

Middleton St George Healthcare Limited

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Inspection report

24 Station Road
Darlington
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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 visit took place on the 8th and 11th September 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 7th August 2014 and found the service was not in breach of any regulations at that time.

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 is 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'.

Summary of findings

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.

People told us they both felt safe at Station Road. We discussed safeguarding with the member of staff on duty 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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people with behaviour that may challenge. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff 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 and 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 maintain 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. Those people, who were able to were

encouraged and supported to go out independently or with staff support where for safety it was needed. People told us that they made their own choices and decisions and these were respected.

There was a system in place for dealing with people's concerns and complaints. People 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. People we spoke with did not raise any complaints or concerns about the service.

People told us they were involved in planning their meals and were encouraged to help prepare food with staff support if they wished. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary.

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 people we spoke with discussed their support plans and risk assessments and how they had worked with staff to develop and review 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.

We found that the building was clean and generally well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety requirements were met. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

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. This had led to the systems being effective and the service being well-led.

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 home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear procedures for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met people's healthcare needs were assessed and people had good access to professionals who visited the service regularly or to access.

Staff received regular supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005, Mental Health Act 1983 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



Is the service caring?

This service was caring.

The home demonstrated support and care and staff used their initiative to enable people to maintain a good level of mental and physical health.

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

Wherever possible, people were involved in making decisions about their care and independence was promoted. People told us their privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be supported.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure and good access to advocacy. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Good



Is the service well-led?

This service was well-led.

Good



Summary of findings

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.

Staff and people said they could raise any issues with the registered manager.

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

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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 the 8th and 11th September 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider was not asked 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.

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.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observed how staff supported people who used the service.

During our inspection we spent time with two people who lived at the service, 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 staff records and looked around all areas of the home.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults and could identify different types of abuse. When asked the staff knew what to do if they witnessed any incidents. Staff told us; “It is about protecting vulnerable people and ensuring they are safe from avoidable harm.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff and people who used the service. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. We saw that information was available for people using the service in easy read format to encourage people to speak up; this was displayed on the noticeboard downstairs in the home. One person told us; “I feel safe here.”

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire. We discussed with staff about lone working, and they were confident in telling us the actions to take in event of an emergency and said they felt well supported by the registered manager and services from the Priory Hospital. One staff told us; “We are all trained fire marshalls, and I have experienced a situation where we had a flood and help arrived quickly.”

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. One staff told us “We have access to gloves, aprons, red bags and a range of cleaning equipment. I am the COSHH (Control of Substances Hazardous to Health) lead so I make sure we have the right cleaning equipment.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the

service. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We saw that any opened bottles were clearly labelled with the date of opening. Staff informed us they had annual training from Boots the Chemist in relation to the safe handling of medicines.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. The MAR records were maintained by the registered manager who was a nurse and also signed by the consultant psychiatrist from the Priory hospital who visited the people using the service once a fortnight.

We saw that there were not written protocols in place for “as and when required” medicines for people but on our return visit to the service three days later we were shown these were now in place.

One staff was on duty for 24 hours at a time to provide consistency of support for people which included a sleep over. An additional staff member also worked Tuesday to Friday during the day to enable activities to take place on a 1:1 basis if needed. Staff told us that the team of five people usually provided cover for each other during periods of leave or sickness or in an emergency a member of staff who knew the two service users from their time at the Priory Hospital would provide support. This meant there were enough staff to support the needs of the people using the service. One person told us; “There are all good, and someone is always here.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. 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 to prevent unsuitable people from working with children and vulnerable adults.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed and were developed with the person. The home also had an environmental risk

Is the service safe?

assessment in place. People were supported between managing risk and independence in a positive framework which was reviewed regularly by the person, support staff, the manager and consultant psychiatrist.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety, portable appliances and fixed wiring had been tested.

Most areas of the home had benefitted from refurbishment but the staff sleeping area and bathroom could be improved.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions 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. Currently no-one at the service required a DoLS. One person told us they were aware of their rights under their Community Treatment Order and both people also had access to external agencies such as advocates or solicitors. There were regular assessments of capacity in place by the consultant psychiatrist that were recorded in the person's plan. We found the location to be meeting the requirements of the Mental Capacity Act 2005.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager explained they utilised the providers "Foundations for Growth" training and supervision system to record when people had monthly meetings and the manager could also view the training profile of staff so could prompt them if mandatory training such as fire or health and safety were due to be renewed. One staff member told us; "We have regular group supervisions and on our own and you can talk through any issues."

The service had an induction checklist in place which included an induction to the service and then a formal induction programme with the Priory Hospital. We saw that new staff would complete the following induction training modules; moving and handling, first aid, crisis intervention and supporting people. There had been no new staff recruited to the service since our last visit.

We viewed staff training records and saw the vast majority of staff were up to date with their training. Staff completed training via the Foundations for growth online training portal as well as attending sessions at the hospital. Staff told us they were all about to attend a course in the management of violence and aggression which was over several days although the staff stated; "We only need breakaway techniques in case of an emergency as we

cannot carry out any restraint as we are lone workers." We asked what staff would do if there was a severe incident and they reported, they would contact the police as per their policy.

Staff told us they met together on a regular basis. We saw minutes from staff meetings, which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. One staff told us; "We all have specific responsibilities such as health and safety so we talk through our own area and any changes that may affect us." They also explained there is a clear shift planner so staff were delegated specific duties and activities. This meant the service communicated well internally and staff were clear about what was expected of them.

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and support the person to attend activities of their choice. One staff member told us; "We want them to do as much as they can for themselves so for example, one person will start to cook a meal with our support and if they can't finish it they we step in and take over."

The home had a domestic kitchen and a dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes.

The menu was planned with the staff team and people living at the service and as well as planning and cooking, everyone also helped with the food shopping. Staff told us; "We shop once a week and have a rota, we plan the menu each week and encourage people to be involved and everyone agrees it although we do change it on a day to day basis if someone changes their mind." We saw that the staff ate with people which staff said they felt helped promote a more homely atmosphere.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a regular basis, one staff told us; "We do try and watch what people have but we can't always do that if they are out in the community on their own, so we do remind them about sugar for example." This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

Is the service effective?

The registered manager told us that people using the service were supported to access the local GP and other community health resources such as the dentist as part of their rehabilitation from hospital. Staff told us people shared good relationships with the GP and nurses whom they saw regularly. People's health was also reviewed fortnightly with their consultant psychiatrist so that

people's mental and physical health was monitored in a co-ordinated way. One person was attending the GP practice on the day of our visit and told us the nurse they saw was; "Nice and kind." This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

We saw staff interacting in a very positive way throughout the inspection and there was informal chat and laughter with people who used the service. People using the service were very positive about the staff support telling us; “I have known them all a long time and they help me when I need them,” and “Yes, they are always there if I need them for anything.” The two people using the service also said of each other; “We are best buds, we’ve known each other a long time.”

Staff told us how they had to provide a lot of encouragement for people to be involved in daily living tasks and that often it was about; “Sometimes we say I’ll do this bit and then you do that bit.” Staff also talked about letting people have their own space and freedoms saying; “People need time away from staff to but they know we are there if they need us.”

One staff member said; “We have to be a good listener and go at their speed. You have to take a step back and let them try; we are together for 24 hours so it means you can go at the person’s pace which is good.”

We saw staff treating people with dignity and respect and both people at the service said they were happy with how staff treated them and they were given their privacy.

Staff told us that the registered manager reviewed care plans on a regular basis with the person and every six months there was a review involving everyone involved in the person’s care.

We saw a daily record was kept of each person’s care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist. These records were more detailed than on our previous visits and showed how the person’s activities were linked to their care plan outcomes.

We spoke with a community care co-ordinator responsible for one person who told us they were very happy with the service and that; “I can’t fault it, it has helped X a lot.”

One staff member told us; “I love working here, I don’t feel like I am coming to work. I treat people like one of my family.”

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. One staff member told us that they utilised advocacy last year for one person as they were withdrawn from their Mental Health Act section and the person confirmed they had an advocate for this and that they were; “A nice lady.”

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; “If either of them was unhappy then we’d give them a complaints form. One person does raise issues regularly but never wants to make them formal, it’s usually if they are worrying about something.”

Staff demonstrated they knew people well. The whole staff team of five people had worked with the people using the service for several years and we observed people being very relaxed and comfortable in each other’s company. One staff was able to tell us whether someone’s mental health was deteriorating because of changes in behaviour and staff were able to describe people’s care plans in depth to us.

We looked at two care plans for people who lived at Station Road and saw they were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the person. The quality of the care plans had improved since our last visit as it was now evident that people had been involved in their development. They were all set out in a similar way and contained information under different headings such as a key information sheet, physical health, life skills, medication, recovery and outcomes. We saw the care plan was written with the person. This showed that people

received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed information about risk such as self neglect and risk reduction measures written with the person themselves. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us the benefits of 24 hour support was that people got consistency and were able to attend activities at different times because they had the same staff. Staff told us that activities were based around people’s needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. One staff member said; “A lot of it is about motivating people, you need to have patience and encourage people gently.” We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well.

People were supported to spend time with their family and people were supported by staff to visit their family regularly.

Both people told us that they had just returned from holiday with staff support to Cumbria on a holiday park and said; “We are off to Scarborough next, I can’t wait.” Other activities included going to the gym, gardening and the service was sourcing other sessions from the local MIND day service.

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been in post for several years and we observed they knew people who lived at the service and staff very well. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “Yes I feel supported here.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case.

Staff told us that morale and the atmosphere in the home was excellent and that they were kept informed about matters that affected the service. We asked what was good about the service and staff told us; “It doesn’t feel like you are coming to work when you are here.” There were regular staff meetings the most recent of which covered health and safety, training, and a review of everyone who used the service. One staff member said; “I am the representative on the “You Say” staff forum at the hospital so staff here can email or speak with me and I will raise issues on their behalf. We feel involved with what goes on at the hospital and I know that issues we have will be dealt with.”

The home carried out a wide range of audits as part of its quality programme. The registered manager explained how

they routinely carried out audits which that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw a recent audit carried out by a member of the organisation’s quality team. This was based on the Care Quality Commission standards and had identified areas for improvement. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

The service had developed good links with the local GP practice and people spoke highly of the nurses they saw there. The service was also beginning to work with local mental health resources such as day services for people to access activities.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. These used to be on a daily basis but people using the service had decided this was too often so they were changed to weekly at their request. This showed the service listened to the views of people and made changes to its service delivery where needed.

During 2015, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.