

Middleton St George Healthcare Limited

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Inspection report

24 Station Road
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County Durham
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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 ●

Summary of findings

Overall summary

The inspection visit took place on 2 October 2017. This was an announced inspection as we gave the provider 24 hours' notice so we knew someone would be available when we arrived.

We last inspected the service on 8 and 11 September 2015 and rated the service as Good overall. We found the service was meeting all of the regulations we inspected against at that time. At this visit the service continued to be rated as Good and met all required regulations.

Station Road is situated in a residential area of Darlington and provides care for up to three individuals with mental health problems. People using the service were previously patients at the Priory Hospital Middleton St George and are moving towards returning to the community. At the time of our visit there were two people using 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 (2014) about how the service is run.

One person told us they felt safe at Station Road. We discussed safeguarding with the member of staff on duty and the registered manager and they were knowledgeable about the procedures to follow if they suspected abuse. We saw information displayed for staff and people using the service to use to contact external agencies if they had any worries or concerns.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The service worked with people to discuss their support plans and risk assessments in a way that was meaningful to them.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety requirements were met.

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

Staff had received a range of training to meet the needs of people using the service and health and safety requirements. One person and the staff member we spoke with told us that there were enough staff on duty to meet people's needs. There was a very consistent staff team who worked a 24 hour shift pattern that

provided continuity of support for people.

There was a regular programme of staff supervision in place. Records of these were detailed and showed the home worked with staff to identify their personal and professional development. We also saw a programme of staff meetings where issues were shared and raised.

The service encouraged people to regain their independence. People were supported to be involved in the local community as much as possible. People were supported to independently use public transport and in accessing regular facilities such as the local G.P, shops and leisure facilities, as well as to use the facilities in the service such as the kitchen for cooking meals. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. We saw from our last visit that people's independent living skills had increased hugely with staff support and they were now cooking and shopping for themselves several days a week.

There was a system in place for dealing with people's concerns and complaints. One person we spoke with told us that they knew how to complain and felt confident that the staff or registered manager would respond and take action to support them.

We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary. We spoke with the consultant psychiatrist for the service who was positive in the way the service and staff supported people and their mental and physical health.

We saw that the registered manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service on a regular basis and used any information to improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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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 on 2 October 2017. Our visit was announced, giving the provider 24 hours' notice so someone would be available at the service. The inspection team consisted of one adult social care inspector.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. Local stakeholders such as the local authority safeguarding team and Healthwatch did not share any feedback with us about the service at this time,

During our inspection we spent time with one person who lived at the service [as one person did not wish to speak with us], two support staff and the registered manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at two staff records and looked around all areas of the home. We also spoke with the consultant psychiatrist employed by the provider the following day of our visit.

Is the service safe?

Our findings

The provider's safeguarding vulnerable adults policy described what abuse is, definitions of adults at risk, the responsibilities of staff and action to take. Analysis of safeguarding concerns was carried out on a monthly basis to ensure correct procedures had been followed and to identify any issues. Statutory notifications had been submitted to CQC when required and staff had been trained in how to protect vulnerable people. One staff member told us, "We are very careful as we are all lone workers; we know there is immediate support at the end of the phone if we need any help." One person we spoke with told us, "Yes I am safe here."

There was always one staff member present at the service for the two people who lived there. If activities were scheduled another staff member would come in to support one person in the community if needed and the registered manager visited the service on a regular basis. We were told that any annual leave or sickness was usually covered by the consistent staff team, or a support worker from the provider's hospital service nearby who knew the people who used the service would offer to cover.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. The service had not recruited any new staff since our last inspection in 2015.

Communal areas, bathrooms, toilets and bedrooms were clean and there were no unpleasant odours present in the home. Appropriate personal protective equipment (PPE) was available and in use. The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to.

Accidents and incidents were appropriately recorded and analysed on a monthly basis to identify any trends. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We found appropriate arrangements were in place for the safe administration and storage of medicines. The provider had a detailed medicines policy in place and medicines audits were carried out by the provider's

hospital based pharmacist.

Each person had an individual medicines administration record [MAR] that included GP contact details, details of any allergies, and information on how the person preferred to take their medicines.

Is the service effective?

Our findings

One person told us, "The staff are all fine, I like them and they help me if I need it." We spoke with a consultant psychiatrist who told us, "I am very confident the people at Station Road are well supported."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when a person lacked capacity to make certain decisions. The registered manager and staff we spoke had all been trained in the Mental Capacity Act and appropriate authorisations and requests for authorisations had been undertaken.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely and included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, breakaway training, medication, fire safety, infection control, and confidentiality.

Staff informed us that they felt supported by the registered manager. One staff member said, "Yes, there are always available and I know I can get support whenever I need it." Regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans such as diabetes. One person told us, "I am making pie and chips for my tea, I went shopping for it earlier."

Records and discussions confirmed that staff supported people to access healthcare services. One staff member told us they had all trained in smoking cessation to help support people at the service. We read that people saw their GP, consultants, dentists, opticians, podiatrists and other therapists. A consultant psychiatrist told us, "I write to people's GP regularly when I have visited to keep a regular line of communication to ensure we are looking after people in a holistic way." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

One person told us, "Yes the staff are all nice to me."

We saw positive interactions between staff and people throughout our inspection. We witnessed staff supporting people in a positive manner. Staff showed an in depth knowledge of people's needs, likes and dislikes and we saw them anticipate people's needs and actions. One staff member told us because they worked a 24 shift with people and all the staff team had worked at the service for five years or more, that they knew people and their moods very well.

People's independence was promoted. People were encouraged to carry out housekeeping skills and to make choices in relation to activities. We saw that the service had worked since our last inspection to increase people's skills in this area and now people were shopping and cooking for themselves with staff support. This had taken a lot of encouragement and motivation. One person told us, "I like shopping and cooking." A consultant psychiatrist who visited the service regularly and spoke with people told us, "We talk about independence a lot in our sessions."

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff supported people when required and asked permission to sit and talk with people, as well as knocking on people's doors and waiting permission before entering.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People and relatives were involved in the care planning process which helped maintain the quality and continuity of care. Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care. The registered manager explained that formal meetings were not often successful with people as they found them anxiety provoking so the service used informal chats to talk about people's care and areas of risk to them. People were supported to maintain family contact and the service worked to help people by dropping them off with family. This showed the service supported people to maintain key relationships.

At the time of our inspection no-one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The staff team were aware of how to contact advocates if they were required to support people.

Is the service responsive?

Our findings

One person told us that staff were responsive to their needs. They told us, "Yes, the staff come out with me and are there if I need them."

A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We saw electronic care plans were confidentially stored and well maintained and staff recorded any changes in people's condition, and information about professional visits and social activities on a daily basis. We saw people's needs were fully assessed prior to them moving to Station Road and one person was currently undertaking a lengthy transition from the provider's hospital.

We looked at care plans for the two people who used the service. We found care planning and provision to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People's individual interests, preferences, as well as their anxieties were taken account of. We saw each care plan contained a detail pre-assessment of people's needs and care plans that were linked to the relevant potential risks.

Care plans were comprehensive and contained up to date, accurate information. All staff knew the needs of people well. We saw care plans were reviewed regularly.

We found the provider protected people from social isolation. One person told us they liked going out on trips and they had recently been to Newcastle football club and Whitby with staff support. Staff supported people to use public transport and one person was able to travel without support in the community.

There was a complaints procedure in place. No-one with whom we spoke said they had any current complaints or concerns. One person told us, "I'd tell them if I wasn't alright." There were opportunities for people and staff to raise any concerns through regular meetings.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was based at the provider's hospital nearby where the people using the service used to be placed but she visited the home on a regular basis.

We saw that electronic records were kept securely and could be located when needed. This meant only staff from the service had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at them. .

Staff members we spoke with told us they were happy in their role and felt supported by the management team. One staff member said, "[Registered manager] is always available for support or any queries." The person we spoke with knew who the manager was and told us they felt they were approachable.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly. We saw staff surveys that had been completed in 2017. We saw that feedback was positive and staff feedback such as more face to face training and long service recognition had been actioned by the provider.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. People had monthly house meetings and we saw issues such as menus, activities and maintenance was discussed. People also asked if they were happy and needed any support. At a recent meeting one person had asked if the staff could make them a dental appointment which we saw had been actioned. This showed the service responded to improvements and feedback.

We found the registered manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. The provider's clinical governance group and health and safety committees carried out regular 'quality checks' to monitor these audits and support the registered manager with any actions needed.

The service had good links with the local community. People who used the service accessed local shops and leisure facilities.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The provider also displayed its CQC rating at the service and on its website as required.