said, "We are very happy with the staff, they are kind and respectful with the people who live there." Another relative told us, "The staff understand [my relative] very well. [My relative] is always happy when we see them."

One relative we spoke with told us they were impressed with how their family member had settled, and developed since living at the home. A relative said, "It was very difficult for us all when [my family member] went to live there, but [my family member] has settled really well and we are happy now." Another person said, "[My family member] has really settled down since moving there." They also told us that since moving to the home their relative's medicines had been reduced and that they were much happier. They told us that they thought the home had done really well.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example, one person preferred their lunch on a tray in the lounge and we observed that this was included in their care plan and facilitated by staff at lunchtime. We saw that caring relationships had developed between people who used the service and staff. Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally. For example they told us that if a person banged on the table it usually meant 'hurry up with my meal'.

People were encouraged to participate in their care. For example, a person required additional support on admission due to pressure sores. The registered manager told us that they had sat with them and explained what support they required and encouraged them to participate in their care. We saw as a result the person no longer had pressure sores.

We found that the care planning process centred on individuals and their views and preferences. We saw that care records included people's choices about how they wanted their care to be provided and included information regarding people's independence. For example one record stated that a person preferred to sleep in a chair in the lounge area. Staff told us that they supported them to be as comfortable as possible in this environment. Reviews of care plans were carried out with the person, other professionals and relatives if people wished.

People had access to advocacy services. People were provided with information on how to access an advocate to support them through complex decision making, such as moving into supported living in the community. Advocacy services are independent of the service and local authority and can support people to make and communicate their wishes.

One member of staff was responsible for leading on dignity and had developed a 'dignity tree'. The tree had people's requests for treating them with dignity hung on branches. For example 'always knock on my door.' The registered manager told us that the member of staff's role was to lead on privacy and dignity issues and

ensure that staff understood the importance of it. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and we observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in.

We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We saw that there were areas around the home where people could be private if they wished. We observed that both the care and catering staff took a dignified approach at lunchtime. We found that when a person had a soft diet that all food ingredients were presented separately and their meal looked appetising.

Good

Is the service responsive?

Our findings

Relatives said their family members had plenty of varied activities. One relative told us, "My family member is always doing something" and another said, "They get out and about." The home had access to transport and used this to maintain links with the local community. On the day of our visit some people were going out for the day to a local tourist attraction of their choice. Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. The registered manager told us that they tried to provide activities according to what people wanted on the day. They explained that some activities which were led by people who were external to the organisation had to be planned in advance to ensure that they could happen. Activities within the home included entertainers and singers, listening to music, soft play area, watching TV and Zumba. A sensory room was also available for people to relax in and enjoy things such as music and visual effects.

Staff told us about people's individual interests and how they were supported to follow these. For example one person had lived on a farm and worked with their family on it and we saw that their bedroom included memorabilia of farming. Another person was a fan of a particular football club and their bedroom was decorated with relevant wallpaper and bed linen.

Relatives we spoke with told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative. One relative told us, "Staff are very helpful, we pick our relative up each week but they have said if we ever have a problem they will bring them to us." Another said, "They always make us feel very welcome" and "We have a good rapport with the manager and have had no problems at all." The registered manager told us that they tried to ensure that feedback was provided to relatives on significant issues with the person's agreement.

The registered manager told us that people were involved in compiling and reviewing their care plans. We saw in the records evidence of discussions with people about their care. The registered manager told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. We looked at care records for people who used the service. Care records included risk assessments and personal care support plans. A 'Personal Planning Book' was included in the care record. This was written in words and pictures in order to assist people to participate in planning their care. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. A record stated, "Can make food choices and refuses food if doesn't like it or if it is dry." Where people needed specific equipment this was detailed in the care record, for example one record stated, 'I drink my drinks through a straw or a large beaker with a spout if I feel tired.' We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required.

The people we spoke with told us that they had their choices and views respected. The registered manager said that she tried to speak with people regularly on an individual basis. They gave an example of a person who regularly came to their office to discuss issues. They had recently raised a concern that pizzas had not

been available. The registered manager told us that they had discussed this with the cook to ensure that it didn't reoccur. We observed staff consistently gave people choices about their care and used aids such as pictures to support people to make their choice.

We saw examples of staff responding to people's needs in a positive way. For example where people had displayed behaviour which challenged, steps had been taken to support people to change their behaviour in a positive manner, for example, replacing an object or activity with an alternative.

A survey had been carried out with people who used the service, professionals and their relatives to understand their opinions about the service. Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been no recent complaints.

Good

Is the service well-led?

Our findings

We found that the registered manager was visible, knew their staff and the people in their care. The people who used the service and their relatives that we spoke with knew who the registered manager was and knew them by name. A relative told us, "We have an excellent relationship with (manager) and (deputy), we just ring up if we have any concerns."

Staff told us that they thought there were good communication arrangements in place which supported them in their role. Staff understood their role within the home and were aware of the lines of accountability. Staff told us that they would feel comfortable raising issues with the registered manager and the provider and felt supported by the registered manager in their role. Staff meetings were held regularly. In addition staff told us that the daily handover also gave them opportunity to discuss issues and changes within the home. A staff member told us that they all worked as a team and said, "Always get thanked at the end of a shift." Another staff member said that staff weren't isolated they worked as a team and everyone participated in training together. The registered manager told us that they tried to be flexible with staff in order to encourage retention and recruitment. A member of staff told us that the registered manager supported staff's well-being for example they facilitated time off for them to attend GP appointments and give blood.

The registered manager had also developed a flexible and innovative approach to the roles which staff were employed for. For example, rather than replacing the cleaning staff with another cleaner, the registered manager employed an additional carer and implemented a system where all carers carried out cleaning duties on a rotational basis. This meant that the member of staff carrying out cleaning duties was also able to assist with care if there was a need. We observed at lunchtime this member of staff assisted with serving meals. A member of staff we spoke with told us that it provided more flexibility to provide appropriate care to people.

The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service. Methods included questionnaires and meetings. These had been carried out with people who used the service, professionals and their relatives. The registered manager told us that the overall response in the survey for activities had been good rather than excellent so they were looking at ways to raise the standard.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as infection control and health and safety. We saw the records of the checks identified when action were required. Care records had also been checked to ensure that they included the required information to ensure that staff were able to care for people appropriately.

The registered manager said they were well supported by the provider. They told us that as the home was an old building there were a number of improvements which were required. The provider had provided a sum of money in order for the manager to arrange for the improvements to be made and to be able to prioritise the work.

A whistleblowing policy was in place. We saw that contact numbers was in place to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The relatives we spoke with told us that they would be happy to raise any concerns they had.