Bupa Care Homes (ANS) Limited

Middlesex Manor Care Home

Inspection report

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Middlesex
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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
Middlesex Manor is a residential care home providing personal and nursing care to 77 people with complex needs at the time of the inspection. The home can support up to 83 people in three separate units, each with their own communal areas. Many people at the home are living with dementia or other conditions associated with ageing.

People's experience of using this service and what we found
People told us they felt safe and staff were kind to them. Engagement between staff and people using the service was caring and respectful. Staff provided people with personalised care that met their needs and preferences.

People's care plans and risk assessments were up to date and personalised. They included information about people's individual needs and preferences. Guidance was provided for staff to ensure people received the care and support they required.

Staff were caring and treated people with dignity and respect. People's differences including cultural, religious and relationship needs and preferences were understood and respected by staff.

People were supported to maintain good health and to eat and drink well. People were supported to access healthcare services when they required.

People's independence was promoted and supported by staff. Staff recognised and respected people's abilities.

Staff knew what their responsibilities were in relation to keeping people safe. They understood the importance of reporting any concerns they had about people's safety and how to protect them from harm or abuse.

Arrangements were in place to ensure that people received their prescribed medicines safely. Medicines were safely stored and recorded.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers were flexible and decided by the home's evaluation of people's needs.

Staff had the skills and knowledge to provide people with the care and support that they needed. They received the training and support that they required to enable them to carry out their roles and responsibilities effectively.

People had opportunities to participate in a range of social and leisure activities. People were supported to

maintain relationships with family and friends. Faith representatives visited the home to support people's religious preferences.

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

The home was clean and safely maintained.

The registered manager showed effective leadership and the home was well run. Staff felt supported. Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement. Actions had been taken to ensure that concerns arising from quality monitoring were addressed.

Rating at last inspection:
The last rating for this service was Good. (Report published 6 January 2017).

Why we inspected:
This was a scheduled planned comprehensive inspection.

Follow up:
We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

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.

Middlesex Manor Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Middlesex Manor 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 inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with the registered manager, the deputy manager, director, three nurses, a senior care assistant, seven care assistants, an activities co-ordinator, the chef, 10 people living at the home and three people's relatives. We also spoke with the provider's area director for the home and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of records which related to people's individual care and the running of the service. This included the care records for 12 people and multiple medication records. We looked at seven staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance monitoring were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance data.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Required Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● At our last inspection we found that stocks of some PRN (as required) medicines did not match the records maintained by the home. This meant that we could not be sure if PRN medicines were administered or recorded safely. After the inspection the provider had acted to ensure that daily checks of PRN medicine stocks and records were put in place.

● The provider had policies and procedures which covered the recording and safe administration of medicines. Staff received regular training in safe administration of medicine. Staff competency in administering medicines was checked and monitored to make sure their practice was safe.

● Medicines were securely stored and at a temperature that ensured they were effective and safe. Records of medicines administration (MARs) were recorded accurately.

● We observed staff administering medicines to people. They explained what they were doing and waited for people's consent. They offered water or another suitable drink to support people in taking their medicines. MARs were completed by staff when people had taken their medicines.

Preventing and controlling infection

● At our last inspection we found that some bathrooms required refurbishment. There were cracks in the paintwork and around seals that could have posed an infection risk. The provider took action and at this inspection we found that all bathrooms had been renovated and redecorated.

● There were policies and procedures to minimise and control infection. Regular infection control audits had taken place. The home was clean and free from odour.

● Staff followed effective infection control procedures when supporting people with personal care. They washed their hands and wore gloves and aprons when necessary.

● Food hygiene practice was safe, and the home had achieved the highest five-star rating in food hygiene standards when checked by the Food Standards Agency in November 2018.

Systems and processes to safeguard people from the risk of abuse

● The provider had policies and procedures in place to safeguard people from the risk of harm or abuse. Information about safeguarding was provided to people, their family members and staff.

● Staff had received safeguarding adults training. They understood their responsibilities to protect people from abuse and neglect. They knew that they needed to report any concerns or suspicions to the registered manager, and if necessary, the local authority safeguarding team, police and CQC.

● People and their family members told us that they felt the home was safe.

Assessing risk, safety monitoring and management

● Individual risk assessments had been developed for people living at the home. These were regularly reviewed and updated when there were any changes in people's needs.
● People's risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to minimise the risk of harm. Staff were knowledgeable about potential risks to people and knew what action they should take to manage these.
● Service checks of equipment, water hygiene, gas, electrical and fire safety systems were carried out as required by law. Regular checks of, for example, fire alarms, call bells, fridge/freezer and hot water temperatures had taken place.
● The provider had undertaken an annual fire safety risk assessment. Regular fire drills had taken place. People living at the home had personal emergency evacuation plans which included details of the support they required should they need to leave the premises in an emergency.
● Arrangements were in place to report maintenance issues and we saw evidence that essential maintenance had been carried out in a timely manner.

Staffing and recruitment
● Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. Staff were not appointed without evidence of identity and receipt of satisfactory references and criminal records checks.
● Discussions with people and staff, along with our observations, showed people received their care and support at times they wanted or needed it. One person said, "They are very good here. If I need help I get it straight away."
● The registered manager told us that they monitored and adjusted the staffing levels so there were always enough to meet people's care and support needs. Additional staffing was provided to support people to attend appointments or go out to community-based activities where required. Where agency staff were used, these were 'regular' agency workers who were familiar with people and their needs.

Learning lessons when things go wrong
● Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again.
● Information was shared with staff immediately any concern was raised. Reflective practice was encouraged to support staff to identify how to improve their personal practice.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's needs were fully assessed with their involvement before they moved to the home. This helped the provider and person to decide if the home was likely to meet their needs and preferences.
- People's assessments contained the information that staff required to deliver personalised care and support to people. Information contained in people's assessments was linked to their care plans and risk assessments.
- People told us that they made choices and received the care and support from staff that they needed and wanted.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about the home, the people who lived there, policies and procedures and their roles and responsibilities. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.
- Staff received the training and support that they needed to carry out their roles. There was evidence of on-going staff training. which covered a range of areas, including medicines management, safeguarding, health and safety, equality and diversity and infection control.
- Staff told us that they felt well supported. They received regular supervision and appraisal of their development and performance. Nursing staff received clinical supervision from the deputy manager who was the clinical lead officer for the home.

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

- Details of people's nutritional and individual dietary needs were written in their care records. People were provided with a choice of food and drinks. Menus were reviewed and updated regularly, based on people's feedback and staff awareness of the foods that people preferred. People told us they could ask for alternative meals if they preferred.
- We observed three communal meals and saw a staff member showed the food to people who may have forgotten what they had ordered. During the meals, staff provided encouragement and supported people to eat and drink at a pace that suited them. People were given alternative meals where requested. Drinks and snacks were regularly available outside of meal times.
- Some people received nutrition via percutaneous endoscopic gastronomy (PEG). A PEG provides nutrition through a tube and is used where people are unable to swallow solid foods. Where people required PEG nutrition, staff had received training and followed guidance provided by a speech and language therapist.
- People's weight was monitored closely. Staff knew that they needed to report all changes in people's

weight to management staff and to healthcare professionals when there were concerns.

Staff working with other agencies to provide consistent, effective, timely care
● Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
● People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.

Adapting service, design, decoration to meet people's needs
● The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
● Adapted bathrooms included hand rails and adjustable baths to meet people's care needs.
● People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors.
● A programme of refurbishment had commenced at the home. The registered manager and area director described their plans to improve the environment to ensure that it was more accessible to people with dementia. The corridor area of one unit had already been redecorated and we saw that it was light and welcoming. There were plans to paint people's doors in colours of their preference and to place picture/memory boxes outside their rooms to assist with orientation.

Supporting people to live healthier lives, access healthcare services and support
● People's health and support needs were regularly reviewed with their involvement and updated in their care records. People had access to the healthcare services they needed. A family member told us, "They are very good at making sure that [relative] is in good health."
● Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed. A local GP visited the home regularly to ensure that people's health needs were fully met.
● People were supported by staff to keep as mobile as possible. Regular exercise activities took place and we saw that these were suitable for people with physical impairments. People were supported to walk around the home and to use the garden when the weather was good.

Ensuring consent to care and treatment in line with law and guidance
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 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.
● People's care plans included information about their capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. Best interest meetings had taken place for people who were unable to consent to treatment or restrictions such as bed rails. The records of these showed that all potential options had been explored and

that key professionals and family members had been involved in making the decision.

● People were supported by staff who had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

● Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People using the service along with our observations confirmed that this was the case.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a friendly, welcoming atmosphere. People told us staff were kind and treated them well. Staff were respectful to people and provided them with assistance in a friendly and caring manner. People told us, "The staff are lovely. They are very kind and helpful," and, "I am very happy here. [Staff] make sure I have everything I want."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith were supported to do so. Representatives from local faith communities visited the home to provide pastoral support to people who could not attend services.
- Where people had expressed preferences in relation to the gender of staff providing personal care this was recorded in their care plan.

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

- People and their relatives, where appropriate, were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background.
- People were supported to make everyday decisions and choices including when they wanted to get up and what they wanted to wear. The care plans for people with communication difficulties included guidance for staff on how to support them in making choices.
- Residents and relatives meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service including maintenance, staffing, activities and catering. Records showed that action had been taken to address the issues raised at these meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and wait for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person said, "They [staff] always check that I am OK with things."
- People's independence was supported. People told us that they were encouraged to be independent and to ask for help if required. A staff member said, "It's really important that we support people to do as much as they can and want to. It's good for their self-esteem."
- People's private and personal information was stored securely and staff understood the importance of

confidentiality.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans were personalised and included detailed up to date information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people. These showed that staff were meeting people's individual needs as recorded in their care plans.

● Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.

● The provider had recently purchased Kirton chairs for 10 people. Kirton chairs provide specialist postural seating and can be wheeled from room to room. The registered manager told us that the use of the chairs had reduced the need for regular transfers to and from wheelchairs. This meant that people with mobility impairments were more easily able to participate in activities, and staff had more time to engage with them. We saw people sitting in Kirton chairs in the communal areas. We observed they were attractive, and a person indicated that their chair was comfortable.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People told us that friends and family members were welcome to visit them at the home. A visiting family member told us, "We are always welcome to visit [relative]. The staff always seem happy to see us and make sure we have privacy if we need it."

● A daily programme of activities was provided. This included activities such as exercise, music, quizzes and games, arts and crafts. There were two activities co-ordinators, one of whom specialised in working with people of Asian origin. During our inspection we observed people participating in group board games and seated exercise activities. A music therapist visited to lead a group music session. Following this session, they visited people in their rooms to play music and songs of their choice. We observed staff encouraging people to participate in activities. People told us that there was always something for them to do. One person said, "I don't do everything, but I like to join in the craft and food sessions."

● A range of 'one off' activities were also provided. These included birthday parties and celebrations of religious and cultural festivals. Themed days also took place. When we visited, people and staff were preparing for a 'Hawaiian day' with themed costumes, music and activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.
● Information about people's communication needs was included in their care plans. People and their relatives told us they knew about their care plans. The registered manager told us that they would ensure accessible care plans were provided to people should they require these.
● Some information was provided in easy to read or picture assisted formats. This included menus, information about activities and the provider's complaints procedure. The registered manager said that staff would always explain any information that people did not understand. Some staff were able to communicate with people in their first language where they did not always understand English. We observed an activities co-ordinator translating information for a person in their own language.
● A senior support worker said some people did not always understand verbal information, but they could usually understand if they were shown the same information in pictorial form or use of objects of reference. We observed them showing people pictures and objects when they were providing encouragement to choose individual activities.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "If I had any problems I would tell [staff] or [registered manager]." A family member said, "I have no complaints. When we ask [registered manager] to change something it gets sorted out immediately."
● Complaints records showed that action had been taken to address complaints and to minimise the likelihood of similar complaints recurring. We saw that complaints were discussed with the staff team to ensure that they were aware of any actions they were required to take.

End of life care and support
● At the end of their lives people were supported to remain at the service if they so wished, in familiar surroundings, supported by their family and staff who knew them well.
● Healthcare professionals including GPs and palliative care nurses had provided the service with guidance and support when people were being supported at the end of life.
● The quality of detail about people's end of life wishes and needs varied. The registered manager told us people and family members did not always wish to discuss their end of life wishes. However, staff revisited these from time to time to ensure that people were given opportunities to change their minds about this.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was supported by a deputy manager who was also the clinical lead for the home. Lead nurses took responsibility for the day to day running of each of the three units.
- People spoke highly of the registered manager and deputy manager. One person told us "I know them well. They come and check that I am OK every day."
- Staff members spoke positively of the management of the home. One staff member said, "I've been here a long time and I think the management has got better." Another told us, "The management support is very good. They are on the units every day and I can speak to a manager at any time."
- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from other management staff.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of audits and checks were carried out. The provider used learning from these to develop and improve the quality of the service provided to people.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity and independence. They were clear about their roles in supporting those goals.

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

- People, family members and professionals had the opportunity to complete feedback surveys about their views of the care and support provided at the home. The most recent survey indicated high levels of satisfaction. Regular residents and relative's meetings had taken place. These enabled people to express their views about the home and to provide feedback about any planned changes.
- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. A 'policy of the month' system had been introduced and staff were encouraged to read and refresh their knowledge of a chosen policy and procedure. We saw that information about oral hygiene was displayed on a policy of the month board in the staffroom and on the units. Easy to read information about specific health conditions such as diabetes, dementia and multiple sclerosis was

also displayed for staff, people and visitors to the home.
● People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's care plans with guidance provided for staff to enable them to meet these needs.

Continuous learning and improving care
● The Provider Information Return (PIR) provided us with details of how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.
● Information gathered from quality assurances processes were used to make improvements. For example, improvements had been made to medicines monitoring following feedback. People's care plans and care records were currently hand-written on forms. The provider was looking at developing a system for recording care plans and records 'on-line' to improve their accessibility.

Working in partnership with others
● Staff and management worked in partnership with health and social care professionals to improve the service for people. A GP visited the home every week to ensure that people who were unable to attend appointments received timely healthcare.
● People's care records showed that staff had liaised with family members and health and social care professionals to address any concerns. For example, prompt referrals had been made to professionals such as speech and language therapists, tissue viability nurses and mental health services where required.