

Middleton Hall Limited

Middleton Hall Retirement Village

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection was carried out on 10, 11 and 13 January 2017 and was unannounced. At the last inspection carried out on 17 and 24 November 2014 the provider was meeting all the regulations that were assessed.

Middleton Hall Retirement Village comprises a range of accommodation and care options for older people. Within the grounds are bungalows and apartments for fully independent people who use the facilities on site. There is Middleton Court providing nursing care and the Family Living service providing care and support for people with dementia. Middleton Gardens provides residential care and Middleton Grove has self contained apartments for those people who wish to continue living independently but may have some care and support needs provided by staff.

At the time of our inspection the service was providing support to 74 older people.

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

People were actively encouraged to maintain as much independence as possible with a positive approach to risk taking in day to day life gaining positive results in people's mental and physical health. Staff had also been responsible for encouraging and supporting people to explore new interests which they enjoyed.

The service had made positive changes to enhance their training, ensuring staff supported people to stay safe. They had developed interactive learning sessions which included role play where the management team "acted out" a wide variety of scenarios which helped staff reflect on their own practice to identify potentially abusive situations. The feedback from staff about this training was excellent. Staff told us it was thought provoking and really promoted discussions about their own practice and what could be seen as restrictive.

The service used state of the art GPS (global positioning system) technology to support people to independently explore the extensive grounds at Middleton Hall Retirement Village in a safe way.

The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff training was innovative and staff were given the opportunity to explore and implement best practice approaches with excellent outcomes for people. The nursing team had researched oral health and had delivered training, implemented a new policy, screened all people and had a public information giving event with feedback from the NHS oral health lead that this work had been 'outstanding'.

People's independence was actively encouraged through a range of imaginative, person-centred

approaches to activity-planning which the service called "Living Well". The service provided innovative support to people to enable them to live fulfilled and meaningful lives.

All staff across the service including the estates and administration departments brought added value to the service by bringing their individual personal skills to the service. These included bird watching, technology, exercise and fitness. The service utilised these skills so their job satisfaction and motivation were visible to see.

The registered manager and staff team demonstrated commitment to providing the best possible care and opportunities for people. The close links with the local community meant the service provided support to local schools, churches and community groups via sharing their facilities and we saw people either independently or with support could access the community freely.

People were fully involved in staff recruitment and the service utilised an advanced tele-screening package which assessed candidates during practical and written exercises with people using the service, to assess key qualities such as attitude and skills matching. We saw this screening helped second interviewers target questions more specifically to areas they wished to pursue with candidates. This showed the service excelled at ensuring they had a robust recruitment process that focussed on selecting people with the best skills and attitudes.

We saw people, their families and friends were an integral part of the service, actively engaged in many areas; from meeting with the chefs to the planning and development of the new extension to the current 'Family Living' service. This was the service's specific way of supporting people living with a dementia.

People were supported to maintain optimum physical and mental health by a team of staff across the Living Well and care service. People had access to bespoke sessions with qualified physical trainers, use of the gym, pool and spa facilities as well as the service promoting sessions to promote well-being such as new Mindfulness sessions and a raft of treatments such as a Nail Bar to help people feel positive in mind and body. People told us of the outcomes they experienced using this approach which for some people had been huge improvements in their physical health, for one person meaning despite their chronic condition, they had not had a hospital admission for over two years, something which has been a regular occurrence prior to moving to the service.

The registered provider demonstrated how they had sustained outstanding practice, development and improvement at the service. The leadership sought out creative ways to provide a personalised service and had achieved excellent results through exploring best practice both in the UK and abroad and implementing them at Middleton Hall Retirement Village. The staff team were highly motivated and were actively involved in and contributed to continuous improvements in care and running of the service.

Staffing ratios were excellent and responsive to people's changing needs and preferences. This allowed for people to make full use of all of the facilities the service had to offer, to go out on trips, both as a group and individually, be supported to healthcare appointments and to experience unhurried and attentive care.

Without exception people and visitors we spoke with told us that staff were extremely caring. We were given lots of examples by people of when staff had gone the "extra mile" to show excellence in caring. We saw the service encouraged staff to share their interests and hobbies, for example one staff regularly brought in their trained Pets as Therapy (PAT) dog to visit the service which people enjoyed. All interactions between staff and people were caring and respectful, with staff being patient, kind and compassionate. Feedback from relatives showed end of life care was undertaken with extreme care and compassion by staff. We saw staff

had created beautiful hand crafted 'Memories' books for the relatives of people who had passed away. This showed the service cared for people and their families even after death with love and support.

The service excelled at promoting choice and in catering to hotel quality standard whilst ensuring people's nutritional needs were met. The chef and catering team showed they listened to people's views and provided a service that enabled people to enjoy a wide variety of food in settings such as the Orangery café, the restaurant and quieter dining rooms which meant people could enjoy meals, drinks and snacks with family and visitors.

For those people at risk in relation to nutrition, the service had attained accreditation with the national Focus on Undernutrition (FoU) programme and the records the service developed in relation to supporting nutrition had been highlighted by the FoU programme as an example of best practice to share with other care services.

Staff at the service had excellent links with healthcare services and people told us they were involved in decisions about their healthcare. People gave us examples about how their health had improved since being at the service.

People were placed at the heart of the service by strong, caring leadership which promoted an open culture. The service was recognised by schemes which reward quality practice, for example, achieving Investors in People Gold Award. The management team respected, supported and listened to staff at all levels to improve the quality of service. There were a number of champions within the staff team who each took enthusiastic responsibility to improve the quality of service in their chosen area.

The service acted on staff and people's views and regularly consulted with them about how to improve. Communication at all levels was clear and encouraged mutual respect. The senior management team understood the service's strengths, where improvements were needed and had plans in place to achieve these with timescales in place.

There were robust systems and processes in place to protect people from the risk of harm. Thorough checks of the buildings, grounds and maintenance systems were undertaken to ensure health and safety for people and staff was maintained. We saw accidents and incidents were closely monitored by the registered manager.

Records and conversations with the registered manager, people and relatives showed us that people were listened to and complaints or concerns were taken seriously and responded to appropriately

Staff had received training in the Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people's rights. There was clear guidance in relation to the MCA and people were asked for their consent before staff carried out any care or treatment and care records also showed how the service sought written consent. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw the registered manager; registered provider and staff ensured that people were supported in ways that enhanced their personal freedom and were supported to uphold their rights.

There was a strong emphasis on person centred care. One page profiles for care and support needs ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People and their family members told us they were fully involved in assessments and reviews and staff spent time ensuring their support plans reflected peoples wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was outstanding at keeping people safe.

People told us that they felt physically and emotionally secure. People had the opportunity to live a full life without undue restriction because of the way risk was managed.

People were sure they received the right medicines at the right time because medicines were managed safely. People were supported to manage their own medicines so they maintained their autonomy.

There were excellent staffing ratios, which were flexible to respond to people's changing needs and the way they wished to live their lives. Staff were recruited so that only those who were committed to offering excellent care were employed and people were involved in this process.

The registered manager was proactive in addressing issues of safety so that people were supported to live fulfilling lives. This included innovative training sessions to ensure all staff understood the importance of making sure vulnerable adults were safe.

Is the service effective?

Outstanding 

The effectiveness of the service was outstanding.

People's needs were well met by staff who had received excellent training. The management team sought innovative ways to deliver training and to seek best practice from the UK and overseas.

People had access to healthcare services when they needed them. Management and staff were proactive in referring to health care professionals and had an excellent working partnership with them.

People were supported to make decisions about their lives in a way which maximised their autonomy. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were regularly consulted about their meals and their preferences were acted on. Mealtimes were a special occasion and choice was viewed as a priority. People's nutritional needs were met and kept under close review.

Is the service caring?

Outstanding 

The service was outstanding at caring.

Staff at all levels and from all departments within the service showed they went above and beyond to ensure people got the support they needed to make them feel happy and fulfilled.

Without exception people and visitors we spoke with told us that staff were extremely caring, respected their privacy and encouraged their independence. Our observations showed this to be the case.

Staff were exceptional in enabling people to be as independent as possible as well as using innovative technology to support this.

People received particularly compassionate and appropriate care when they reached the end of their lives.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People received care and support to enable them to develop and maintain an active part in the local community. The service used a range of imaginative activities to ensure people retained their independence and took pride in completing meaningful and innovative activities.

The service had proactive procedures for enabling people to share their views of the service through resident meetings as well as involving people in recruitment, service development and day to day matters such as activities and menus.

People's care plans were very person centred and contained meaningful information about how a person wished to be supported. People told us they felt really involved in their care and in all aspects of life at Middleton Hall Retirement Village.

People were well supported to transition into or through the different services at Middleton Hall Retirement Village. We saw transitions were proactive and supportive to the person and family meaning the impact of "moving" was less stressful.

Is the service well-led?

Outstanding 

The leadership and management of the service was outstanding.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisations and forged positive links with the community to ensure the service was an active part of local community life.

There was strong emphasis on continual improvement and adopting best practice which benefited people and staff.

There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

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 checked whether the registered 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.

We inspected Middleton Hall Retirement Village on 10, 11 and 13 January 2017. This was an unannounced inspection. The inspection team consisted of two adult social care inspectors on 10 January 2017 and one inspector on 11 and 13 January 2017.

Middleton Hall Retirement Village comprises a range of accommodation options from bungalows and apartments for those older people with no care needs to apartments where people are still independent but may need some care and support. There is also a residential care facility called Middleton Gardens, nursing care provided in Middleton Court and a Family Living service for people living with dementia.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the CQC. We also contacted the local authority safeguarding team, the local authority commissioners for the service and the local Healthwatch group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection visit there were 74 older people who used the service. We spent time talking with people who used the service and staff members. We spent time with people in communal areas and observed how staff interacted with people. We spoke with twelve people who lived at Middleton Hall Retirement Village and visited people in their own rooms when invited. We talked with four relatives during the course of our visit and two visiting healthcare professionals.

During the visit, we also spoke with the registered manager, directors, the nursing manager, the chef, nurse and five care and activity staff from the service.

During the inspection we reviewed a range of records. This included seven people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

People and their relatives told us they felt physically and emotionally secure at Middleton Hall. Everyone we spoke with expressed high levels of satisfaction with their personal safety. One person told us, "The staff keep me safe, there was a power cut once and within seconds the staff had me on a separate oxygen tank as my breathing machine went off." Another comment was, "I was frightened to death coming here from home, my house was like my safety zone but every single one of the staff has looked after me." Another person said, "I have a sense of security living here."

People had written to the service to express their thanks for offering safe care and we saw a sample of these thank you letters from the past year. For example people had written, "My relative's condition does at times make it difficult for them to communicate, however the manner in which staff at Middleton Gardens (residential care) have dealt with difficult situations regarding their care and welfare, I believe could not be faulted. Another relative had said, "Staff spent a lot of time with my sibling and myself to listen to our concerns about mum." People were encouraged to raise concerns about their safety in regular resident meetings and in individual consultations with support where necessary. People also told us that as well as the care managers, the managing director was a constant presence in the service and took time to check that people were happy, "Even [Name] the managing director is in a lot and pops in and if I wanted to raise something I know I could at any time."

The service had a safeguarding champion who was also the registered manager, whose role was to be a specialist in this area, research best practice, support staff with advice and to give talks in staff meetings. They also liaised with people, their families and stakeholders to ensure people received excellent safe care. Staff told us that they had developed their understanding around safety because of this support. The registered manager showed us learning material that they had developed and had recorded on DVD. They explained that they and other management team members had rehearsed and acted out scenarios where they portrayed roles such as vulnerable people, staff and visitors and had showed potential abusive situations for staff to recognise and discuss. Staff told us that because it had been fun with managers dressing up and acting in a care service called 'Fawlty Towers', they had learnt a lot about how to recognise potential abuse and report it in an informal and non-threatening atmosphere.

Detailed and up-to-date policies were in place in relation to support safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures which was accessible to all staff. Staff members knew how to report any suspicion of abuse to the management team and agencies so that people in their care were always protected. Staff told us they felt confident that any reports of abuse would be acted upon appropriately. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

The service had a highly positive approach to risk taking which enabled people to live an independent lifestyle with as much support to have personal freedom as possible. The service was set in extensive grounds with beautifully landscaped areas for people to walk around and see wildlife with bird hides and safely fenced ponds. The walks were accessible and marked out for people using large yellow footprints and

staff told us they supported people initially and helped them 'follow the footprints' back into their building. One person said, "The grounds are extensive and all provide suitable walks for those not so active as they once were." Another innovative system to support people with memory difficulties was the 'Buddi' system. This was a Global Positioning System (GPS) pendant worn by the person and which enabled them to remain safe within the service's grounds. If the person left the grounds then an alarm would activate and help could be quickly sought. One staff member told us that for one person living with dementia who was a very active person, that this enabled them to have greater freedom, "[Name] loves being outside and walking, they remember the yellow steps and we know that if anything was to happen we would know about it. It gives them the chance to have some time alone in the fresh air and that's nice."

The service was the first in the County Durham area to work with the local police force to introduce the Herbert Protocol. This is a national scheme run by the police service which encourages carers to compile useful information such as a description and communication needs in the event of a vulnerable person going missing. The service had a specific risk reduction tool for people living with dementia for each person and this would be shared with the police to allow for quick intervention should a person go missing. Again this showed the service enabled people to have their independence but had robust measures to maintain peoples safety.

We saw the service used innovative assessment tools as part of a robust recruitment process that focussed on selecting people with the best skills and attitudes for caring. The screening tool called 'PeopleClues' was used prior to inviting candidates to face to face interviews and the assessments completed online explored their attitude and personality for the caring profession. We saw the service then could tailor interview questions to areas identified from the screening process, for example, one candidate was asked about how they would handle becoming upset with someone at work as an area for further exploration. As part of the staff recruitment process, people who lived at Middleton Hall were given the opportunity to meet, ask questions and spend some time with applicants as they undertook activities together. The way applicants related to people and how people responded was observed and recorded and considered before a decision to go forward to the more formal interview process was made. The service had devised a clear "prompt sheet" for people and relatives involved in the recruitment process that gave clear instructions as to the assessment process and the key qualities the service was seeking from prospective candidates such as a 'good listener' and caring and warm nature'. We saw people and relatives had completed the assessment sheets and responded to prompts such as, 'Did they talk to people as equals or is the conversation strained?' and 'Did the candidate and people enjoy the activity? What was their feedback about it?' The head of human resources told us, "The scenarios and assessment tools mean we can focus on getting staff with the right values. We can give people training but we want to ensure we get people who react in the right way." This made sure people felt comfortable and safe with staff who would be supporting them.

The registered provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for six of the most recently employed staff. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), professional qualification registrations and evidence of the applicants' identity.

Staffing ratios were excellent and responsive to people's changing needs and preferences. This allowed for people to make full use of all of the facilities the service had to offer, to go out on trips, both as a group and individually, and to experience responsive and attentive care. Our observations during the course of the inspection showed people regularly went out when they chose to. During the day of our visit we saw people going out for a walk locally and strolling in the grounds accompanied by staff. People also used the facilities available in the service, such as the Orangery restaurant, the spa and hair salon. There were sufficient staff to

take people to these places and to stay with them so that these areas could be enjoyed. There was consistent staff to meet people's needs and to provide personalised care and support with activities, which meant people developed strong and positive relationships. We observed staff were always present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly. Staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. We saw an example on one rota where staffing levels had increased beyond the usual ratio to support staff to care for a person who needed temporary extra care. Bank staff were also brought in routinely to enable key nursing staff to have time for professional development twice a month so nursing care would not be compromised. The nurse in charge told us, "Before Christmas we noticed there was a peak time between 9pm and 10pm where extra support was needed. We introduced a flexible late staff who would start and end their shift later at 10pm. This helped morale as well as helping the relationship between night and day staff. We were told by the registered manager that in an emergency, relief staff, who were employed by the service to provide cover, could be called in to cover any staff absences such as holidays or illness. Staff members also told us, "It helps that we have loads of bank carers, it means no-one gets stressed," and "We can cover shifts if someone can't come in with the bank staff." People told us their needs were responded to quickly, comments included, "Tomorrow I'm off to the dentist, it's such a struggle for me – a nightmare but the staff are fab and reassure me," and "There is always staff around even in their busy times there is someone to help me to bed." Relatives told us, "They is never anyone left just sitting around, there is always something happening or staff sitting and having a chat with people". A visiting healthcare professional told us, "They are always prepared and ready for my visit and there is always someone to help."

The service had a medication champion who was the lead nurse whose role was to research best practice in medicine handling and to offer advice and guidance and to support the safe administration of medicines. They told us they were introducing a "person centred round" which meant people receiving their medicines when they got up rather than the drug trolley being taken round at a specific time by the nurse. All medicines were stored securely and at safe temperatures. Staff who handled medicines were trained to do so safely. Records were signed to show that the medicines had been administered at the correct times. The lead nurse told us that Controlled medicines [these are medicines liable for misuse] were administered by nursing staff across the service [whether the person was in receipt of nursing care or not] to ensure that this was carried out safely. The lead nurse devised a practical assessment tool in line with National Centre for Health and Care Excellence [NICE] guidelines that ensured that all staff who administered medicines were assessed three monthly against all aspects of medicines, including storage and disposal as well as administration. The service had regularly consulted with external pharmacy specialists. We saw a recent external pharmacy audit, and a sample of internal audits and saw the service had responded to learning from an anticipatory medicines incident by requesting support from the community matrons and providing further advice for staff. This showed the service pro-actively responded to incidents and used them for learning opportunities. A visiting healthcare professional told us; "It's a very safe environment here, I am confident staff maintain medicines to a high standard."

The service encouraged and enabled people to continue to manage their own medicines where people chose to do so. Each person wishing to manage their medicines had a self-medication plan that contained information as to 'What is important to me regarding medication, What do I need to do around medication and How can staff support me with medication.' People's consent was clearly obtained and recorded and a risk assessment was completed with staff and the person. The plan was clear and written in a totally person centred way, for example, "I like to have control of my saline nebulisers as it is important to me that I have them immediately when I feel I need them." One person told us, "I used to have black-outs, my meds needed to be re-assessed. The home and the G.P. worked together to review my meds, I'm more alive since coming in here." This showed the service was proactive to enable people to have autonomy and also to work with

the local G.P. and community matron to help people stay as well as possible.

The training information we looked at showed staff had completed training which enabled them to work in safe ways. Staff told us about the equipment they used to ensure people were moved safely. Staff told us about taking time with people so that their independence was promoted when they were moving, for example, supporting a person to bear their body weight while transferring while also keeping them safe. One person told us, "They use a hoist to get me out of bed with two staff, they never rush me and they talk to me all the time to take my mind off it." A healthcare professional who visited the service weekly told us, "They are very good at moving and handling, in fact it's exceptional."

Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. One staff member told us, "We have all had training and a two week induction for new staff so everyone knows how to deal with an emergency, although you hope they never happen!"

A range of environmental risk assessments that had been conducted and recorded with detailed action plans that provided guidance for staff about how to minimise risks. These covered both the internal and external areas of the service such as the gardens, pool and spa. The risk assessments identified specific hazards and control measures, which had been put in place to minimise the potential risk in the event of accidents and incidents.

The registered manager and nurse in charge monitored and analysed all accidents and incidents such as falls and pressure care. This would ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. We saw examples of how the service made immediate adjustments or improvements to ensure people remained safe for example, an action was created to ensure reception staff were aware to complete an accident form as well as the falls log they had completed if an accident occurred in the outside or reception areas of the service.

We met with the Estates manager who was responsible for health and safety and maintenance at the service. They told us they had recently completed a qualification from the Institution of Occupational Safety and Health, which had aided their knowledge and understanding in relation to health and safety and had led them to develop new quality audits in relation to this across all area of the service. These were currently being rolled out and as well as covering external contractor checks, also ensured there was monitoring of in house checks and relevant training requirements for staff. This showed the service brought best practice and learning into their day to day practice. A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. Records showed that all necessary checks were carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order. All the staff had taken part in a fire drill in the last year to make sure they understood what to do to keep people and themselves safe. Each person had an up to date personal emergency evacuation plan (PEEP). These were kept in an easily accessible place and included important information about the care and support each person needed in the event they needed to evacuate the premises, were taken to hospital or elsewhere in an emergency, ensuring continuity of care for people.

The home had an infection control champion, whose role was to research best practice and to advise and support other staff to achieve safe infection control practice. We saw this person had brought back information from a champion's workshop they attended and created an action plan with regards to best practice in tissue viability care and catheter care. They had shared this information throughout the service and stated they were reviewing all the actions in January 2017 to check they were now in place. This showed the service kept up to date with best practice information across a variety of areas and staff were enabled to

develop and implement their knowledge. Staff explained how they used protective wear such as aprons and gloves to ensure people were protected from the risk of infection. Staff understood their responsibilities around minimising the risk of infection. A housekeeper told us that they worked to cleaning schedules, which included regular and frequent pulling out of furniture in rooms and high level cleaning. The service had this year achieved a level 5 in food hygiene from the environmental health service, where 5 is the safest score.

Is the service effective?

Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. Without exception people told us, "Without any doubt they are thumping marvellous!" and "The staff are wonderful, you come first. Every three month we assess my needs, they always ask if things have changed." One person told us, "It's very difficult when you first come as I am younger and it was hard to find a place that's younger friendly! I was shy and reserved and they were so nice and helped me to adapt to accepting that I can't do certain things and this is the way it has to be." Relatives told us, "There is never anyone who doesn't know what's going on with people, the communication – handover is done properly. It doesn't matter who I ask, they always just know, that's a positive from having the same staff in a team." Another relative said, "They are taking care of my relative as they progress with dementia. Their focus is [Name's] wellbeing, health and happiness. I am eternally grateful that they are in the care of the exceptional staff."

When we spoke with visiting healthcare professionals they told us, "Care is effective and holistic and the right levels of care are given whether people have residential, nursing or dementia needs." A community matron we spoke with told us, "The carers know the residents, they know what is going on with each person and that's the same across all the areas of this service."

We saw that a formal induction programme was undertaken by the registered provider that included an introduction to the organisation and their vision and values, conditions of employment, introduction to the role, health and safety, policies and procedures, and education and training. The training manager had explored options for the implementation of the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. As a result of this, the service had implemented a certificate of excellence for all new staff that incorporated all 15 standards of the Care Certificate but included approaches specific to Middleton Hall Retirement Village (MHRV) such as 'How we communicate at MHRV' and attending a '10 at 10' meeting (a short meeting held daily between someone from each service including all the non care services to discuss people and events that day).

The service had achieved the Investors in People Gold Award and had maintained this award for a number of years. Investors in People recognise services who offer compassionate care to people and who treat their staff with care and empathy too. The registered manager told us they were seeking the higher Platinum status in 2017, if so they would be the first care company to achieve that status.

The service had a 'Family Living' group where eight people living with dementia currently resided. The registered manager took a pro-active approach to ensure staff received learning that would enhance best practice in the area of dementia care. For instance, the service worked locally with the Alzheimer's Society and Dementia Care Alliance to deliver training and demonstrate their commitment to provide great dementia care. This was clearly seen in our observations of care, care records and the various specialist training arranged by the service not only for staff but for the family and friends of people who were living with dementia. One relative told us, "The small group setting works so well now. My relative is so far down the dementia road now that the small group works really well, they get the attention and stimulation they need."

The registered manager took the initiative with their own learning and undertook a degree in dementia studies and another staff member had been trained to be a dementia champion. We saw an example of how the registered manager had shared their knowledge and understanding of the condition in correspondence with someone who had visited the service to explore residential care for their relative. In a sensitive letter they had taken time to explain the condition, how the condition may progress and rationales as to why the person's relative may display particular behaviours.

In 2016, the registered manager and managing director visited three specialist services for people with dementia in the Netherlands and brought back learning and ideas from their visits. The registered manager had presented their findings and observations at a business planning meeting and shared their experience with staff and people using the service through meetings and newsletters. This showed the service looked at the widest range of best practice in dementia care to implement at Middleton Hall Retirement Village.

The registered manager worked with a relative and arranged training about dementia for family members of people who lived in the service with the Alzheimer's Society. We spoke with the relative who worked with the registered manager. They stated, "It is what is says on the tin 'Family Living' so it is on-going. My relative lives the best possible life they can with their condition, they are content, with staff that totally understand their needs."

The registered manager arranged specialist person-centred dementia care training for staff. The training helped the service to develop a physical environment that was 'dementia friendly'. This was supported by our observations where the service was laid out to reflect a 'family home' with domestic appliances, access to a garden complete with vegetable patch and chickens to look after and a washing line so people could peg out their washing. This meant that people could carry out daily living tasks.

The service also promoted healthy living and along with staff from the spa, they ensured people had regular exercise at whatever level they were able to promote health and fitness. One member of the housekeeping staff told us, "I really enjoyed the training on dementia. I obviously come into contact with people all the time and I found it really informative how I can communicate better with people." This demonstrated the service identified training that was based on the needs of people who used the service and demonstrated best practice in dementia care.

Staff were given support through training, meetings, communication systems and learning opportunities to deliver excellence in whatever role they worked in. Nursing staff told us they had support to maintain their professional registration and received regular supervisions which included assessments on their competency to manage and administer medicines. They said they were supported to take refresher training including catheterisation, venepuncture (taking blood samples) and also received training from the local hospice in end of life care. The lead nurse told us, "If we haven't seen something for six months or so I make sure we get a refresher on it. We have someone coming in this afternoon from the Rapid Response team at the local hospice as we have a person coming in who has a specific McKinley syringe driver (a medical device)." This showed the nurse team were proactive and sought support to keep their skills and practice relevant and safe.

During our inspection one nurse told us about the 'nurse development forum' the team had developed to support each other with the Nursing and Midwifery Council (NMC) revalidation process. This is a new process to ensure nurses maintain their fitness to practice. They said the nurses' forum had looked at oral health as a project and after looking and critiquing best practice guidance from the National Institute of Health and Care Excellence (NICE), they together wrote a new policy, had training with NHS oral health facilitators and undertook a screening tool with everyone at the service to assess their oral health needs. They said, "We

now provide all new residents with a special pack of toothpaste and a brush and we have special packs in place for people receiving end of life care to give good mouth care." As a result of this initiative the service had been awarded a Gold Smile from the NHS oral health improvement programme.

Managers from the four areas across the care services also had off-site development days and one was scheduled for managers and supervisors the following week of our visit to explore excellence in care as a theme. The chef we spoke with told us, "My support has been amazing, I get support with ideas, staffing and menus from the operations director as my mission is to make this service hotel quality and standard."

The training manager told us training was delivered in different ways depending on which was the most suitable. For example, some training was an online computer course, other training such as moving and handling was delivered face to face, other training was delivered by external trainers.

The registered manager told us that they supported staff to learn in the way which was useful to them, for example, the service had developed a training event where the management team acted out scenarios in relation to safeguarding, this was recorded onto DVD for future use. Staff told us what they found about this different delivery style, "[Name] and [Name]'s enthusiasm and fun nature came across but it was informative at the same time", and "I enjoyed the film. Fun but good points were still made", and "The whole day was enjoyable - the acting was good and gave us a laugh."

Staff confirmed that they received support and encouragement in their training. The registered provider went out of their way to provide extra top up training and they attended other training which they had sourced themselves and requested, such as Parkinson's disease for one person. A staff member told us, "This was really useful, it helped me to understand the importance of his medication and the accurate time it was given." The service also sought specialist advice and support for someone with a spinal injury. One of the carers told us that this had given them greater knowledge and understanding. They said, "When new staff on the department buddy up with me and come to help assist the resident to get ready, I feel confident in explaining what issues the resident has had, and what signs and symptoms to look out for when checking their skin to ensure that the skin is healthy and not at risk of breaking down." Training was also delivered to staff right across the service whatever their role. One of the administration staff told us, "Dementia training gave me the knowledge and confidence to be able to support our residents and approach them knowing that I can help them by talking to them and using helpful tips for other ways to communicate such as touch and eye contact." This showed the service ensured all staff were given the training and support to provide a highly personalised service.

We looked at supervision and annual review records for staff members and looked at the supervision matrix. We saw supervision was planned to occur regularly and that records for 2016 and early 2017 were currently up-to-date. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of practice and performance and supervision in the workplace to ensure someone is competent in a specific task. These staff reviews were based on a yearly cycle and focussed on the service's vision and values. In these staff assessed themselves against the core vision and values, and entered into an agreement about what they would do or not do to offer excellent care. We saw that annual appraisals were detailed and reflective about practice. All staff we spoke with said they had regular supervisions with the registered manager and care managers saying, "The bosses are all here every day, you can just talk to them", and "We have regular supervisions, everyone is friendly, the staff and the managers."

The Mental Capacity Act 2005 (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 checked whether this 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 registered manager told us 11 people at the service were currently subject to a DoLS authorisation. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. Staff told us, "The training we had on DoLS and MCA made me understand it more and feel confident," and "I was much less confused about it after the training." We were told that following feedback from a family about the DoLS process that the service developed an information sheet for families and also built into to their practice to spend time with families to explain what the legislation and procedure was about.

We saw written consent was sought at every opportunity and people's rights and autonomy was respected and upheld. We saw and were told of how people were involved in all decisions about their care along with family members if people consented to this. Everyone we spoke with told us how they were involved in their plan of care and its review and our observations confirmed that people's consent was sought before any care activity by staff. For example, in one dining area, staff discreetly asked people if they would like to wear a protective apron to protect their clothes whilst they ate. This was done in a dignified manner. We also saw that care plans reflected people's views and wishes and that where best interests' decisions had been made with people, their families, the local G.P and key staff members it was recorded in a way that upheld the person's views. Care plans also showed that people's views were upheld and supported, for example one person's one page profile for food and drink showed, "[Name] has declined being weighed weekly, does not wish to take food supplements and declined an offer to see the dietician, please observe and record any change." This went on to request staff to promote a high protein diet and to offer visits from the dietician should the person change their mind. What was important to the person in relation to food and drink was recorded in their words as well as their capacity to make decisions. This showed the service listened and respected people's rights and choices.

The service excelled at promoting choice and in catering to hotel quality standard whilst ensuring people's nutritional needs were met. People had the choice of eating in a variety of beautiful settings such as the Orangery an informal coffee shop, the formal 55 seater restaurant that offered a carvery and evening functions as well as dining in communal dining rooms in areas that provided care at Middleton Hall Retirement Village. The fact that people could join family and friends in the Orangery for lunch or a coffee meant there was opportunities for people from across the service such as people who resided in the independent living apartments to people with nursing needs to meet and socialise together in a very pleasant environment. The choices on offer was dazzling with the Orangery offering a full breakfast menu, light bites, afternoon teas, meals and snacks, hot beverages and soft and alcoholic drinks. All other dining areas offered at least two hot meal options at lunchtime and evening as well as an alternative menu that provided a huge variety of sandwiches, light meals and snacks and salads.

The catering was all provided in house by a head chef, and sous and commis chefs. We met with the head chef who was clear in their mission to provide choice with hotel style and quality catering. They told us, "I want to ensure we do as much as we can to improve people's appetites." One person told us the chef and Orangery service had developed a kids menu following feedback from young people that visited that the menu was a bit 'adult orientated.' We saw on display a bright and colourful kids menu offering main course

such as chicken bites, burgers, pasta with desserts such as cookie dough ice cream and fresh fruit salad. This showed the service listened and acted on feedback provided by people.

The chef told us how after completion of a new build kitchen, the service would offer far more choice at each meal to do away with pre-ordering food to make it more person centred, "So we aren't dictating what people eat." With a new extension to the Family Living area, the chef told us they were working with smells and putting coffee machines and bread makers into areas so that people could have the sensory experience of the taste and smell of freshly baked bread. The chef also said, "I like pureed food to look like real food and the new kitchen will give us room to develop pureed diets using all our freshly prepared ingredients." We saw that all vegetables were fresh and prepared in house along with locally sourced fresh meat and fish. People using the service had been involved in a tasting session where they had chosen the supplier of teas and coffees to the Orangery café. The chef told us they worked closely with care staff and that they received information about people's dietary needs well in advance.

We observed the lunchtime meal in the dining room of Middleton Gardens. Staff took their time when asking people about their choice to ensure people received exactly the meal they wished. Where people needed assistance with their food we saw staff were very patient with them. We saw for one person with a visual impairment that staff supported them sensitively with adapted equipment so that person could be as independent as possible. Staff and people sat chatting with each other about their day before staff asked people if they would like some music on and ensured it was their choice that played. We sat with a group of people at lunchtime and everyone was extremely positive about the food and dining experience at Middleton Hall Retirement Village. People said, "The chef is absolutely first rate", "The food is excellent, there is plenty of choice" and "The food is very good they give you lots of it." Three people we spoke with told us they had been to the Orangery during the course of the day with visitors and they enjoyed having the opportunity to eat or have a drink in a social environment. One person said, "If I have a visitor we go to the Orangery for a piece of cake and a coffee, I'm able to see people and friends I've had for years in a lovely environment."

Staff told us about how they monitored people's nutritional needs. The service had attained accreditation with the Focus on Undernutrition (FoU) programme and the lead nurse told us the local Focus on Undernutrition team had asked if they could use the monthly overview sheet the service had developed to use as an area of best practice to share with other care services. This sheet monitored people's weight, which professionals such as dieticians or speech and language therapy were actively involved, whether fortified drinks and food were in place and also how regularly people consented to be weighed. Nearly all care staff and four chefs had been trained to their relevant level by the FoU team. We spoke with the chef who told us they were informed about anyone at moderate or high risk of malnutrition such as people with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed and they also were able to "pop to the shops" if people said they wanted something in particular that day. The chef told us they once went to Middlesbrough to source a particular type of naan bread that someone wanted with their curry.

We saw everyone had a person centred plan for monitoring their food and nutritional intake which was signed by the person or their relative. One relative told us how they were involved, "My relative was on a soft diet but we felt they were not enjoying their food as much so the staff along with the G.P re-assessed them and they have shakes now to add to it. They are always offering drinks and they are constantly re-assessing their needs."

During and after this inspection we met and contacted a number of health professionals who dealt directly with the service. Comments we received were extremely positive and demonstrated the service valued

working in partnership with other agencies for the benefit of people using the service. They spoke highly about the registered manager and nurse manager. Comments included "It's great, They are so approachable. I feel like part of the team and they have embraced me. It's so proactive with me, service users, family and carers working together and it's inclusive. The service is keen to be part of our plan and so we all work in the same way. They have really good standards of care, my plans are followed and nothing is left undone."

The service was exceptional in working with healthcare partners and were committed to achieving the best possible health outcomes for people. One person told us, "Before I came in I was always in hospital and since coming here over two years ago I've never been admitted. If I feel slightly unwell they get the district nurse in and they sort it. My condition has levelled off, coming here has enabled them to take over my care so I can live with it. They know me and my condition so well they can tell just by looking at me how I am."

The service adopted a philosophy which they call 'Living Well' and the focus of which is to provide holistic support which includes health and fitness as well as spiritual, leisure and educational opportunities. The 'Living Well' staff team were based within the spa complex but work alongside care staff to enable people to access the swimming pool, spa pool, fitness suite and therapies centre or to provide some of those services in peoples own rooms. The grounds were also utilised to provide people with fitness and active opportunities such as golf and a bowling green as well as fully accessible wheelchair walks, community allotments and wildlife areas. Each person had an individual assessment of their 'Living Well' needs by qualified staff and keyworkers within 48 hours of arrival at the service in which they assessed and planned how they wished to lead an active and fulfilling life as possible.

People were supported to attend health appointments accompanied by staff in accessible transport provided by the service. We saw and were told that staff were quick to seek advice where there were any concerns about people's health. A relative told us, "I believe my relative's health has stabilised since accessing Middleton Hall, this I can only put down to the staff team."

Is the service caring?

Our findings

People who used the service and relatives we spoke with told us of the outstanding care they experienced at Middleton Hall Retirement Village not just from care staff but from housekeeping, estates staff and the management team. People gave us examples of kitchen staff going and getting someone's stick for them as they had forgotten it and were unsteady and of housekeeping staff filling someone's bird feeder as they were unwell and even taking someone shopping in their own time for a feather duster.

People told us, "There is a marvellous sense of being looked after", "All the staff here are wonderful", and "Everything is special - the staff, from everything they do, even the little things. If I needed the dentist or doctors they take me, stay with me and bring me back."

A relative told us, "The relationship [name] has with the staff is that [name] smiles at the staff more than they do me now – their relationship is so strong." Another comment was, "One thing all the staff have in common is they all care above and beyond. I trust them all one hundred percent."

Staff developed relationships with people that were based on mutual respect and trust. The recruitment and selection process which included people and relatives enabled the service to match the skills and interests of staff to specific areas such as Family Living with people living with dementia and the more independent Middleton Grove where people lived in their own apartments. The variety of the staff skills had been used with good effect to match staff to people so that they could enjoy shared interests together such as gardening, art and exercise.

We saw all staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way. We saw and heard how people had an excellent rapport with staff. For example, we observed one staff member talking with two people, encouraging them to take part in activities. This was done in an encouraging and friendly manner. We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to medicines and supporting people with activities.

When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. All staff told us they had training in communication specifically with people with dementia and we witnessed staff interacting with people in the Family Living area in a way that was meaningful to each person using gentle touch where appropriate. Each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing. One relative told us, "When [name] can't communicate, the staff can read her moods and are aware when she is distressed."

We were given lots of examples by people of when staff had gone the "extra mile" to show excellence in caring. One person told us, "There are some very special people working here." One person had wanted to go to Italy on holiday and a staff member in their own time accompanied them to Peterborough to renew their passport and also put together a comprehensive itinerary for them to follow in order for the person to

enjoy their holiday safely and independently. There were other examples of staff spending their own time in hospitals with people, one keyworker had visited daily after work, and another care staff took someone to the cinema in their own time. One person told us, "My keyworker is wonderful, I wanted my white clothes keeping extra white and she takes them home and washes them for me. She goes above and beyond what I expect." Another person had told staff they had been a member of the WRNS (Women's Royal Navy Service) in a discussion and staff established contact with the WRNS organisation and supported the person to attend a reunion lunch.

We saw the service encouraged staff to share their interests and hobbies, for example one staff regularly brought in their dog to visit one person which they thoroughly enjoyed. The staff member sought out the Pats as Therapy (PAT) charity and went through the training process with their dog so their temperament was assessed and it became a registered PAT dog. The staff member in their own time with their dog now visited regularly and feedback from people and relatives showed this was something that brought great pleasure, the dog even visited on Christmas Day. Other people in Middleton Grove had decided they wanted a pet and the service acquired a canary. Staff told us it meant more people were sitting and socialising in the reading room as a result of the canary's presence and it sang along to the exercise class! One person told us, "I love him to bits! I am an animal lover and I call in after lunch each day to talk to him and he knows me now and hops about singing."

We asked people and family members whether staff respected the privacy and dignity of people who used the service. One person told us; "The staff here are all very professional." Everyone told us they got privacy. We saw staff using people's preferred names and knocking before entering rooms. The care manager of the Family Living service told us how they addressed an issue of privacy, "We strive to create a family environment, and found people were coming to Family Living during meal times to show people round or people would occasionally cut through our lounge doors. This wouldn't happen in your own home, strangers just walking through or interrupting your meals, so we asked if anyone wanted to have a look around Family Living, to always ring us first from reception so we could then introduce them to our residents and be respectful of their home environment." This showed the service understood that this was people's home and they had a right to privacy within it.

All staff told us they encouraged people to have as much choice as they could around their daily life from when they got up, to meals, activities, clothing choices, and bedtimes and also whether they actually wanted support from care staff. One person told us; "Sometimes I can manage to get dressed ok and other times I can't but it's never a problem, if I ask for help its there instantly. Staff know that independence is a key thing to my existence." Another person said, "They encourage me to make decisions for myself for different things all the time that I wouldn't do before."

Living Well days had been introduced across the service. On this day, a member of the team would spend time with people on a one to one basis or in small groups, whichever was preferred. We were told examples of people who loved to shop going to the January sales with staff and another person who used to paint and draw said they missed this activity so the service organised a painting class for them to join. It may be just taking a walk or going for coffee in the Orangery. One of the care managers for Middleton Grove said, "The staff and people really benefit from this quality personal time spent with each other."

People told us their relatives and friends were encouraged to visit them at the service at any time and we saw from literature and website that this was encouraged including joining people for meals in the restaurant and Orangery or the raft of events that the service put on such as fun days, charity events, and specially themed restaurant evenings for example. One relative wrote in a letter, "We visited every Sunday and had lunch in the Orangery, we always enjoyed our visits made special by the lovely staff who made us

feel welcome." We saw through the process of regular reviews with people and their family, that the service ensured family members were listened to and kept updated. One relative said, "Staff spent a lot of time with my sibling and myself to listen to our concerns about mum." Another relative we spoke with said, "We have an on going dialogue all the time, her keyworker will ring me."

Staff told us that they were praised and rewarded by management and the providers for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. The service had shortly planned an evening at a local hotel to reward staff and celebrate their achievements with transport, meals and entertainment provided. We saw examples of staff being thanked in service communications received by everyone for individual acts of kindness such as "Thank you [name] for the lovely job you made cleaning the staffroom." They were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about making sure people did not suffer loneliness and understanding when people may feel particularly sad or in need of extra attention. The registered manager told us that the service set out to care for people "In a way that they are the centre of everything and that they feel special". This statement was part of the philosophy of the service and was recorded on their website. Our observations confirmed that people were treated in this way.

Feedback from relatives showed end of life care was undertaken with extreme care and compassion. Comments included, "Without exception, the staff at Middleton Hall Retirement Village are outstanding. They took care of one of my relatives in the last few days with gentleness and dignity" and "I was left with memories of kindness and compassion that left me humbled. The nurse manager and team were not only consistently attentive to my relative but also to our family." We saw numerous thank you cards and compliments from relatives and friends of people that referred to the caring, supportive nature of staff.

We saw staff had created beautiful handmade 'Memories' books for the relatives of people who had passed away. We were shown one book that was full of photographs of the person and their time at Middleton Hall Retirement Village along with individual memories from staff and friends of the person at the service. Each page was beautifully decorated and the book was exceptionally moving for both inspectors to read not even knowing the person due to the care and thought that had gone into it. This showed the service cared for people and their families even after death with love and support.

The service was working towards accreditation with the national GOLD standards framework, which provides standards in palliative care and ensured training for all staff. The service had developed its own paper work to record people's journey at the end of life to ensure that people's preferred place of care, as well as healthcare support from the GP, and other community services was in place. The community matron told us they worked with the service to put in place and review Emergency Health Care Plans (EHCP) which meant every person had a document that made communication easier in case of a health emergency.

People were supported at end of their life by staff who were compassionate, understanding and who had the skills in this aspect of care. Training records confirmed all staff had received end of life training and were told about specific training such as oral health training which resulted in the service using specialist mouth care kits for people in the last few days of life to ensure their comfort. People's preferences and choices for their end of life care was clearly recorded, communicated and kept under review with them and their family in their care records. We saw that every person who had received end of life care at the service had a comprehensive plan that evidenced how the person and family had been supported to ensure any advance decisions, and needs such as communication, spirituality, pain and symptom management had been met.

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 registered manager told us none of the people using the service had advocates currently however information on advocacy was made available to people and family members.

Is the service responsive?

Our findings

People received care and support above and beyond their preferences, interests, aspirations and varied needs. People were able to access a diverse range of activities and events at Middleton Hall Retirement Village and in the community and we saw the whole staff team were passionate about creating person centred experiences for everyone who used the service. One relative said, "My relative is encouraged to live, keep their mind alert, has excellent food and the staff treat them and us as family", another relative said, "It's an exceptional facility with superb services and amenities."

People we spoke with told us, "Seriously, it's a delight living here," "I'm constantly on the go, I've had physio today and I'm off to play cards later at Middleton Grove."

During the inspection we could see there was an abundance of organised activities going on such as a knitting group, a poetry session, table tennis, a quiz and a singing group and we witnessed people having fun and engaging in the numerous different activities. One person told us, "Five of us have come to the knitting group today and three of us have started new projects." We also saw people choosing to spend time in the Orangery café and a small group of people from Middleton Court nursing home had gone to Northallerton for a trip out.

The service had a philosophy called 'Living Well'. This philosophy encompassed supporting people to lead active and fulfilling lives in a holistic manner covering health and fitness, recreation, spiritual, holistic and educational opportunities. This service had representation from all care and support services but was led from a Living Well team based in the spa and care staff champions had been trained to work in their own areas. One of the Living Well team told us, "The champions drive their Living Well projects in their service and plan their weekly activities, report back from meetings and support the rest of their team so that all their staff were living our value."

One relative whose family member lived in the Family Living service for people with dementia told us, "[Name] is never left just sitting around. All the residents are encouraged to join in all activities adapted to their abilities; many of them take part in household tasks as well as physical activities. They do exercises, adult colouring and gardening. When my relative came here they did much more group work but now as people's dementia has advanced the activities have changed to suit the individuals more than in a group. My relative now likes to look at photos and books and so quite often staff spend time doing that when [name] wants." This showed the service was flexible to meet the changing needs of people.

The service ran specific project activities such as an art groups, a poetry writing group [led by a relative] and a current affairs group [led by the managing director] that built each week on particular subjects both in and out of the service. For example, the managing director stated "I can rarely guess the topics that the group will choose to discuss each week. I normally select four or five potential topics from my favourite newspaper [BBC website] and the group choose one or two that they fancy having some intelligent debate about. Some topics are humorous. Some serious. Some seem both!" One person told us, "The current affairs discussion group I hadn't done before and I enjoy having an intelligent conversation as mental stimulation is very

important."

The service had grown vegetables in the garden area and people had enjoyed vegetables and produce served in the Orangery that they had helped cultivate. The service also had chickens that people helped look after, and we saw people enjoying skills of daily living such as spending time hanging out washing. We saw the service had enabled people with different levels of skills to be involved. For example they had built fully accessible areas, raised beds, seating areas and sensory areas with fragrant herbs and flowers.

The service empowered people to develop their own activities with support and two residents ran and maintained a well-stocked library with internet access whilst other people were involved in the community allotments producing vegetables and fruit, again which were accessible for people with limited mobility.

The estates team as well as looking after the grounds, health and safety and maintenance also put on workshops at least every month to get people involved in the outside areas as well as with wildlife. The service had won a Northumbria in Bloom Gold award for the last five years and the estates team gave a personal introduction to new residents moving to Middleton Hall Retirement Village to the grounds, walks, ponds and events they had planned. We saw for 2017 that the service had bat box making, talks on bats and butterflies, making a bug hotel, bird watching in the bird hide and being part of an RSPB initiative as well as a repeat visit by the Kirkleatham Owl Centre which had been a great event in 2016 when people across the service had come face to face with birds of prey and other animals! The service also set up nest box cameras and had live feeds of the activity in the reception area. This showed that not just care staff but everyone at the service no matter what their role was committed to ensuring people got the most out of the environment and facilities.

When we spoke with one of the Living Well co-coordinators who worked at the service they told us how passionate they and the rest of the team were and how committed they were to offering the best experience possible for people at the service. They told us, "This whole place is about making life as enjoyable as it can be for everyone that's people who live here, staff and families. We want people to start new hobbies and to experience things they haven't done before." This theme was echoed by people. One person stated, "The photography group gives me the opportunity to go places I would otherwise not have visited, I enjoy the social aspect, made lots of new friends within and outside the group." Another person said, "There is always something different on, something a bit out of the ordinary, I've joined in and enjoyed things I've never even thought about!"

All of this meant peoples' lifestyle experienced in the home matched their expectations and preferences, and satisfied their social, cultural, religious and recreational interests and needs.

We found the care plans to be written in a succinct manner. People's wishes and feelings were paramount in their care planning. Staff were then given detailed guidance on how to care for people in response to their expressed wishes. Each person had a one page profile for each of their care needs that summarised how that person wanted their care to be provided. For example, one person had a plan for their anxiety. The profile stated what was important to the person about their anxiety and included "I go quiet, I'm not good at telling people I'm anxious." There was then a section on how staff could assist with this anxiety and gave detailed prompts and guidance for staff written with the person e.g. "[Name] is a tactile person and when feeling worried [name] likes to have a cuddle from staff and this makes [name] feel better." One staff member told us about the care plans, "I can see exactly what the person wants and how I can help them. This is what person centred is all about."

In one care plan we viewed, the person had a one page profile on how they wished to be supported living

with dementia. Information included in the 'What's important to me section', stated "Having the red fleece blanket over my knees when relaxing in my chair or in the wheelchair as this is my favourite one," and "Stopping by the pond when I am out for a walk as I like the sounds of running water." One of the lead carers told us, "It is clearer for new members of staff when they are getting to know each resident and they spend time reading through the one page profiles, new starters have said they are easy to follow and give the information simply which they need to assist the resident."

The registered manager told us they always met the person and family as part of their assessment process and ensured that the service were able to meet theirs and their family's needs and expectations. One person told us, "I've been filling my care plan in and talking about my future", and another person said, "We went through my care plan together. It took ages but it was what I wanted putting down in it." This time spent doing assessments with the person and their family provided in depth information about the person's background and social history, relationships that were important to them, their abilities and physical needs which staff translated into concise yet highly informative one page profiles. A visiting healthcare professional told us, "I think the documentation is clear and concise, it is easy to understand and see the person."

People told us that they had an identified member of staff who was allocated to them called a keyworker, and that they could approach this person for any particular help they needed. One person told us, "They make sure I am involved and that I am happy with everything." They told us that all the staff knew them very well and that they supported them to do the things they enjoyed. Relatives told us they felt the assessment was well managed by the service to reduce the impact on everyone's lives. One relative said, "The staff slowly but surely devised a plan of action and care to help ensure my relative would be comfortable in themselves and also to ensure they received the most appropriate care." Relatives also told us they were fully involved in reviews about their relatives care if this was consented to. One relative told us, "I liaise with my relative's lead carer every three months, there were some changes recently as my relative has had to have a softened diet so we talked about that and I signed several documents."

Staff told us how they supported people with transition both into Middleton Hall Retirement Village and also through the different areas within the service. One person told us, "I have had to adapt to nursing care at a very young age, but the transition to Middleton Hall has been wonderful. There is always something on every day, you can do all sorts, you come first here, the staff are really wonderful." The service had developed an initiative to help people moving from their own home where staff would visit the person in their own home and work with them regarding items and furniture that they would be able to move to Middleton Hall. One person told us, "I thought it was very good support and great in helping me decide what furniture to take and what to leave." A relative had written to the service and stated the following, "The transition from Middleton Grove to Middleton Court nursing care was handled superbly with very little distress to either us as a family or my relative. I was also deeply touched that several of my relative's carers from Middleton Grove continued to visit [Name] even though they were not aware of their presence."

The staff and people we spoke with told us that the service encouraged visitors, and that the staff supported people to maintain their relationships. Those people who had relatives and friends who lived away from the service had been supported to use communication technology such as Skype to keep in touch. This was particularly important for people whose relations were living abroad. This made communication direct and meaningful for people who may sometimes find using the telephone difficult. There was also the facilities for people and their guests to enjoy casual dining or just a coffee at the Orangery or to book for the carvery at the restaurant on a weekend or on one of the other themed dining nights such as Valentines night. Lots of people we spoke with told us how they enjoyed this facility. One relative whose family member was living with dementia said, "We go to the Orangery together, [name] my relative likes to people watch."

People from the local community were regularly invited to the service including schools and community groups, choirs and the service had also facilitated learning events by inviting charities, and health promotion workers to present sessions and training for everyone who lived and worked at Middleton Retirement Village. We saw that this had recently included a Mindfulness event run by MIND and Dementia Friends training run in conjunction with Age UK.

We saw and were told that the service was highly responsive in terms of listening to people, valuing their feedback and involving them in all aspects of the service. People told us they would speak to staff or the registered manager if they had any concerns and that the directors of the service were also a highly visible presence. We saw and were told that people attended regular meetings and as well as being involved in recruitment, the service also sought to involve people in choosing suppliers to the service as well as in the service's development and expansion.

We saw that people were given ample opportunity to have their say about the service through meetings and we saw that suggestions and ideas were fed back to people so they could see their suggestions in action. For example, the service was developing an extension to the Family Living service for people living with dementia. We saw that people and relatives had been consulted about how this service should look and feel. One relative told us, "We have been involved in the building of the new Family Living house; we have gone to focus groups to keep us informed and to canvas our opinions. We feel involved and they have asked us about what works well, what is needed and what isn't needed. It's a good idea to get us involved." We heard another example about feedback on one of the service's vehicles not being very comfortable and this was acted upon and the service provided another vehicle that was more appropriate for passengers. This showed people's views and ideas were listened to and acted upon..

Records we looked at confirmed the service had a clear complaints policy. People told us, "If I wanted to complain I'd go to [name] or [name] and if it wasn't resolved I'd go to [name] the managing director but I've never had to complain." We looked at the service's record of complaints. We saw information regarding raising concerns or complaints was shared with people through regular communication, reviews and these were displayed in communal areas of the service. We saw that even minor issues of feedback were recorded and responded to. We saw that these issues and more formal complaints were always responded in writing by one of the directors and investigations and outcomes were clearly recorded. The service tracked these issues to ensure timescales stated in their complaints procedure were adhered to.

The registered manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. One relative told us, "I would approach the manager if I had an issue. It's an on-going dialogue so issues would be raised and dealt with. If there has been a problem they tell you – you are briefed if anything has happened."

Is the service well-led?

Our findings

People responded very warmly to the registered manager who had worked at the service for many years and knew each person well. Relatives were consistently positive about the service their family members received. One said, "The care given to my relative by the staff goes beyond mere professionalism - there is clearly an inbuilt ethos of showing respect and love to the residents. Quite exceptional." Another told us "It's amazing, because in providing what they do, the residents enjoy personalised care, can make choices and have a quality of life they wouldn't anywhere else." One person told us, "It is a wonderful place to be. I can't praise it enough – right from the top owners to the staff, chef and cleaners – everybody is wonderful and can't do enough for you."

The registered provider had clear vision and values that were person centred and focussed on people having the opportunity to lead a fulfilled, healthy and active life, focussed on customer service with excellent teamwork. The service was shortlisted for Best Care Community Award Category, in the National Pinders Healthcare Design Awards 2015. The service was also committed to sustainability and through its work in the gardens and independent living apartments and bungalows it had won many awards for its environmental impact. The service has been awarded a Silver Trophy National Green Apple Awards 2016 awarded by The Green Organisation – an independent group which recognises, rewards and promotes environmental best practice around the world. It won a BRICKS award for The Development of the Year in 2015 (11-50 units, North) for "exceptional sites and site management".

Staff told us they enjoyed working at the service and felt highly valued. The organisation had been the first in the area to implement the Living Wage commitment. Comments included, "I've never been proud to work for any company until I worked here. I have never been to work where they received awards for recognition", and "I have seen Middleton Hall change beyond expectations over the years, to become an outstanding environment for many people, everyone always seems very happy and content."

The service was working on opportunities for internal advancement for staff with offsite training days for managers and supervisors to develop their skills via new managers' toolkit and developing a lead carer role for support staff to aspire to. Since our last visit we saw the nursing team especially were more motivated and had embraced learning opportunities and implemented areas of best practice in relation to oral health for example that had not just benefitted nursing clients but which they had shared right across the service via an information event. The nurse manager told us, "At least two nurses attend a bi-monthly nurse clinical forum held by the CCG and it's an opportunity to share best practice. I have developed a one page profile for the last days of life following a session from the palliative care consultant and nurse specialist at that forum meeting. I am finishing the layout now, we'll share it with each service and I'll do training with the staff so they know how to complete it." One person said, "The oral health display and talk was a useful reminder to take care of your teeth and gums." The NHS lead for the oral health project had written to the service stating, "I have been overwhelmed by the support and attitude from your staff and I would like to use your service as an example of the outstanding support you provide your residents around oral health care." This meant that external professionals held the service in high regard and promoted it as best practice to others to follow.

We saw the service was about to hold its annual awards party, a celebration for staff offsite at a local hotel where staff were rewarded with a three course meal, entertainment, transport and presentation of awards. Comments included, "It's a really nice place to work," "I love it here; you really feel part of a family and supported by the managers." This was evident in the excellent teamwork we observed, were told about and the consistently positive way staff related to people, to one another and to the registered manager.

Staff told us, "The directors are in here all the time and are really supportive; it feels like a big family here." We saw the managing director ran a monthly "Tea with the MD" session where staff could go and speak with them about any issues or views. One staff member told us, "The top bosses are all here, every day, most other companies; the managers are all down south." Staff spoke highly of the registered manager and said that they were always accessible and approachable, "We have a manager who supports us fully." The service had a low staff turn- over and a core of care and nursing staff who had been working there for a long time. This showed the service was supportive and listened to its entire staff.

Since our last inspection we saw the service had made huge changes and improvements in its management and communication. The registered manager and nurse manager, both present at our last inspection told us, "Since our last inspection we have focused on the key areas that needed improvement. We approached that inspection as a positive opportunity to review and evaluate everything. We have made many changes which were discussed at senior management level and then incorporated into each service's improvement plans." The senior leadership had also changed and new personnel had come in and re-evaluated and improved areas such as catering, training and quality assurance. The registered manager told us, "One of the directors came in and explored our meetings and the validity of them. We then established a system that each week from the top, key messages would trickle down and it has really made our communication more effective." We saw the daily "10 at 10" meeting where seniors from each service area had a quick meeting to discuss plans and issues for the day. One lead carer told us, "It means you know what's going on next door for example, if they have anyone particularly poorly so we can support if needed." This showed the service was keen to reflect and evaluate its effectiveness and make changes where needed.

Another area for improvement from our last inspection had been to implement person centred plans. The service sought external support and training from a leading national provider in person centred care and worked hard to put in place plans that truly involved the person in how they wished their care and support to be provided. We saw a superb example of how the Family Living service had reviewed the new one page profiles compared to their old plans in a trial using the profiles, staff team profiles and how information on activities was recorded. After two weeks, they reviewed their findings and the care manager said, "We found the one page profiles captured the essence of what activities residents were interested in and having a separate file for recording activities made it easier for staff to complete and refer to. Looking forward that file could be used for family and non-care staff to access that wouldn't breach data protection. Relatives would be able to feel they were still providing valuable support to their family member in this way." This showed the service reviewed how it implemented new approaches and how it was striving to achieve a more person centred approach by having better quality and in depth information about people.

The directors and registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. One staff member said, "Being part of a care home with excellent values. I can say 'I work there' and another told us, "I have pride in the company and the high standard of care." This was evident in the way staff and the registered manager described a variety of innovative projects. For example, how they had involved people living at the service and their families via focus groups in its extension and development plans for a new Family Living unit. One relative told us, "We have been involved with the

building of the new Family Living house, it's a great idea to get us involved."

The registered manager and the wider management team provided clear leadership and used systems effectively to monitor the culture of the service. This included the consistent presence of the registered manager in the service, working alongside staff as an effective and caring role model. We were given an example of the registered manager's commitment and support. The manager told us, "One night staff had rung me at 1.30am as they were struggling to support someone with dementia who was angry and distressed. I went into work and showed them several techniques for calming the situation down." Following this the night team supervisor told us, "It really helped watching how [name] the registered manager approached [name] and we can now use these tips ourselves". We saw that the registered manager knew everyone at the service well and everyone felt comfortable and relaxed in their presence.

The service had actively sought and acted upon the views of others and sought evaluation of their work and had achieved very good results from surveys undertaken in 2015. At the time of our inspection the headline messages had been pulled from the staff and customer feedback for 2016 with further detailed analysis to follow and we saw from 34 customer surveys, 22 short stay responses and 72 staff surveys that everyone expressed overall excellent and good responses. Customer responses in the 'Very Satisfied' category had gone from 56% in 2015 to 70% in 2016.

Health and social care professionals told us that the management team regularly consulted with them and asked their views on offering the best care possible. They did this when these professional visited the service and through meetings. Professionals we spoke with told us, "I feel like we are part of a team and they have embraced me. The registered manager and nurse manager are excellent, really approachable." Another practitioner told us, "It's really top notch, I cannot fault anything about the service." We saw that where issues were raised that the service proactively met with professionals and a recent meeting with the G.P and practice manager that issues from both sides were raised, discussed and actioned in a highly professional manner. We saw an issue with the process for changing medication was checked with the G.P and confirmed and the service also checked with the NMC (Nursing and Midwifery Council) to ensure this process was entirely correct.

The registered manager and staff were exceptional in their commitment to understanding and helping people communicate their views. People were involved as far as possible in every aspect of the on-going development of the service. For any new developments, the service ran focus groups. This not only was to seek people's views but also to canvas opinions and people and relatives we spoke with told us they felt valued, listened to and involved. The service published a regular newsletter which provided information about the service and its developments. In the most recent, there were articles on recent filming at the service by the BBC's Panorama show where people spoke about pensions, charity skydives by staff members and working with the Alzheimer's Society to fund raise as well as delivering training to staff, people and family members in the service's goal of being a Dementia Friendly location. Activities, outings and events were reported upon with encouragement for people to share their ideas for future entertainment with the staff team.

Local community links were strong and the service regularly invited local community groups such as schools, local choirs and GOLD (Growing Old Living in Darlington) to events such as afternoon tea. We saw the local village had also been invited to these larger events and the swimming pool was trying to facilitate a "Water Babies" class for the local community.

There was a strong emphasis on continually striving to improve the quality of the service for everyone. Each area within the service had developed its own service improvement plan. These looked at areas for

improvement, how they were to be reviewed and implemented, by whom and when. For example, the nursing unit wanted to support staff to understand their role more and as part of that they enabled staff to shadow staff working in other services to gain and learn new skills.

The Family Living unit for people with dementia had begun a relative's support group which ran focus groups and they wanted to involve guest speakers to speak to the group in the future. The registered manager showed us their audit system and individual service improvement plans. This audit system covered areas such as medication systems, the environment, health and safety, care plans, accidents and falls. The senior management team made sure actions were followed through, monitoring service improvement plans through regular meetings with the registered manager and care managers and we saw that the outcomes of audits and action plans were shared with the staff team through care meetings and briefings so staff could share in the learning and have ownership over improvement work. One of the care managers told us, "We revisited our way of reducing paperwork when doing the GP lists. We previously had one for the community matron and one for the GP – we felt while it was working, we wanted to reduce the paperwork load and we now have one joint community matron and GP list which we complete electronically and send over to the surgery each week, this works much better all staff agree!"

The registered manager told us they received consistent support from the registered providers and told us that the resources required to drive improvement were readily available.

The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes. It had maintained Investors in People Gold award and was aiming in 2017 towards Platinum status to be the first in the sector to achieve this. The registered providers held membership in a number of recognised bodies that looked at driving improvement through quality such as ARCO (Associated Retirement Communities Operators) and NAPA (National Activity Providers Association) and committed to adhere to these organisations charters and principles. This showed the service sought external verification of its strengths and areas for improvement to ensure it constantly developed and improved.