

Anchor Carehomes Limited

# Middlesbrough Grange

## 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: Middlesbrough Grange is a care home which provides residential care for up to 45 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of this inspection there were 40 people using the service.

People's experience of using this service: Improvements had been made to the service following our last inspection in March 2018. At the last inspection we identified issues with risk documentation and governance. At this inspection we found the provider and registered manager had driven improvement and made positive changes. The issues identified at the last inspection with records had been addressed. Systems for overseeing the service were more effective. The changes had enabled staff to address the issues noted at previous inspections.

People told us they felt safe and happy living at the home. Staff knew how to safeguard people from abuse. Staff were recruited using systems to reduce the risk of unsuitable candidates being employed. Risks to people and for tasks carried out by staff were identified and actions were taken to mitigate these. Medicines management was effective.

Staff had the skills and knowledge to deliver care and support in a person-centred way. They received the received appropriate training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for in a respectful manner and good relationships between people and staff had been formed.

People could access a wide range of activities.

People's health needs were met. The service worked with a range of professionals to best meet people's needs.

Staff said they felt supported by the management team. Governance systems and processes were in place to monitor and improve the quality of the service.

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: Requires Improvement (report published 15 June 2018).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Middlesbrough Grange

## 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:** One inspector, a specialist nurse and an expert by experience completed this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

**Service and service type:** Middlesbrough Grange is a 'care home'. People in care homes receive accommodation and nursing and 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 had a registered manager. The manager registered with CQC in [redacted]. 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:** This was an unannounced inspection.

**What we did:** We reviewed information we had received about the service, which included details about incidents the provider must notify us about. We obtained feedback from the local authority and healthcare professionals who work with the service. We used this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with four people and two relatives to ask about their experience of the care provided. We spoke with the registered manager, a deputy manager, a senior carer, four care staff, an activities coordinator and a cook.

We reviewed a range of records. This included four people's care records, medicine records and various records related to recruitment, the building, and the management of the service. After the inspection we asked the registered manager for some more information which they shared with us.

# 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, we found some gaps in records and health and safety checks were not always effective. We rated this key question as requires improvement. At this inspection we found sufficient action had been taken to address these issues.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- Risks to people were assessed with guidance available for staff in how to minimise risk. Risk assessments covered areas such as people's risk of falling.
- Regular checks on the environment and equipment took place.
- Emergency contingency plans were in place.
- Staff were able to contact the management team for advice out of office hours if needed.

Using medicines safely.

- Medicines were managed safely and associated records were maintained correctly.
- Staff were trained to administer medicines safely and had their competency in this area assessed.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person told us the service made them feel "secure".
- Staff knew what to do if they suspected a person was being abused and were confident that any safeguarding issues they raised would be acted upon.
- The provider had appropriate systems in place to report safeguarding matters to the local authority for assessment and investigation and we found that this happened in practice.

Staffing and recruitment.

- Staffing levels met people's needs. The registered manager told us they used a dependency tool to set safe staffing levels.
- The provider operated systems that helped ensure that staff were recruited safely.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff had received training and followed safe infection control practices and they used personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong.

- The registered manager and provider critically reviewed incidents and events and determined if improvements were needed.

- Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications were made appropriately. Where DoLS authorisations were in place conditions were met.
- Where people lacked mental capacity staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.
- People's personal care files did not always contain information about their legal representatives such as those with lasting power of attorney. We discussed this with the registered manager who told us the information would be added.

Staff support; induction, training, skills and experience.

- Staff were trained in areas the provider deemed essential, such as people movement. Where there were gaps in staff training, dates for completion of this training had been scheduled.
- People told us staff had the skills to meet their needs. One person said of staff, "They all have their jobs and they all know what they are doing."
- Staff were supported through regular supervision and appraisal.
- New staff received an induction which included shadowing more experienced staff.

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

- People's needs were fully assessed before they began to use the service. These were regularly reviewed and care plans reflected people's current needs.
- Care was delivered in line with standards guidance and the law.

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

- Most people told us they enjoyed the food on offer. We saw lunchtime was a pleasant, calm experience for people.

- Staff supported people with their nutrition as required. Kitchen staff had completed training to meet people's needs. The cook was aware of people's individual nutritional needs and adapted the menu to meet these.

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

- The layout of the building met people's needs.
- There was adequate space for people with mobility needs.
- The building had a range of themed areas and signage to help people living with dementia find their way around.

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

- The provider worked in partnership with a range of other organisations to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services inside and outside of the home. Staff supported people to medical appointments as and when required.

# 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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at Middlesbrough Grange. One person said of staff, "They are marvellous, give you a little cuddle if you are upset."
- Staff knew people well and treated them with respect. They were patient and kind in their interactions.
- Where appropriate, people and staff shared light-hearted banter which people responded to and enjoyed.
- The service had a range of 'champions' who were staff with the purpose of sharing good practice in areas such as dignity.
- People were treated equally regardless of any disability.
- People's confidential information was kept secure.

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

- Staff knew people's communication needs well. Information was recorded clearly in people's support plans.
- One person's communication was aided through use of pictorial aids.
- Regular meetings were held so people could discuss the issues important to them.

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

- Staff maintained the privacy and dignity of people. Offers of assistance were discreet. One person told us, "They [staff] knock on doors and close your curtains."
- People's support plans set out how their independence could be promoted. Staff were aware of the importance of promoting independence.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's cultural and spiritual needs were considered as part of their initial assessment.
- People could be as involved as they wanted to be in their care planning. One person told us, "Yes...you only have to ask them."
- Staff were handed over information about any changes affecting people when starting their shift. This meant they had up to date information to support people effectively.
- A range of activities were provided. People told us they were happy with the activities available. We observed people engaging enthusiastically in activities in the home's 'pub area'. The service had activities 'champions' to develop new activities and promote and involve people in the activities on offer.
- People told us that visitors were made very welcome.
- The registered manager was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns.

- No complaints had been received by the service since the last inspection. However, systems were in place to ensure complaints were managed appropriately should they be received.
- People and relatives told us that they knew how to make a complaint .

End of life care and support.

- No one using the service was receiving end of life care at the time of inspection.
- An end of life care policy was in place to guide staff should this type of care need to be provided.

# 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, we found the checks the provider and registered manager had taken had not been robust enough to highlight issues we found on inspection. We rated this key question as requires improvement. At this inspection we found sufficient action had been taken to address the issues previously highlighted.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team completed a range of quality audits; actions were identified and addressed to improve the service.
- Representatives of the provider visited regularly to provide support and undertake their own quality monitoring.
- Staff at all levels of the service understood their roles and responsibilities.
- Notifications about incidents that affected people's safety or welfare were submitted to CQC in a timely manner in line with regulatory requirements.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff showed a commitment to providing high standards of care.
- The provider had a clear vision to provide a high quality of care to people.
- The management team understood the duty of candour and were aware of their responsibilities.

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

- People told us they felt the service was well led. One person said of the registered manager, "She is really nice."
- People and staff said they felt listened to. They were encouraged to share their views in group meetings and informal chats with the management team.
- Meetings took place for people and relatives. These covered areas such as the food on offer and activities.
- Staff team meetings were held regularly. Staff said they could speak up at these. Meetings covered areas such service updates, care plans and training.

Continuous learning and improving care.

- Surveys had been sent out to people and relatives and an improvement plan had been developed for the service.
- The provider had used feedback from the last CQC inspection to make improvements to the service and

the care and support people received.

Working in partnership with others.

- The service worked with a range of other professionals and agencies to best meet people's needs.