

Liverpool City Council Middleton Court

Inspection report

Parade Crescent
Speke
Liverpool
Merseyside
L24 2RB

Date of inspection visit:
22 January 2016

Date of publication:
07 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 22 January 2016 and was unannounced.

Middleton Court care home is based in Speke, Liverpool. It is registered to provide accommodation for up to 10 people who need personal care. The building is owned by Anchor Trust. The care and support is provided by staff employed by Liverpool City Council. The home is on the first floor of a large building, which also provides other services. The home provides services to older people who need rehabilitation after a stay in hospital.

There was a registered manager in post. 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.

The provider did not always ensure robust recruitment checks were in place for staff who worked at the home.

Everyone who was staying in the care home told us that they felt safe and secure. There were safeguarding procedures in place, including an up to date safeguarding policy. Staff we spoke with could clearly explain the action they would take if they felt someone was being abused.

There were safe procedures for the storing and administration of medication. The staff who administered the medication had training to be able to do this and records showed accurate recording of medication.

There was a detailed initial assessment process in place following people's discharge from hospital before they stayed at the home. This included risk assessments and any identified medical needs that people had.

The building was clean and tidy and there were no odours or clutter. The home was adapted well to suit people's needs whilst they were recovering.

The people staying at the home during our inspection had full capacity; therefore there were no Deprivation of Liberty Safeguards (DoLS) in place. The registered manager and the staff demonstrated a good understanding of this subject and told us they would act accordingly if people's capacity changed during their stay.

People told us they had regular meals and were complimentary about the food. We were able to sample the food and found it tasted nice and looked appetising.

We observed staff treating people with respect and could hear caring and friendly conversations taking place between staff and people in the home. People gave us examples of how staff treated them with dignity

and respect.

Each person who stayed at the home had a file which contained information with regards to their likes and dislikes. People told us they had different levels of need, and we could see how the staff were providing diverse support to reflect these needs.

There had been no complaints in the last 12 months. We could see there was a complaints procedure in place and this was displayed on the notice board in reception. The registered manager also showed us examples of the complaints procedure.

People who lived at the home and the staff spoke positively about the registered manager and the staff team.

Quality assurance systems that were in place showed continuous improvements being made in the delivery of care. All of the feedback we saw from 2015 was positive.

There was evidence of good professional relationships between the management of the home and the local GP surgery and pharmacist. Both professionals regularly attended the home in a professional capacity. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There was insufficient evidence that all recruitment checks had been completed before staff were offered employment.

There were procedures in place to ensure people received their medicines safely.

Staff were aware of safeguarding procedures and the policy was displayed for people to be able to access.

People told us they felt safe staying at Middleton Court.

Is the service effective?

Good 

The service was effective.

The registered manager understood their responsibilities with regards to The Mental Capacity Act 2005 (MCA).

Discussions with staff and documented evidence suggested that staff were trained to undertake their roles.

The food was well presented. People had a choice about what they ate, Different diets and preferences were catered for.

The layout of the home was adapted to suit the needs of the people staying there.

People had access to healthcare professionals when they required it.

Is the service caring?

Good 

The service was caring.

We observed and heard caring interactions between staff and people living at the home throughout our inspection.

Staff gave us examples of how they protected people's dignity when supporting them.

People were involved in their care and support and we could see independence being promoted.

Is the service responsive?

Good ●

The service was responsive.

We could see people received support which was meaningful and incorporated their likes and dislikes.

There were activities happening during our inspection and we observed the staff team trying to motivate people to get involved and be included.

There was a complaints procedure in place, although no formal complaints had been made.

There was transitional work taking place between the hospitals and Middleton court, and then with other organisations when people were getting ready to return home.

Is the service well-led?

Good ●

The service was well-led.

People were complimentary about the registered manager and the staff.

The registered manager had effective quality assurance systems in place, which they were developing to make them more in depth.

The culture of the home was open and staff said that the registered manager was approachable.

We could see evidence of good partnership working between the management of the home and the local GP and pharmacist.

Middleton Court

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 was planned to check 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 22 January 2016 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received about the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection would be conducted.

During our inspection we spoke with three people who were staying at the home, four members of staff including the registered manager, and a visiting healthcare professional. We looked at three care plans and four staff personnel files as well as other documentation about the running of the home. We looked around the building, including the kitchen and bathroom areas, and some people's bedrooms.

Is the service safe?

Our findings

We looked at staff recruitment in the home. We could see that the staff had been in post for a long time and most had transferred to Middleton Court from other services which were also managed by the provider. We could see that all staff had a DBS [Disclosure and Barring Service] number recorded in their files. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. All of the staff files we looked at showed that no references had been obtained for staff when they commenced work for the organisation. There was also no proof of identification kept in staff files. We highlighted this to the registered manager at the time of our inspection. We checked the provider's recruitment and selection policy to see what checks are required to be carried out. We could see that the provider's policy stated references must be obtained before staff were offered a position. The registered manager explained the staff had been in employment for a long time, even before the policy had been reviewed and re-written. We were told that any new staff were reference checked in accordance with the policy. We were unable to see this as there were no new staff members in Middleton Court.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us that they felt safe staying at the home. One person said, "Oh yes, I do feel safe." Another told us, "Yes, it's a nice place to be, other than my own home."

We looked at medication during our inspection. The home was managing medicines safely, and medicines were stored securely in the home. There were established processes in place for the disposal of medicine, for receiving medicine and for stock monitoring. We saw the home had a good relationship with the local pharmacist who attended the service to perform weekly audits of medication. Medicines were stored in a separate room inside a locked trolley. The registered manager told us along with themselves, only the deputy manager and senior care assistants were permitted to administer medications. We saw a record of their signatures at the front of the medication folder. Whoever was administering medications was distinguishable because they wore a red tabard. The manager explained this was to ensure other members of the staff did not disturb them when they were completing the medication round. We looked at medication administration records (MARs) and could see they were not missing any signatures and were filled out correctly. We spot checked two people's medication stock and could see the stock corresponded to the figure recorded on the MAR sheet. The registered manager told us medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

For the safe storage and management of controlled drugs, the manager explained they had a double locking box in place and a controlled drugs book, which had to be signed by staff when any controlled drugs were administered. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. There was no one in receipt of controlled drugs at the time of our inspection. We looked at PRN (give when required medicines) and variable dosage medicines and found these were supported by

care plans to explain to staff in what circumstances these were to be administered. Topical medicines (creams) were also administered and recorded appropriately with extra supporting documentation and charts.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person staying at the home and the method of assistance required had been personalised to meet their individual needs. There was also a fire and emergency plan displayed in the hallway.

People had risk assessments in place which identified how much support they needed to remain safe while they were staying at the home. We saw how the registered manager used the information provided from the hospitals before the person came to stay at the home (the pre admission assessment stage). For example, we saw a risk assessment for a person who had fallen at home, sustained an injury and spent time in hospital. Upon admission to the home we could see this had been identified in the person's notes from hospital and a risk assessment had been drawn to minimise any identified risks to that person.

We looked at rotas and asked the staff about the staffing levels in Middleton Court. Staff told us there was always enough staff on shift to be able to help people when they needed it and they were never rushed or under pressure. People who were staying at the home told us there was always staff available when they needed something. Throughout the day we heard call bells being responded to promptly.

We saw that all of the checks on the building had recently taken place to keep people who stayed at Middleton Court safe. We spot checked certificates for the gas and PAT (portable appliance testing) and could see they had been checked annually.

We looked at the processes in place for infection control within Middleton Court. We could see yellow bins were in place where needed and the provider had a contract in place for their disposal. In addition there was hand gel in the corridors, which were checked regularly and replaced when necessary. We asked the staff about PPE (personal protective equipment) and were told there was always PPE available when they needed it, and this was regularly ordered from the supplier.

The building was clean and we could see a cleaning schedule which was reviewed as part of the registered manager's quality assurance process. The registered manager told us they were due an infection control audit from the local authority.

Is the service effective?

Our findings

People we spoke with told us they felt that the staff had the appropriate training to meet their needs. One person said, "Yes they all know exactly what they are doing."

We saw when looking at staff training records that 100% of the staff team were trained in QCF (Qualifications and Certificate Framework) level two health and social care. Staff told us they had received training in topics the provider required them to complete for their role, such as adult safeguarding, lifting and handling and first aid. We saw the organisation's training matrix, which showed staff were up to date with all training. Refresher training was booked when staff were due them. Certificates confirmed staff had been trained and these were available for us to view.

Supervisions were scheduled every six to eight weeks. We saw evidence that staff supervision had taken place in accordance with this schedule. Staff had an annual appraisal after 12 months, and we could see this was taking place. Staff we spoke with confirmed they had regular supervision and an annual appraisal.

Staff we spoke with explained their induction process in detail to us, and felt it supported them to be able to complete their roles effectively. Staff told us they had shadowing opportunities with more experienced members of staff. Most staff told us their induction did not take place at Middleton Court, but in other services within the organisation.

We saw that the home was working according to the principles of The Mental Capacity Act (MCA) 2005. The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA requires providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty. Everyone staying at the home during the time of our inspection had capacity to consent to all decisions regarding their care and treatment so a DoLS was not needed.

The registered manager had knowledge of the MCA and their roles and responsibilities linked to this. We could see when looking in peoples care plans that consent had been sought and documented. People had given consent to getting their photographs taken as well as other forms of consent.

Everyone in the home told us that they enjoyed the food. One person said, "Oh yes, it's lovely." Another person said, "It's very enjoyable." Someone else told us it was, "Plentiful." We were able to sample the food during our inspection, and found it was appetising. All of the food in the home was freshly prepared and took into account any special dietary or cultural requests people had, such as vegetarian meals or Halal

meat. Weekly menus were available for people, as well as a daily menu written on the board in the dining room.

People were supported to stay healthy. They had regular access to health care professionals such as GPs, opticians and dieticians. The GP visited the home three times per week and people were asked if they wanted to see the GP.

The home was adapted well to suit the needs of the people staying there. There were communal rooms and a dining room where people could sit together. An open plan kitchen was used by people who were staying in the home to make drinks and snacks. The registered manager explained this was beneficial because it allowed people to maintain their independence and skills as much as possible before they returned home. The manager also explained by encouraging people to use this facility it allowed staff to access what support the person might need when they return home, such as small care package, or if a more suitable placement would need to be identified, for example a long term residential home.

Is the service caring?

Our findings

We asked people if the staff treated them with kindness and respect. Everyone we spoke with told us they did. One person said, "They are very kind to me." Other comments included, "Oh yes, very caring" and "They never enter my room without knocking on my door."

Staff were able to explain to us why it was important to treat people with respect and protect their dignity during personal care. One staff member told us, "It's their privacy, so I always think how I would feel if I was in their situation." Staff told us they would close doors and windows before supporting someone and ensure they covered them with towels or blankets.

Everyone who was staying in the home told us they thought the staff were caring. We saw warm and familiar interactions between the staff and the people staying at the home. We saw staff sitting in the communal lounges with people and chatting. One staff member suggested they have a game of dominos, which received a positive response. People looked comfortable and relaxed, and we saw the staff regularly asking people if they were okay or if they needed any assistance.

We saw MDT (multi-disciplinary team) meetings were being held in the home every week to discuss each person's progress and people were invited to be a part of this. People told us they had been consulted about their care plans and what type of support they wanted while they were staying at the home.

We saw that the registered manager had taken time to discuss processes such as the complaints procedure with people. This document was displayed in the main reception area.

Most of the people who lived at the home had family members who were involved in their care and who visited often. However, there was advocacy information displayed in the main reception area with leaflets advising people how they could get in contact with an advocate if they needed one.

We saw a significant number of 'Thank you' cards displayed from people who had stayed in the home before returning to their own home. Some of the comments included "Thank you to all the staff for your kindness." And "I have really enjoyed my stay."

Is the service responsive?

Our findings

People told us and our observations suggested that people were receiving care that was person centred. Person centred care means that the person was getting support which they are in control of and which is meaningful for them. Care plans we looked at contained information which was personalised to each person and provided the staff with a description of what that person liked and disliked.

Staff were knowledgeable regarding people's care needs and how people wished to be supported and responded to people's individual needs. The staff we spoke with were able to give us examples of how they support people differently in accordance with their wishes, and how people require varying levels of support.

Staff told us they had handovers at shift changes for information sharing and any changes in people's care and support was discussed. Daily records were maintained and these provided an overview of people's support and health in accordance with their plan of care.

There was evidence that care plans had been discussed with people. People told us they were involved with their care plans and knew they had one in place. One person said, "Yes, I recall them discussing my care needs with me." Another person said, "Yes" When we asked them if they had been involved in any decisions regarding their care and support.

We could see from the care records that staff reviewed each person's care on a regular basis. Staff told us that all of the people staying at the home were discussed daily and there was a daily entry recorded in people's care files regarding their care.

People told us they could exercise choice when it came to choosing the gender of their carer, and we observed there was a mixture of carers on duty to accommodate this.

People were encouraged to personalise their rooms for the duration of their stay with their own items and bedding, which they told us was helpful when being away from home, as it made them feel comfortable and familiar.

There was a varied programme of activities available for people to partake in if they chose too. During our inspection we saw the staff engaging in activities with people, and people told us they were not bored as it was just like 'being at home.' We observed staff conducting chair exercises with people during our inspection.

We saw a complaints procedure was in place. People told us the procedure for complaining had been discussed with them and their families before they came to stay at Middleton Court. There were no complaints recorded for the last 12 months. The registered manager told us that no formal complaints had been submitted. The policy explained the procedure which would be followed if people wanted to complain.

Is the service well-led?

Our findings

There was a registered manager in post who had been there for a number of months.

The manager was visible and available throughout the inspection process. A member of staff said, "[Manager] is always available". We saw that the manager's interactions with people and staff were relaxed and informal but they also led the team in a direct professional manner when required. We spoke with the manager about responsibilities in relation to reporting to CQC and the regulatory standards that applied to the home. The manager was able to explain their responsibilities in appropriate detail and told us that they accessed the CQC's website for guidance and information.

People we spoke with and staff spoke positively about the registered manager and the deputy manager. One member of staff said, "They [registered manager] are really nice." One of the people living at the home told us, "I know who they [registered manager] are, they are nice."

The home had policies and guidance for staff regarding safeguarding and whistle blowing, there was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their responsibilities in relation to them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware of their responsibilities concerning reporting significant events to the CQC and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

There were 'exit surveys' in place which captured people's feedback about the care they received while they were staying at Middleton Court. All of the feedback we viewed from 2015 was positive. The registered manager informed us that they were adding to the quality assurance to capture people's experiences during their stay. The manager felt it was difficult, due to the nature of the service to make positive changes which benefit people if they are no longer staying at the home to see the change implemented.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. For example we saw a health and safety audit of the building carried out and audits of medicines. We looked at how accidents and incidents were recorded, and could see they were documented clearly and had been analysed in depth for any emerging patterns or trends

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 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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider was not operating safe and effective procedures regarding staff recruitment.