

Barchester Healthcare Homes Limited

Middletown Grange

Inspection report

Middletown

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Middletown Grange on 5 August 2015. Middletown Grange provides nursing care for people over the age of 65. Some people at the home were living with dementia. The home offers a service for up to 56 people. At the time of our visit 53 people were using the service. This was an unannounced inspection.

We carried out an unannounced comprehensive inspection of this service on 9 and 10 April 2015. We found a number of breaches of the legal requirements. These breaches were in relation to short staffing within the home and concerns that people were not receiving safe care and treatment. Staff did not always receive

supervision and support from the management. People's care records were not always current and accurate and service was not always well led. The service did not always inform us of notifiable events. Following our inspection, we issued a warning notice to the provider requesting they take action to meet the fundamental standards in relation to staffing and good governance by 30 June 2015.

We undertook this focused inspection to check the service now met the legal requirements. This report

Summary of findings

covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Middletown Grange on our website at www.cqc.org.uk

There wasn't a registered manager at the service. The provider was in the process of recruiting a manager. In the interim the deputy manager was being supported by a registered manager from another of the provider's homes on a day to day basis. 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. A new manager had been employed by the provider and was starting the process to register with CQC.

People did not always have access to activities and stimulation from staff in the home. Activities were not structured to people's interests. People told us there wasn't always much to do, however other people told us they were happy. We discussed these concerns with the deputy manager and covering manager who informed us a new activity co-ordinator had been employed, and staff were to receive coaching on dementia care and activities.

Some staff did not ensure people were assisted to mobilise safely. We raised these concerns with the deputy manager and covering manager who took immediate action to ensure people were assisted to move safely. We were reassured with the action taken and that people were protected from further harm.

There were now enough staff deployed to meet people's needs within the home. Staff had time to meet people's care needs and spend time with people. Some staff raised concerns about staffing on the ground floor, however the manager was managing this situation and people's needs were being met.

People who were at risk of pressure damage were supported to reposition and were protected from further damage. Staff supported people with their dietary needs.

The building had some areas which were in need of refurbishment, communal areas on the first floor were often crowded. We discussed this with the deputy manager and manager covering the home, who had a detailed plan to improve the environment.

Staff received access to support and supervision from the home's senior staff. All staff spoke positively about the support they received.

Staff had good awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). People living in the home under a DoLS authorisation were being cared for in the least restrictive way.

People's care plans were current and reflected their needs. Care plans contained detailed information on people, their needs and their life histories. Staff spoke positively about the information included in people's care plans.

The provider informed us of all notifiable incidents. The provider had clear audits in place at the home. These audits were used to improve the quality of the service. The deputy manager and covering manager had a clear plan to develop and improve the home. Staff spoke positively about the management and direction they had from the provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were enough staff to meet the needs of people. The management had clear guidance to ensure there were always enough staff deployed.

People received safe care and treatment. Where risks had been identified the management and staff took appropriate action. The manager took immediate action to address unsafe care and treatment.

The management had a clear plan of refurbishment to ensure the premises of the home were safe and clean.

We could not improve the rating for safe from April 2015 because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service effective?

The service was effective. Staff received appropriate access to care and support.

People who were being deprived under their liberty were being cared for in the least restrictive way. Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards.

We could not improve the rating for effective from April 2015 because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service responsive?

The service was not always responsive. People did not always receive activities or stimulation which met their needs or preferences. Staff did not always engage with people and ensure care was person centred.

People's care plans were current and reflected their needs. Staff ensured records were maintained.

Requires improvement



Is the service well-led?

The service was well led. The management had taken clear steps to identify concerns and improve the quality of the service.

The provider was informing us of notifiable incidents in accordance with our regulations.

We could not improve the rating for well-led from April 2015 because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Middletown Grange

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 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.

This inspection took place on 5 August 2015. This was an unannounced inspection. The inspection team consisted of three inspectors, a specialist advisor in nursing care 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about

important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with 14 of the 53 people who were living at Middletown Grange. We also spoke to five people's relatives and visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three registered nurses, seven care workers, an activity co-ordinator, the deputy manager, a registered manager from another of the provider's care homes and the home's chef. We looked around the home and observed the way staff interacted with people.

We looked at 10 people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

When we last inspected the service in April 2015 we found there was not always enough staff to meet people's needs. As there was not always enough staff people did not always receive safe care and treatment. These concerns were breaches of regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to the provider requesting they meet regulation 18 (staffing) by 30 June 2015. At this inspection (August 2015) we found action had been taken to meet the fundamental standards.

There were now enough staff to meet people's needs. The provider had reviewed their dependency tool (a tool which identifies the amount of staff are required to be deployed to meet people's needs). Using the dependency tool, the provider had deployed an additional member of staff to ensure people's needs were met. Staff rota's showed the amount of staff deployed was in accordance with the provider's dependency tool.

People told us staff were available to meet their needs. Comments included: "I feel safe and sound here. People know me and know who I am. I know that carers don't disappear; usually the same people look after me", "The staff come when I ask for them" and "I get good safe support from people who know me." One relative told us, "There are always staff around if I need them. They [relative] has really settled here.

Staff on the first floor told us the extra member of staff enabled them to meet people's needs. Comments included: "Everything is fine. We have increased numbers of staff. It's good now, there is always someone in the lounge and kitchen staff help", "We have enough staff to meet people's needs" and "We have time to assist people with food, drink and repositioning."

We observed there was a calm and pleasant atmosphere in the home, opposed to the chaotic atmosphere in April 2015. Staff had time to spend with people, however not all staff used this time to engage with people in a meaningful way. We observed one member of staff sat with people in the home's dementia lounge, however this member of staff did not engage with people with activities during this time.

Staff on the ground floor raised concerns with us about staffing. They told us they had the staff to meet people's needs, however felt busy. We discussed these concerns with the deputy manager and covering manager. They told us they were currently managing staff sickness levels through supervisions and meetings. On the day of our inspection, a staff member had called in sick and the management had sought cover from their existing staff. This ensured there were enough staff to meet people's needs.

People were being protected from the risks associated with their care. Staff had clear guidance on how to assist people who required repositioning to protect them from pressure damage. Staff ensured they assisted people in accordance with their care plan and documented the action they had taken.

We observed two care staff assisting people to move with techniques which could cause injury to the person and themselves. We immediately informed the nurse in charge about our concerns who informed us they were aware of this concern and had spoken to the staff the day before our inspection. We raised this concern to the deputy manager and covering manager. They informed us they would take immediate action to ensure people were safe and staff assisted people to mobilise safely. Following our inspection the deputy manager informed us both staff had been spoken with and had realised what they had done wrong. Staff had been retrained and would be observed to ensure good and safe practices were implemented. The deputy manager informed us they had taken action to ensure people were safe and protected from this harm.

During our visit we found a number of rooms which posed a risk to people who could use them. For example, two bathrooms were unable to be cleaned effectively and posed an infection control risk to people and staff. We discussed these concerns with the covering manager, who informed us they were aware and that the rooms were not in use. They provided us a clear action plan from the provider about refurbishments required to the home. These refurbishments were aimed to be completed by November 2015. We were reassured by the immediate action taken by the provider in response to the concerns raised by the manager.

Is the service effective?

Our findings

When we last inspected the service in April 2015 we found staff did not have guidance around how to deal with people who exhibited behaviours which challenged. People who were living under Deprivation of Liberty Safeguards were not always being supported effectively. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. Care and nursing staff did not always receive a supervision or appraisal. These concerns were breaches of regulation 18 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices to the provider. They gave us an action plan which informed us all actions would be completed by the end of June 2015. At this inspection (August 2015) we found action had been taken to meet the fundamental standards.

Staff had clear guidance on how to assist people who exhibited behaviours which challenge. One person's care plan contained clear guidance on how staff should reassure the person when they were anxious. The care plan also contained indicators for staff to be aware of, which could help them support the person and stop them becoming anxious. Staff knew how to assist people, one staff member said, "We can tell when they're getting upset. We talk to them and reassure them. Talking to them and explaining what we do really helps." This person's daily care notes, showed how staff positively supported them when they were anxious or when staff had identified they were getting agitated.

People who lived under Deprivation of Liberty Safeguards were being supported effectively. One person was under

DoLS as they were not able to leave the home unsupervised and were under continuous supervision. Staff ensured the person was supervised and took the person to the home's lounge everyday to ensure they were being stimulated. The person's care notes showed this had a positive impact on their daily life.

Staff understood their responsibilities under The Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). One person had a best interest assessment over their care and treatment, including their accommodation. Care staff, the person's GP, family and social worker were involved in this decision. The person's views were also sought and it was in their best interest to stay at the service.

Staff spoke positively about the support they were receiving from the management. Comments included: "Things have got better. I feel supported", "I feel supported, I have supervision" and "I have had appraisal, supervisions. I've done supervision on the floor." Supervision records showed staff had frequent supervision. The managements was using supervisions to discuss issues, staff training needs and also to challenge poor practice in the home.

Staff told us they had the training to meet people's needs. This included training around safeguarding, dementia, moving and handling and infection control. We observed staff were aware of people's needs, however some staff were task orientated. These staff did not engage with people in a meaningful way. We discussed these concerns with the manager who informed us training was being provided by the provider to ensure staff were confident in engaging with people and providing activities and stimulation.

Is the service responsive?

Our findings

When we last inspected the service in April 2015 we found people's care plans were not always current and accurate. This concern was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had spoke positively about the activity co-ordinator, however there was limited activities due to the number of staff deployed. They gave us an action plan which informed us all actions would be completed by the end of June 2015. At this inspection (August 2015) we found action had been taken to meet the fundamental standards from our last inspection, however we had additional concerns about the responsiveness of the service.

People and their relatives told us there was not always enough to do in the home. Comments included: "There's not enough to do here. Can get really boring just sitting", "Not enough activities to do here. People don't give us anything to do" and "There doesn't always seem too much going on."

The home had two activities co-ordinators. One of these co-ordinators was on annual leave and the other had just started working in the role. There were no contingency plans in place to ensure their was meaningful activities throughout the home.

Staff did not engage with people in a meaningful way. We observed staff spend time with people throughout our inspection. In the dementia lounge a staff member was always present, however they spent time sat with people by writing in care plans. A number of people in the room were asleep and went for periods of time without engagement from staff, even though they were present. There was no activities structured to people's needs. We discussed these concerns with the management of the home. They informed us of they were aware of the concerns and were providing training to staff to ensure people received access to activities which were important to them.

These concerns were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the new activity co-ordinator who had good ideas for developing the scope and range of activities within the home. These include developing links with schools and the local animal care college.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. People's care records showed where people and their relatives had been involved in planning their care and documenting their preferences. Each care plan documented if people wished to have a male or a female care worker, and what parts of their personal care they liked to do themselves.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. People told us they were involved in planning their care. We also saw where appropriate, people signed documents in their care plan which showed they wished to be involved. One person explained how they were involved in their care, and had made decisions about how they wished for staff to promote their independence. This was clearly recorded in the person's care plan.

Where necessary, people's relatives were involved in their healthcare needs. One relative said, "We regularly discuss my mum's care plan and staff let me know if anything changes straight away". Relatives also told us they attended assessment and review meetings and felt their voice was heard. One relative told us their input into their relatives care was valued and acted on. They said "I am in constant contact with their carer and I get good feedback."

Is the service well-led?

Our findings

When we last inspected the service in April 2015 we found the provider and former manager did not have effective systems to monitor the quality of the service. The views of people, their relatives and staff were not always acted upon. This concern was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider and manager did not inform us of all notifiable incidents which occurred in the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. We issued the provider a warning notice in relation to regulation 17 for the provider to take action by 30 June 2015.

Following our inspection in April 2015, the provider and manager had informed us of notifiable events within the home. Notifications regarding allegations and abuse and accidents had been made in accordance with the regulation.

The provider and manager had effective systems to monitor and improve the quality of care they provided. Audits were carried out by the provider which identified concerns. Where concerns had been identified, clear plans had been put in place to improve the quality of the service. On one audit had identified concerns around the home's environment. The covering manager had acted on these concerns by ensuring all carpets were cleaned, before arranging with the provider for carpets to be changed.

The provider carried out visits to the home to ensure people received a quality service. At these visits, the provider had identified improvements were needed around meal times and how these were managed. Clear actions were in place regarding how this was to be managed by the management team. The covering manager also informed us they were making changes to the home, to ensure the well being of people living with dementia on the first floor was improved.

Incidents and accidents were recorded by nursing and care staff when they occurred. The manager looked at these

records to identify any possible trends when accidents had occurred. The manager was proactive in identifying these trends and had ensured information was shared with local healthcare professionals. The manager used this information to ensure people were protected from the risk of repeated incidents.

The management acted upon the concerns of staff. Staff had raised concerns about the supply of hot water in the home. The manager took immediate action and ensured that the homes boiler was serviced. Further temperature checks were carried out which showed there was still a concern around the supply of hot water. Action had been taken and a part had been ordered for the boiler to ensure normal service resumed. Staff were given guidance on actions they needed to take to ensure people had access to hot water.

The management ensured people and their relatives were informed about changes within the service. The management arranged a meeting to discuss our last inspection and further changes to the home. This ensured relatives had the information they needed as well as the opportunity to voice their views. At the most recent meeting people and their relatives spoke positively about the care in the home and the amount of activities available.

Staff spoke positively about the changes and the provider. Staff told us following the last inspection they had received full support from the provider and felt confident in discussing their concerns openly. The management were promoting a open, proactive and caring culture. Staff were being reminded of their responsibilities and these responsibilities were being promoted through day to day contact, supervisions and team meetings.

There was a clear action plan in place for the service to continue to develop and improve. This was informed by audits, provider visits and comments from people, their relatives and staff. While a number of actions had only just started there was clear interim leadership in place to help improve the service. We spoke with local authority commissioners, who informed us they were happy with the progress the service was making.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	How the regulation was not being met: People did not receive activities, stimulation or engagement which met their needs or preferences. Staff did not always engage with people and ensure care was person centred. Regulation 9 (1)(a)(b)(c).