

Hampton (Midland Care) Ltd

# Midland Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Midland Care Home is a care home, providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

The home is set out over 3 floors. Each floor can be accessed via a lift and has a communal dining and lounge area. At the time of the inspection only the ground floor was in use.

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

Risks to people required further review and improvement to ensure risks were consistently monitored and mitigated. Systems and processes required some further development to ensure effective oversight of all aspects of the safety and quality of the service. We have made recommendation for this to be actioned.

The provider and management team were open and honest when things went wrong and there was evidence of lessons learned.

Care was person centred, people were encouraged to be involved and make their own decisions and choices as much as possible. Family members were involved in developing care plans and were kept up to date with changes for their relative.

The provider and management team had started a regular program of staff and resident meetings to seek feedback and a supervision schedule for staff had been implemented. Staff suggestions were listened to and acted upon. The provider and management team were reviewing staffing numbers as a result of staff feedback.

Medicines were managed safely.

The home was clean and well maintained, extra infection control measures to mitigate the risks of COVID-19 were in place. Appropriate PPE was available to staff and used as per government guidance.

People were protected from the risk of abuse by staff who had been recruited safely. Staff were trained in recognising the signs of abuse and how to report it.

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.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 19 August 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 19 August 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focussed inspection of this service on 29 June 2020. Breaches of safe care and treatment and good governance were found. The provider was issued with a warning notice after the last inspection to tell them they needed to improve and by when to improve.

We undertook this focused inspection to check they had complied with the warning notice, to check the quality and safety of the service and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Midland Care Home on our website at [www.cqc.org.uk](http://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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Midland 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Midland Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A home manager was in place who was in the process of registering with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service a short notice period of the inspection. This was to help the service and us manage the risks associated with COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. 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.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, the manager, the compliance manager, two care workers, one senior care worker and two nurses.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at records in relation to infection control and maintenance and a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rota's, recruitment records, people's care records and quality assurance records.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and we were not fully assured of people's safety. There was some risk that people could be harmed.

This inspection included checking if the provider had met the requirements of the warning notice we previously served.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People had individualised risk assessments in place with measures in place to reduce risk. However, some people's risk assessments had not been updated to reflect current risk. For example, one person who was at risk of choking had not had the risk assessment updated to reflect a current issue. This meant that staff did not have the latest information available to support the person.
- Individualised personal emergency evacuation plans (PEEP's) were in place to support staff and emergency services with a safe evacuation. Although these records were reviewed regularly, some of the information was confusing or incorrect. Some PEEP's detailed two different room numbers and the information did not consistently match the emergency grab sheet. This meant people were at potential risk in an emergency evacuation. PEEP's were reviewed and amended following the inspection, this will need to be continued and embedded in practice.
- People received regular monitoring to mitigate risk. There were some inconsistencies in monitoring. For example, bowel charts for a person at risk of constipation had not been consistently completed by staff. Other risks were well managed. For example, people who were at risk of malnutrition were weighed regularly and referred to dietitians where required and people who experienced a fall were monitored for a period of time for deterioration in health.

### Staffing and recruitment

- Staff numbers were calculated using a dependency tool and records showed that the recommended amount of staff were deployed across shifts. The manager had received some staff feedback that staffing numbers may require increasing. The manager had taken advice regarding an alternative tool and was in the process of reviewing staff numbers at the time of the inspection. This would need to be continued and changes made as and when required to ensure people's needs were being met.
- Staff were recruited safely. A robust system ensured that only suitable staff were employed, this included reference checking, ID checks and an interview selection process. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record

and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding and had a good understanding of recognising the signs of abuse and how to report it. Staff had access to the safeguarding and whistleblowing policies for guidance if needed.
- People told us they felt safe and appeared comfortable and relaxed around staff. One relative said, "I am reassured that [relative] is safe."

Using medicines safely

- Medicines were administered, stored and disposed of safely by staff who were registered nurses. Staff were competency checked regularly by the manager who was also a registered nurse.
- People received their medicines as prescribed and there was clear guidance in place to support staff to administer safely. People who may require rescue medicines were monitored appropriately and there were protocols in place to support staff with monitoring and decision making.

Preventing and controlling infection

- The home was clean and free from malodour. Cleaning schedules were in place to support staff and included frequent cleaning of high touch areas.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons had been learned when things went wrong. For example, we saw evidence of changes made to improve outcomes for people following falls such as, ensuring medicines reviews took place and people were referred to specialists for supportive equipment. There had been a positive impact for people and falls in the home had reduced.
- Accidents and incidents were recorded and a system was in place to analyse for trends and patterns.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, safe care.

This inspection included checking if the provider had met the requirements of the warning notice we previously served.

At our last inspection the provider had failed to ensure effective oversight of the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Systems and processes had not identified the issues and gaps we found in risk management and record keeping during the inspection. However, there was evidence of improvement since our last inspection. Audit systems needed further development to ensure all areas of record keeping were consistently monitored and gaps identified to ensure peoples safety.
- Some equipment safety checks were not being recorded. For example, staff were visually checking mattress settings and falls mat alarms daily for people at risk of pressure sores and falls. However, there was no system in place for recording and monitoring. The provider had a new system for recording these checks which would need to implemented and embedded in practice.
- People had individualised, decision specific mental capacity assessments in place. We identified one person to have conflicting information on capacity that would require review.
- The management team had implemented a system of monitoring deprivation of liberty safeguards (DoLs) and where a person had a condition on their DoLs this was being met.
- The building was well maintained with regular safety checks taking place including, gas, fire and water safety checks. Staff were reporting and recording any maintenance issues and these were addressed promptly.

We recommend that audits are reviewed to ensure all areas of the safety and quality of the service are monitored.

Continuous learning and improving care

- The provider had recognised the need to improve systems to ensure the safety and quality of the service. They had commissioned and implemented an electronic care records and monitoring system, that although in its infancy, and still hadn't fully addressed consistently completed records, there was evidence that record

keeping had improved. A staff member told us, "The hand held devices (used for staff to record notes in real time) are great, we can look at an overview of people's care plans really easily and check any changes in risk for people".

- The provider had recently recruited a quality and compliance manager who was supporting the home with improvements. For example, a comprehensive workbook had been launched to support the management team to maintain effective oversight of people's care and risk, including, weight and nutrition, falls, wound care and safeguarding. These improvements would need to be continued and embedded into practice to ensure all areas were addressed. One staff member said, "I have been here for [number of years] and I can definitely see a difference, the service has improved".

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

- The management team had implemented a staff meetings schedule and a system to ensure staff received regular supervision and appraisal. This would need to be continued and embedded in practice. Staff comments and suggestions were recorded and acted upon where needed. One staff member told us, "The management team are good you can talk to them, they are approachable."
- Relatives told us they were developing good relationships with the new management team and they were kept up to date with changes for their relative.
- Where people experienced difficulty with communication or sensory impairment, care plans contained detailed guidance on how best to communicate and support choice and inclusion. For example, one person's care plan detailed what to talk about to encourage engagement and also detailed the importance of physical touch to support the person to engage.

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

- Care was person centred; the management team had ensured care plans contained enough information to support staff with providing person centred care. For example, people had a thorough life history and details on relationships that were important to them. One relative told us the family were in the process of helping the home rewrite their relatives care plan to ensure it was person centred to them.
- People's preferences around personal care were respected. One relative explained a particular personal care task which was important to their relative. On a recent video call the relative could see this task had been well supported and said, "[Relative] looked really well, which was lovely as this would have been important to [relative] before their illness, they [staff] were making an effort to look after her."
- People were supported with making their own choices and decisions as much as possible. One person had been supported around making a risk-based decision, which showed that positive risk was supported. Another person had an interest in helping staff with minor duties and was choosing to help, this had been supported including providing the person with a uniform to help them feel part of the staff team.

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

- The provider and management team had a good understanding of the duty of candour and had reported incidents appropriately to the local authority and the care quality commission.
- Relatives were informed of accidents and incidents and advised of any follow up action taken. One relative said, "[Relative] has had a few [minor incidents], they (staff) have notified me, kept me up to date".

Working in partnership with others

- The provider and management team were working in partnership with other health care professionals to ensure good outcomes for people. For example, people were referred to falls teams, GP's and foot care

specialists appropriately and equipment was reviewed with the goal of reducing the number of falls for people. This had had a positive impact and falls in the home had decreased since our last inspection.