

# Underley Educational Services Middleton Fells

## Inspection report

Middleton Fells  
Middleton  
Carnforth  
LA6 2NF

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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 Fells provides personal care and accommodation for up to 6 people who have a learning disability and/or autism. Six people were living in the home when we inspected. Accommodation is provided in individual units in an adapted older property on the outskirts of Sedburgh. There are extensive grounds and gardens.

### People's experience of using his service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People were supported by enough skilled and trained staff who were committed to supporting them to make choices and have control of their lives. People's ability to communicate and interact with staff and engage in activities had been enhanced by the involvement of other professionals to maximise people's input. Staff were able to describe the techniques and methods they followed to understand and interact effectively with people. Managers were knowledgeable about how best to support people and provided staff with support and guidance in ways that promoted people's independence.

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

### Right Care

People received person-centred care because managers and staff had completed thorough assessments of people's needs in a multi-disciplinary team setting. The support people needed was described in enough detail to guide staffs' practice. Care plans were frequently reviewed which identified people's achievements and successes and considered what might be improved. This helped maintain consistent person-centred approaches.

Staff were skilled in supporting people when they experienced distress which may lead to risk for the person or others. Managers and the team reviewed all incidents to improve understanding and learning. This had improved people's quality of life because some people had reduced periods of distress. Some people had been able to access more activities in the community and/or tolerate care and medical interventions. Staff upheld people's dignity and privacy discreetly and kindly.

### Right Culture

People were valued and empowered because the culture and values of the organisation focused on the

impact of people's experiences of learning disabilities and/or autism and strived to promote optimum opportunities to live fulfilling lives. Managers and staff were committed to the values of the organisation and promoted a positive culture in the home. The provider's induction training enhanced staff's knowledge and understanding of the aims of the organisation and the values they promoted. Managers and staff were happy working in the home and care practice reflected the values CQC expect in relation to 'Right support, Right care, Right culture'

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

The service first registered with us on 7 March 2022 and this was the first inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Fells

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector and one 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.

#### Service and service type

Middleton Fells is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Middleton Fells is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however, there was a manager who had applied to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the service first registered with us in March

2022. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived in the home and visited 3 people in their own units. We spoke with 10 staff including support staff, managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the relatives of 5 people.

We reviewed a range of records related to the management of the home including fire safety equipment, managers audits and safety certificates. We looked at the care and medicine records of 3 people. We looked around the home and saw inside 5 individual units.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse because the staff understood and followed the providers' safeguarding policies and procedures.
- The manager reported safeguarding concerns to the local authority safeguarding teams when appropriate. Internal investigations had been completed to minimise the possibility of reoccurrence.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm because the manager followed the providers' risk assessment and management procedures.
- Risks to people's safety were considered in depth and plans developed to support the person to manage those risks. Risk assessments were person centred and protected people's rights. Risks were reviewed regularly and management plans updated in response to any changes.
- Relatives told us they were confident their relations were safe in the home, one person said; "(Name) is very safe, (Name) is happy there. Staff seem very nice and this gives me confidence."
- People were protected from risks in the environment. Regular checks of fire safety equipment and procedures were carried out by staff. Safety certificates, which included, gas, electric, legionella and fire were up to date.

Using medicines safely

- People received their medicines as prescribed from staff who had been trained appropriately.
- Medicines were stored safely and in line with current guidance. People who needed medicines 'when required' received this properly because there was a protocol in place to guide staff about when to give these medicines and the dose.
- The use of 'when required' medicines was well managed. The provider was committed to minimising the use of medicines to support people's behavioral needs when they experienced distress.

Staffing and recruitment

- People were supported by committed and support staff who had been recruited safely. All necessary pre-employment checks had been completed.
- People were supported by enough staff. The manager followed the providers' systems for determining how many staff were needed, based on people's needs. Where there were vacancies, regular agency staff had been employed. Staff told us they felt there were enough staff to support people safely.
- Relatives told us, "There are a lot of new staff, there are no problems with them." And. "We are confident and happy about the care (Name) receives."

#### Learning lessons when things go wrong

- The manager followed the providers' policies to analyse and understand lessons learned from incidents.
- Incidents had been reviewed in detail by a multi-disciplinary team which helped protect people from the risk of reoccurrence and provided guidance for staff to follow.

#### Preventing and controlling infection

- We were assured staff understood and followed effective infection control procedures.
- Staff supported people to keep their homes clean and tidy.
- Relatives said they were confident the home was clean.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed thoroughly, prior to their admission to the home with involvement from a range of professionals which included; social workers and psychology staff.
- The manager and staff team continued to review and update assessments regularly which helped ensure care plans reflected any changes.
- Care records included advice from other professionals, including community health staff. This advice was followed by staff.
- People's views and choices were considered over time as staff learned more about people living in the home.

Staff support: induction, training, skills and experience

- People were supported by suitably experienced and trained staff who had the specific knowledge and skills to meet their varied and complex needs.
- The provider had a robust induction programme which supported staff to understand the experiences of people with learning disabilities and/or autism.
- Staff felt supported in their roles by managers. However some staff said they thought training in relation to supporting people when they were distressed could be better. We discussed this with the manager who agreed to address any concerns staff had with the team.

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

- People had enough to eat and drink and were able to make choices about what and when they ate or drank. Staff supported people to prepare meals in their own homes.
- At the time of inspection no one needed any dietary supplements or a modified diet.
- The quality and variety of food people chose to eat was sometimes limited. The manager will consider people's longer term nutritional needs with input from other professionals if needed.

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

- People were supported to achieve optimum health. Care records included details of any medical needs and conditions which people needed support to manage.
- Staff supported people to attend regular health screening. Where people living in the home found medical procedures difficult to tolerate, staff were skilled in supporting them to develop tolerance over time.
- Relatives were confident their relations had access to medical attention when they needed it.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was compliant with the principles of the MCA.
- Legal authorisations to deprive people of their liberty had been sought from the appropriate authorities.
- The manager had ensured people's capacity to make particular decisions had been recorded and any decisions taken on their behalf, were in their best interests and the least restrictive option.
- Staff were trained and knowledgeable about the importance of getting consent. We saw staff involving people in day to day decisions in ways that promoted their involvement.
- Where closed circuit televisions were used to observe from a distance the manager had ensured this had been agreed as the least restrictive option, through the best interest process with the involvement and agreement of relatives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People were supported by kind and compassionate staff who were committed to supporting people in ways that respected their equality needs.
- Care records included important information about people's experiences and preferences. Staff were skilled at responding to people's individual needs.

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

- People had been supported to be involved in making decisions about their care because staff were skilled in understanding the different ways people living in the home experienced day to day life. We saw staff working patiently with people to seek their views and respond to their expressions.
- One relative told us "Yes, I can tell [Name] is happy there, [Name] is not verbal but I'd be able to tell if he was not happy."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected because the provider followed their own procedures to maintain confidentiality. Care records were stored securely and staff access to information via laptops was secure.
- People's dignity was promoted by staff. Staff described how they ensured people were supported in respectful ways. One relative said, "They treat [Name] with dignity and respect."
- People were supported to develop and maintain their independence by staff. Staff described how they encouraged people to do as much as possible for themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received person-centred care which reflected their needs and preferences. Care plans were detailed and key elements of their care had been reviewed each month in a multi-disciplinary team meeting. Relatives' views were also sought.
- Relatives told us staff knew their relations well, though they acknowledged new staff may need more time to get to know people.
- Care plans included regular updates to reflect the findings of the review meetings. Where necessary referrals had been made to other professionals including speech and language therapist for input and support.
- Staff were skilled in understanding how people living in the home engaged with support and what was important to them.
- A keyworker system had been introduced to improve people's quality of care experience. Keyworkers had specific roles and responsibilities which helped promote consistency.

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 living in the home had goal planning and activity plans which included things that were important to them. People had access to a wide range of activities including; local community visits, shops, swimming, trampolining and drives in the countryside. The manager was focusing on increasing and improving the frequency of activities. There were also activities available in the home, including gardens with equipment such as a swing.
- Some staff identified that one obstacle had been a lack of access to vehicles. The home is in a very rural area. We raised this with the manager who is seeking to resolve this.
- Relatives were able to have regular contact with their relations at the home. Where people living in the home might visit family at the weekend, staff supported them to get there.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had met this standard. Information had been provided in ways that supported people's

understanding.

- A variety of methods to support communication had been developed and used by staff. The speech and language therapist had developed, talking mats and communication systems to promote people's involvement.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure to investigate any concerns. This was followed by the manager and staff. At the time of this inspection there had not been any complaints.

- Relatives felt able to raise any concerns they may have with staff and managers. Comments included; "I would raise things with the manager." And "I can raise anything, they have a keyworker. Our rapport with manager's is excellent." And "I have no concerns, luckily everything has been 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to achieve positive outcomes based on their individual needs and preferences. This was achieved because the culture in the home, promoted by the manager, was person-centred and understood by staff.
- Relatives told us there was a good atmosphere in the home. Comments included; "When I visited it has always been good." And. "The atmosphere is happy and relaxed." And, "Staff are supportive and understand [Name] needs, staff are fond of [Name] and they can build relationships with them.
- Staff enjoyed working in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received consistent good quality support because the manager was clear with staff about their roles and the quality of care and support they expected them to achieve.
- Staff said the manager was very clear about their expectations and they felt well supported to achieve this at work. Staff praised the positive team work in the home.
- The provider had a clear audit timetable to review and assess the quality of care records, care practice and the premises. The manager kept these up to date. Some issues relating to one of the units was in the process of being addressed.
- The manager was aware of their obligations in relation to the duty of candour. Relatives had been kept up to date regularly about any matters concerning their relations.
- Other professionals involved confirmed they were kept up to date and involved in regular meetings.
- The manager ensured notifications were submitted to the appropriate agencies when required. This included CQC and Local Authority commissioners.

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

- People living in the home were involved with matters which were important to them. Staff promoted people's understanding to help them to engage.
- Relatives told us, they had not attended any relative meetings or received a questionnaire recently. However, relatives said they had regular contact with the staff and managers and felt listened to if they needed to raise anything.

- Care records included details of people's life experiences and their culture and diversity needs.

Continuous learning and improving care; Working in partnership with others

- The manager and staff had opportunities to develop their skills and knowledge further. The provider offered some staff had opportunities to undertake further qualifications.
- Partner organisations told us they had regular contact with the service and were able to attend regular meetings and reviews which helped ensure people's needs were overseen and understood.