

Middleton St George Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Middleton St George Healthcare Limited is a residential care home providing personal care for up to 3 people. The service provides support to younger adults with mental health conditions. At the time of our inspection there were 3 people using the service.

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

Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections. People told us they felt safe. The staff team were consistent and had a good understanding of how to care for people who lived at the service. Risks to people were assessed and measures were put in place to reduce them.

Staff received regular training, supervisions and appraisals. People were supported to maintain good health and well-being. They were encouraged to maintain a balanced diet and their nutritional needs were met. The environment was adapted to meet people's needs and staff supported people to access health services where needed.

People's care was personalised. Staff knew people's needs, life histories and preferences well. People told us staff were caring and spoke positively about living at the home.

Care plans were regularly reviewed, and staff could access relevant information to ensure they continued to provide the support people needed. People were supported to follow their interests and participate in social activities.

There were effective systems in place to monitor the quality and standard of the service. People and staff were asked regularly for their feedback. The registered manager was passionate about ensuring people were at the heart of everything they did. Staff felt supported and spoke positively about the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 19 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Middleton St George Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

One inspector carried out the inspection. An Expert by Experience made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 January 2023 and ended on 23 January 2023. We visited the location's service on 10 January 2023.

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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 1 relative about their experience of the care provided. We spoke with 3 members of staff including the registered manager and 2 care assistants.

We reviewed a range of records. This included 2 people's care records and medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- People were advised by staff on how to keep safe. If there were areas of individual concern they were recorded in people's care plans.
- People told us they felt safe. One person told us, "Yes, I feel safe. I like living here, the staff know me well".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and reviewed. The care plans had individual risk assessments which guided staff to provide safe care.
- Risks associated with the property and environment were well managed. Health and safety certificates were up to date including water checks, electrical, gas and fire safety procedures.
- Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents and used this information to drive improvements. Bulletins were shared across all services by the provider so lessons could be learnt to keep people safe.

Staffing and recruitment

- People were supported by a well-established team.
- All staff had a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider has a robust recruitment policy in place should they need to recruit in the future.

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured people's characteristics under the Equality Act 2010 were protected. People were encouraged to be independent in their care. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's physical and mental health.
- Staff regularly reviewed and updated care plans with the person, their family and any professionals. One relative told us "Yes, I am involved in the decision making".

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. The provider offered a comprehensive training programme, which ensured learning was tailored to individuals' needs.
- Staff received supervisions and appraisals. Competencies were undertaken to ensure staff understood and applied training and best practice.
- Staff told us they felt supported in their roles. One staff member told us. "Yes, I feel very supported to do my job".

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

- People were supported at mealtimes to enjoy food and drink of their choice. Every evening, people sat down together for dinner, each night a different person picked and cooked a meal for everyone.
- Staff encouraged people to eat a healthy and varied diet. For example, staff were supporting people to cook their own 'fakeaways' rather than ordering takeaway.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with healthcare professionals to ensure people received the care they needed. Information about visits and consultations were detailed in people's care records, including communication with GP's, district nurses and consultants.
- Staff participated in handovers to ensure care remained consistent between the changeover of staff.

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

- People lived in an environment that was accessible and suitable for their needs. The home was safe, clean, well-maintained and had a homely feel.

- People personalised their rooms and were included in decisions relating to the interior decoration.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people to make their own decisions about their care and support.
- Staff worked within the principles of the MCA when making decisions for people who lacked capacity to do so themselves. Records showed how decisions were made in people's best interests, and how relatives and professionals were involved where appropriate.
- DoLS were applied for and monitored appropriately.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people well. Staff had received training in equality and diversity to support them with this.
- Care plans contained information about people's choices and the support staff were to provide, to ensure people's individual needs were met.

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

- People and relatives were supported to express their views.
- Relatives told us they were always kept up to date with what was happening at the home and with their loved ones. One relative told us, "The staff know [person] well, I also speak to them all the time".
- Kind and caring interactions were observed during the inspection. Staff engaged with people, were attentive and gave people choice.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, people were encouraged to set alarms to remind themselves of when they should take their medicine.
- People had the opportunity to try new experiences, develop new skills and gain independence. For example, one person had recently been enrolled in computer and art classes after expressing an interest.
- Staff told us they respected people's privacy. One staff member told us, "When their mail arrives, I give it straight to them to open, they end up giving it straight to us once opened, but I would never open it".
- Staff knew when people needed their space and respected this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control about how they wanted to receive care and support from staff.
- People's care records contained information about their preferences and choices for how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- People's care and support needs were reviewed at regular intervals to check this was continuing to meet their needs.

Meeting people's communication needs

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

- The registered manager and staff understood the accessible information standard. People's communication needs were identified and recorded in their care plans.
- Documents could be provided in alternative formats if required, such as large font or easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People followed their hobbies and interests. All the people living at the home chose to go to the weekly gardening class at the community centre.
- Staff told us families could visit whenever they liked. Care plans and daily notes reviewed showed people-maintained contact with their families.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to handle complaints. People, relatives and staff told us they would be comfortable in raising any issues and felt the registered manager would deal with them promptly and openly. At the time of our inspection the service had received no complaints.

End of life care and support

- The provider had policies and procedures in place to provide end of life care should it be needed. At the time of our inspection nobody at the service was receiving end of life care.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback of people, relatives and staff. One person told us, "Yes if I was unhappy, I would say to [registered manager]."
- Staff told us how supported and happy they were. One staff member said, "I am really happy working here, I feel very supported in my role. I feel like we are a family, I have worked here that long that we all have a mutual respect for one another".
- One relative said, "I would definitely recommend the home to others; they are nice people".

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 registered manager understood their responsibility in relation to the duty of candour. There were systems in place should they need to report certain incidents to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their role. They understood the need to lead by example and offer the team support.
- Staff understood their responsibilities and what was expected of them. Staff participated in team meetings and received supervisions. This gave staff the opportunity for learning and development.
- The registered manager carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.
- Staff worked in successful partnership with a range of external professionals and agencies to ensure people received the support they wanted and needed.
- The service worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. This included the local authority who commissioned the service and healthcare professionals.

