

Prime Life Limited

Middlefield House Nursing Home

Inspection report

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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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Middlefield House Nursing Home is a nursing home that provides personal and nursing care for up to 18 people with learning disabilities, autistic spectrum disorder or associated physical needs. At the time of this inspection, 17 people were using the service.

The provider's quality assurance systems were not always effective at monitoring and improving the service people received. They had not identified issues we found during our inspection, and parts of the service provision were not monitored. These included the mealtime experience, and whether support provided to people was in line with current best practice guidance. Records were not always kept up to date, and some had not been completed.

Staffing levels did not always meet people's needs. People had not always received personalised care due to staffing levels. Staff had not received supervision in line with the provider's policy. Staff training was not up to date.

In June 2017, The Care Quality Commission published 'Registering the Right Support'. This, along with associated good practice guidance, sets out the values and standards of support expected for services supporting people with a learning disability. At this inspection, we assessed the service in line with this guidance. The care service has not been developed and designed in line with the values that underpin 'Registering the Right Support'. These values include choice, promotion of independence and inclusion, and people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: As a larger care home catering for up to 18 people, Middlefield House does not meet current best practice guidance for supporting people to live as ordinary a life-style as possible. The Department of Health states that best practice is for people with a learning disability to live in 'small, local, community based settings.' The size, layout and staffing arrangements at Middlefield House meant that it did not feel or operate as people's own home. Staff wore uniforms and a large sign outside the service advertised the service. People who required support to learn or retain everyday living skills were not always provided with individualised support.

We have made a recommendation that the provider follow best practice for people with a learning disability to ensure the principles of choice, independence, inclusion and living as ordinary a life as any citizen are implemented throughout the service they provide.

The provider had systems in place to protect people from the risk of harm and staff knew how to keep people safe. Risk assessments were in place, which provided staff with guidance on how to maintain people's safety. The provider followed safe recruitment procedures and processes.

Staff knew people and their needs well. People were cared for by kind and caring staff. Relatives gave consistent, positive feedback about the service and said they were happy with the care their family member

received.

Care plans were detailed and were developed in line with people's preferences. These were in accessible formats and included information from external healthcare professionals.

People's health was well managed and the service maintained positive links with healthcare professionals. Medicines were managed safely and people's dietary needs were met.

Some adaptations had been made to the premises to support people with their moving and handling needs. People had access to communal spaces which included a sensory room.

Complaints were managed in line with the provider's policy. People and their relatives were provided with information on how to complain.

Staff told us they were supported by management and felt able to raise concerns.

Rating at last inspection: Good (date published 3 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around staffing and governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Middlefield House Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: The service provides nursing and personal care and support for up to 18 people who have learning disabilities, or autistic spectrum disorder and associated physical needs. 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: The inspection was unannounced.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also reviewed all other information sent to us from other people or agencies, for example the local authority.

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 also spoke with three staff, the registered manager and the regional manager during our visit. We received feedback from two health and social care professional. Following our visit, we had telephone conversations with relatives of three people who used the service.

We reviewed two people's care records including daily care records. We also looked at the medication administration records (MARs) for all people who used the service. We looked at records relating to the management of the service, which included, policies and procedures, training records and recruitment records of staff.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing.

- Staffing levels did not ensure that people's needs were met in a timely way. The registered manager told us staffing levels were based on the assessment of people's needs and commissioned funding arrangements. People who used the service were accommodated for both residential and nursing care. Four people required two staff to support them with their personal care needs, all other people needed the assistance of one member of staff. The registered manager explained that staffing levels for the home included three members of care staff and one nurse between 8am and 8pm, with an additional staff member between 7pm and 10pm. Some people had agreed one-one hours and additional staff were provided to cover this. The number of staff available to support people to become more independent, and to live as ordinary a life as any citizen did not always meet best practice guidance.
- Our observations were that at mealtimes people had to wait for assistance from staff. The nurse was observed supervising 13 people who were waiting for their breakfast at the same time as administering medicines. The cook did not start work until 11am which meant staff were responsible for the preparation and serving of breakfast. Staff were required to provide assistance to some people to eat their meals. The registered manager told us all other members of staff were busy assisting people with their personal care needs.
- At lunchtime, one person waited 15 minutes until they were served their meal. This was because staff were not available to assist them. One staff member was assisting two people with their meal. One person required prompting; but they were both seated in different areas of the dining room. This meant the staff member had to get up from their chair and move to prompt the other person. This interrupted the meal time experience for both people.
- Staff told us there were times when they were very busy and people had to wait. This was usually at mealtimes, especially at breakfast, when they were assisting people with their personal care needs. They also told us that most people had lived at the service for a long time and their needs had changed as they got older. Staff told us people's personal care needs were not always taken into account when staffing levels were organised. We spoke with the regional manager about staffing levels at the service. They told us these were organised in line with people's needs and funding arrangements, therefore, they could not provide additional staffing.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management.

- The premises were not always well maintained. We found issues, which had not been identified by the provider. These included, mould on the wall in the reception area and water damaged wooden casing in

bathrooms and toilets around pipework. Following the inspection, the registered manager emailed us to tell us a plan of works had been scheduled to make improvements to the premises.

- Fire safety measures were not always robust. The registered manager confirmed that staff had not completed a practised evacuation in the last 12 months. Fire drills took place regularly but records relating to this were not comprehensive. The registered manager told us they would arrange a practised evacuation and ensure that record keeping improved in relation to fire drills.
- People had personal emergency evacuation plans which included their name, the level of assistance they required, how they communicated and any behavioural issues. Information on what action to take in the event of a fire was displayed in one of the communal lounges. This included pictorial information to aid people's understanding.
- Regular safety checks took place to help ensure equipment used to assist people was safe.
- People were supported and protected against the risk of avoidable harm. Each person had detailed, personalised risk assessments. However, these were not regularly reviewed.
- Care plans clearly identified what staff needed to do to keep people safe. During the inspection, we saw that instructions in care plans were followed.

Systems and processes.

- The provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse.
- Staff told us they had completed safeguarding training. Our review of training records showed that one staff member had not completed safeguarding training and three staff had not completed refresher training due in 2017.
- Staff knew the different types of abuse, the signs and symptoms which would alert them to concerns and the action to take to refer to other agencies.
- Relatives told us they had no concerns about the service and felt their family member was safe. Comments included, "I would know if there was anything to worry about, for example, if my family member did not want to return there after we have been on a trip out" and "I have never had any concerns about the safety of the place. I think the staff do a lot to ensure people are safe."
- The provider's recruitment process was robust. Staff records showed that disclosure and barring service (DBS) checks had been completed at the time they were employed. For staff who had worked at the service for a number of years, these checks had not been updated. The provider recruitment policy did not include any guidance on this. The regional manager told us a new recruitment policy was being drafted, which would include appropriate guidance for managers.

Using medicines safely.

- Medicines were stored and administered safely. Nursing staff administered medication to people, and competency checks had been undertaken by the registered manager.
- Medication administration records confirmed people had received their medicines as prescribed. Guidance for administration of 'as required' medicines was in place for staff to follow. For example, one person was prescribed pain relief. The guidance explained the behaviours that the person would display when they were in pain. This meant staff would know when to administer the person's medication.
- Audits and checks were carried out by the registered manager. Where errors were found during audit checks, we saw these were investigated.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections.
- The environment was clean and equipment used to support people was safe and well maintained.

Learning lessons when things go wrong.

- The provider had a system for analysing incidents and accidents to learn from them.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.
- Staff were aware of the reporting procedures for accidents and incidents.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience.

- Staff training was not up to date. The training matrix kept by the registered manager showed some staff had not completed training in subjects such as safeguarding and first aid. Other staff had not had their training updated. Following the inspection, we were sent dates by the registered manager to show that training was booked for staff.
- Staff supervision sessions had not taken place in line with the provider's policy; there were no records available to show that staff had accessed six individual supervisions per year. A member of staff who had worked at the service since March 2018 had attended one supervision session. The registered manager told us group supervisions were carried out sometimes at handovers, and included discussions of topics such as safeguarding.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed an induction before they commenced in their role. This included training and shadowing experienced staff at the service. One member of staff told us, "The shadowing shifts really helped me get a feel for the role. I was able to get to know the people I would be supporting too."

Supporting people to eat and drink enough with choice in a balanced diet.

- The lunchtime meal was not well organised due to a broken oven and availability of staff. People were not provided with a choice. One person complained they did not like the food. The staff provided an alternative for the person but other people, who were unable to communicate, were not offered an alternative. The registered manager told us this was not how they usually supported people. The registered manager took immediate action to ensure people would have a choice for their evening meal. A date for replacement equipment to be delivered was sought.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals.
- People who preferred not to have their meals in the main dining room were supported by staff to eat in other areas of the service.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- Staff worked closely with healthcare professionals such as GPs, dieticians and occupational therapists. Their advice was included in care records. A visiting professional told us staff were very knowledgeable

about people's needs and supported them well.

- People were supported to maintain good health. People received an annual health check and had hospital passports as per best practice guidance. Health action plans were in place for each person. A health action plan identifies the person's health needs, what will happen about them and who will help, and when this will be reviewed.

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

- The premises of the service were not purpose built. There were no facilities to provide people with the opportunity to learn and develop skills to promote their independence. For example, people could not access the main kitchen. Therefore, they were not able to develop cooking skills, or make drinks and snacks for themselves.
- Some aids and adaptations were provided to support people with their mobility and personal care. This included specialist chairs and beds, grab rails and accessible shower's. A sensory room was available for people to use for relaxation and to experience visual and touch sensations. We saw one person using this room and they looked comfortable and relaxed.
- People's bedrooms were furnished and decorated in line with their hobbies and interests. For example, one person who was interested in farming, had model tractors, and pictures of tractors on their walls.
- A relative told us, "I always check [Names] bedroom and it's nice to see they have all their personal bits around them. I know they enjoy spending time in there. The staff have done a lovely job of making it nice for them."

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw appropriate DoLS applications were in place and staff demonstrated a good understanding of the legislation.
- People's records contained a range of decision-specific capacity assessments and best interest decisions. Records we reviewed showed people's rights and freedoms were respected. Where appropriate, relatives were involved and their feedback was included on how they wanted their family member's care to be delivered.
- Staff were knowledgeable about MCA. Comments included, "We give people as much choice as we can. They are involved, and in their own ways are able to express what they want to do" and "We always explain what we need to do for people. Even for those who cannot communicate verbally, we know from their body language, and facial expressions if they are ok with something or not. People have lived here a long time and we know them very well. We know their preferences."
- A full assessment of people's needs was completed prior to them moving into the service. Records showed involvement of health and social care professionals such as specialist nurses for people's physical and mental health needs. The assessments were used to develop care plans and these provided guidance to staff on how to support people.

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.

People were not always well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People were not always supported by staff to make decisions about their care. Staff time was limited and did always not allow them to spend the time needed with people to engage them and involve them in decision-making. We observed staff's approach to be caring, but they completed tasks for people rather than enabling people to do things for themselves. For example, one person gestured on several occasions that they would like a drink. They were told by staff, that they would be made one soon. We asked if the person could get themselves a drink and staff told us that people were not allowed to access the kitchen.
- Relatives told us they felt involved in their family members care. One relative told us, "The staff are very good at contacting us about decisions. We have also attend meetings where that kind of thing was discussed."
- People who used the service had access to advocacy support. An advocate is someone who supports people to make sure their wishes and views are heard on matters that are important to them.

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

- People were observed to be content and happy in staff presence. Staff took time to explain things to people in a calm and patient way and people responded well. Staff were respectful when they spoke to people. It was clear they know people well.
- Staff spoke warmly about the people they supported. One member of staff told us they had invited people who used the service to their wedding, which included a party at their home. Another member of staff told us, "Staff will always go above and beyond for people. We try our best to arrange things that we think they will enjoy."
- Feedback from people's relatives was consistently positive. Comments included, "The staff are wonderful, they look after [Name] very well. I visit them often, never announce it, but I always receive a warm welcome"; "I know the staff really care about my family member; they do so much for them and I can tell my relative is well looked after" and "It is their home and they are happy there; they have lived there a long time. The manager really wants the best for them all."

Respecting and promoting people's privacy, dignity and independence.

- People's dignity was upheld. Staff told us they always knocked on people's bedroom doors before they entered. We saw this happen during our inspection.
- People were encouraged to do what they could for themselves including tidying their personal space. But this was limited at times due to staffing levels. When we asked for examples, the registered manager told us people were encouraged to do their laundry with support from staff.
- People were supported to maintain and develop relationships with those close to them. Relatives told us

they felt welcomed and comfortable in the home.

- Relatives told us the staff respected their family member and treated them with dignity. Comments included, "They look after [Name's] appearance, and pay particular attention for when we go out together" and "When we go on an outing, [Name] looks very smart; staff make sure that they wear anything new that I have bought for them. That is very important to me."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Personalised care; End of life care and support.

- Due to staffing levels at the service, people did not always receive care that was personalised or individualised. The registered manager told us that when activities or trips out were planned they could increase staffing levels. However, this could not be facilitated to support people when they remained at the service. They told us that because of people's care needs it was difficult for staff to spend time on a one to one basis with people. Staff told us one person currently required the assistance of two staff for most of their care needs. They said this impacted on other people who used the service.
- People's care plans had been devised with input from people, their relatives or advocates.
- Relatives told us they believed their family member received care that was based around their interests. They said they had been included in the care planning and attended reviews of their relative's care.
- People's communication needs were known and understood by staff. People's care plans included detailed information describing how people expressed their needs.
- Staff were skilled at supporting people with their communication needs and people's relatives confirmed this.
- People's care records did not include information to show if they had specific wishes about how they wanted to be cared for at the end of their life. We discussed this with the registered manager who told us they would address this as part of their implementation of a new format of care plans for the service.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure; this included an easy read version. This was displayed on a notice board in the communal lounge used by visitors.
- Staff understood how to manage complaints and said they reported any concerns to management.
- People's relatives told us they knew how to complain, but they had never needed to. One relative told us, "I would go straight to the manager if I needed to raise an issue. I have never needed to in all the time my family member has lived there."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; Managers and staff being clear about their roles, and understanding quality performance.

- The registered manager worked as the manager of the service for 12 hours per week. For their remaining contracted hours, they worked as a nurse and was counted in the staffing numbers. This had impacted on their ability to manage the service effectively. For example, staff supervisions had not been completed in line with the provider's policy. Quality monitoring of aspects of the service such as the mealtime experience for people had not been carried out. Maintenance checks of the premises were not robust, and we found issues had not been identified prior to our inspection. The regional manager told us the provider deemed the service to be small as it was under 30 beds, which meant it did not warrant a full-time manager post.
- Systems were in place to monitor aspects of the service provided. However, these had not always been effective. Not all the records we looked at were completed, up to date or well organised. For example, we found it difficult to navigate people's care records to find the information we needed as they contained a lot of historical information. Reviews of care plans and assessments were not completed in a timely manner.
- The registered manager told us a staff survey had been completed but there were no results available to show how the provider had responded to staff's feedback.
- An annual health and safety audit had identified other improvement and decorative works in September 2017, which had not yet been completed. The audit had not been carried out in September 2018. The registered manager contacted us after the inspection and told us the audit was planned for the following week.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was not always following the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence, inclusion and enabling people to live as ordinary a life as any citizen. For example, staff wore a uniform. The wearing of a uniform differentiates between staff and people whose home it is and can create an institutional feeling rather than one of inclusion and promoting ordinary lifestyles. Similarly, a large sign positioned on the driveway of the service advertised the service. The advertising of people's home for adults with a learning disability labels the building and the people living within it. As a result, it provides information to the wider community that is not necessary.
- We did not see any evidence that the registered manager was pro-active in remaining up to date with current best practice guidance around supporting people with learning disabilities. We did not see any systems in place for assessing the quality of the service to check it was providing support in line with current

best practice guidance.

- Following our inspection, we contacted the nominated individual to ask them, how the service was working towards meeting the principles of 'Registering the Right Support' guidance. They told us they did not see why the guidance was relevant to the service and as such, did not have any plans to alter, or make changes to the structure of the service. This demonstrated that the provider had not considered how they could ensure they were following best practice guidance.

We recommend that the provider follow best practice for people with a learning disability to ensure the principles of choice, independence, inclusion and living as ordinary a life as any citizen are implemented throughout the service they provide.

Engaging and involving people using the service, the public and staff and how the provider understands and acts on duty of candour responsibility; risks and regulatory requirements.

- The registered manager worked predominantly as part of the staff team. They knew people, their needs and their relatives well. Relatives spoke positively about the registered manager. Comments included, "The manager is a lovely woman who is a nurse and very good at making sure my family member is well looked after" and "The manager is very approachable. I can visit anytime and they are always on hand to listen and give a good overview of how my family member has been." An external healthcare professional told us, "The manager has a good understanding of the needs of the residents and strives to get the best for them."
- Staff told us the registered manager was supportive and approachable. They said they felt comfortable raising concerns and that they would be listened to and taken seriously.
- Feedback from people and their relatives had been sought. An annual quality assurance survey from 2018 showed positive results were received by the service. Six out of seven respondents had rated the service as 'outstanding'. Comments included, "The friendliness of staff makes for a happy home" and "Middlefield House is a great home."
- The provider had made prompt notifications about events they were legally required to inform us of.

Continuous learning and improving care; Working in partnership with others.

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- A visiting professional told us they were working with one person at the service to assess their needs in line with the STOMP campaign. STOMP is a national campaign, which is aimed at stopping over medication of people with learning disabilities, autism or both.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider systems to monitor the quality of the service were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staffing levels did not ensure that people's needs were met. Staff training was not up to date, and staff had not received supervision in line with the provider's policy.