Middleton Grove Limted

Middleton Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:

Middleton Grove Nursing Home is a care home registered to provide nursing and residential care and accommodation for 54 people with various health conditions, including dementia and diabetes. There were 53 people living at the service on the day of our inspection. Middleton Grove Nursing Home is a large converted, listed property located in Hove, East Sussex.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this and we saw friendly relationships had developed between people and staff. A relative told us, "The service is wonderful. It's comfortable and clean and my [relative] is very happy".

People enjoyed an independent lifestyle and told us their needs were met. They enjoyed the food, drink and activities that took place daily. One person told us, "The activities are good, most of us are joining in". A visitor said, "The food looks good and my [relative] is maintaining her weight". People felt the service was homely and welcoming to them and their visitors. A visitor told us, "We are always made to feel welcome and they offer us drinks when we arrive".

People told us they thought the service was well managed and they enjoyed living there. A visitor told us, "I have no concerns in the way the home is run, if I did, I'd take my [relative] out of here. She's happy here and the staff make sure they spend time with her".

Staff had received essential training and it was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "We are all well trained".

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this. People received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A member of staff told us, "We don't just get to know the resident's needs, we get to know them as a person as well. I know if my mother ever needed a care home, I would be happy for her to come here, we're very caring".

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This service was registered by CQC on 5 June 2018. Middleton Grove Nursing Home has not been previously been inspected under this registration.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Middleton Grove Nursing Home

Detailed findings

Background to this inspection

The 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 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.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

Service and service type:

Middleton Grove Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

Before the inspection we used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps us support our inspections.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as incidents and abuse; and we sought feedback from the local authority.

During the inspection:

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.
We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.
We reviewed a range of records. This included four staff recruitment files, training, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider.
We reviewed five people's care records.
We spoke with nine people living at the service and two visitors.
We spoke with eight members of staff, including the registered manager, a registered nurse, an administrator, an activities co-ordinator, the chef and care staff.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

• Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.
• Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
• We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
• Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
• Nobody we spoke with expressed any concerns around their medicines. One person told us, "In the morning I take a tablet for my blood pressure".

Systems and processes to safeguard people from the risk of abuse

• People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I feel safe, the people here are caring and there's always someone here".
• Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
• Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Preventing and controlling infection

• The service and its equipment were clean and well maintained. One person told us, "They always have cleaners going around".
• There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
• The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Assessing risk, safety monitoring and management

• Risks associated with the safety of the environment and equipment were identified and managed appropriately.
• Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
• Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
• Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines.
• For example, some people were at risk of falling. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their mobility.
•The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Staffing and recruitment

• Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
• Feedback from people and staff was they felt the service had enough staff and our own observations supported this. A relative told us, "There always seems to be staff around whenever I visit, I've got no concerns".
• Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
• Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

Learning lessons when things go wrong

• Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, ensuring that care plans were reviewed after any specific incidents.

• We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• Staff undertook assessments of people's care and support needs before they began using the service.
• Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
• Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs. A relative told us, "We did the care plan together at the beginning".

Supporting people to eat and drink enough to maintain a balanced diet

• The provider met peoples' nutrition and hydration needs.
• There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "It's pretty good. It's reasonably varied. It's very good indeed".
• The chef told us that any specialist or culturally appropriate diets would be available should they be needed or requested.
• Snacks were placed around the service for people to help themselves to and drinks were always available.

Ensuring consent to care and treatment in line with law and guidance

• The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
• Staff understood when a DoLS application should be made and the process of submitting one.

Staff support: induction, training, skills and experience

• Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism.
• One member of staff told us, "I'm quite happy with the training and new staff get a good induction".
• Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
• Systems of staff development including one to one supervision meetings and annual appraisals were in place.
• Staff had a good understanding of equality and diversity, which was reinforced through training. A member of staff told us, "There are no problems with equality and diversity in this home".

Supporting people to live healthier lives, access healthcare services and support

• People told us they received effective care and their individual needs were met. A visitor told us, "I think the staff are very good and they care for my [relative] very well. If I was concerned about anything, I wouldn't let her live here".
• Access was also provided to more specialist services, such as opticians and podiatrists if required.
• Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Adapting service, design, decoration to meet people's needs

• People's individual needs around their mobility were met by the adaptation of the premises.
• Hand rails were fitted throughout, and other parts of the service were accessible via stair lifts and a passenger. Slopes allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.

Staff working with other agencies to provide consistent, effective, timely care

• Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
• We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. One person told us, "The doctor is here every Tuesday, they will speak to you if you've got any complaints. I see the optician".

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

• Staff provided people with choice and control in the way their care was delivered.
• Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. One person told us, "The staff are lovely. They sit on the arm of the chair and chat. It's nice".
• People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day.
• Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; equality and diversity

• People were attended to in a timely manner and were supported with kindness and compassion.
• We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.
• Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
• One person told us, "There are several really nice carers. They are all more or less good".
• People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time and could stay as long as they wanted.
• Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

• Staff supported people and encouraged them, where they were able, to be as independent as possible.
• Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "I'm sitting in here all day, so [member of staff] finds me little jobs like folding napkins and helping with the admin. She suggested I help with the plants we're growing. She's good at organising".

• People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "There's no problem with that. They tap the door, they don't just walk in".
• Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People told us that the service responded well to their care and recreational needs. One person told us, "If you're not happy with anything, they deal with it".
• We saw a varied range of activities on offer which included, music, arts and crafts, exercise, trips out to the local community and visits from external entertainers. If requested, representatives of churches visited, so that people could observe their faith. One person told us, "Activities are very good, we do painting and drawing and puzzles".
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
• People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. For example, staff were instructed to recognise people's body language and also use a translating service for one person.
• We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that the communication needs of others who required it were assessed and met.
• Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed.
• Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
• Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
• Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
• People's preferences were met, for example, one person wished to have the plan for their day written down for them, so that they could refer to it.
• We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

Improving care quality in response to complaints or concerns

• People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
• The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "I would see the manager. I would be ok with doing that".

End of life care and support

• Peoples' end of life care was discussed and planned and their wishes were respected.
• People could remain at the service and were supported until the end of their lives.
• Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

• The provider undertook quality assurance audits to ensure a good level of quality was maintained.
• We saw audit activity which included health and safety, infection control and medication. The results of which were analysed in order to determine trends and introduce preventative measures. For example, health and safety audits highlighted any concerns with the environment of the service.
• Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.
• People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality, care.
• Our own observations supported this and a relative told us, "My [relative] has been here for three or four weeks and it's been amazing. It was a frightening move, you hear such horror stories about these places, but it's been a calm transition. It's been a delight really".
• The registered manager added, "We involve residents, their family and staff to the max. Not just in the home, but when we go out on activities as well".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

• The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
• We received positive feedback in relation to how the service was run and our own observation supported this. One person told us, "The manager came and visited me in hospital. She's very nice".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• People and staff were actively involved in developing the service. For example, people chose which activities they would be interested in.
• There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. One person told us, "I've got a survey to fill in with the activities coordinator".
• There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Working in partnership with others

• The service liaised with organisations within the local community. For example, the Local Authority to share information and learning around local issues and best practice in care delivery.
• Local churches and children's nurseries visited the service and the staff also held events to raise money for local charities.

Continuous learning and improving care
• The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
• Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "I like the atmosphere here, there is a lot of smiling and a lot of co-operation. We give good continuity of care".
• There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
• Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
• Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• Up to date sector specific information was made available for staff including details of specific conditions, such as sepsis and stroke, to ensure they understood and had knowledge of how to assist people.
• Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
• The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.