

Pilgrims' Friend Society

Middlefields House

Inspection report

Middlefields House
Cornfields
Chippenham
SN14 6GA

Date of inspection visit:
08 November 2022
14 November 2022

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16 December 2022

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

Middlefields House is a residential care home providing accommodation and personal care for up to 48 people, some of whom live with dementia. People live in one of four 'households' in one purpose-built building. At the time of our inspection there were 42 people using the service.

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

People felt safe at Middlefields House. The provider had good systems to manage any risks people faced and help keep them safe. People were supported to take any medicines they had been prescribed.

There were enough staff available. Staff had a good understanding of people's needs and how to meet them. New staff were thoroughly checked before starting work in the home and given a good induction. Staff completed regular training to ensure they maintained their knowledge and skills.

There were good infection prevention and control procedures. Procedures had been reviewed and updated to reflect the COVID-19 pandemic. Systems were in place to prevent visitors catching and spreading infections.

People were treated with kindness and were positive about the caring attitude of staff. We observed staff interacting with people in a kind and respectful way, responding promptly to requests for support.

Staff demonstrated a good understanding of people's individual needs and a commitment to provide person-centred care. Staff worked with health and social care specialists where needed to develop plans to support people. People were supported to see their doctor and other health professionals when needed.

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.

People were able to take part in a wide range of social and cultural activities and supported to maintain contact with friends and family. The service is set up 'For those sympathetic to the Christian faith' and people were supported to attend religious services, prayer groups and bible readings where they wanted to.

People had been supported to develop care plans that were specific to them. Staff demonstrated a good understanding of these plans and how to meet people's needs.

There were effective management systems in place to monitor how the service was operating and plan any improvements that were needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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 ●

Middlefields House

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

The inspection was completed by two inspectors.

Service and service type

Middlefields House 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. Middlefields House 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 unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and two relatives to gather their views about the care they received. We looked at six people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, general manager, deputy manager and seven care and support staff.

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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from abuse.
- People told us they felt safe at Middlefields House. Comments included, "Yes, I do feel safe" and "Yes, I have my call bell and ring it when needed."
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

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

- Systems were in place to manage the risks people faced and had been implemented effectively.
- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risk of falls, the risk of incidents when people were distressed, and risks related to catheter care.
- Risk assessments and management plans had been reviewed and updated as people's needs changed or following incidents. People and their relatives were involved in reviews.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.

Using medicines safely

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated staff had followed these protocols.
- Where possible, people were supported to manage their medicines independently. Staff completed regular assessments with people to ensure they could do this safely. People had locked cabinets in their bedroom to store medicines safely.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were based on people's assessed needs,

which were regularly reviewed. Rotas demonstrated the assessed staffing levels had been consistently provided.

- People told us staff were available to provide support when they needed it. Comments included, "Staff are very helpful and help me to have a shower when I need to" and "Staff are very good and they will help." People told us staff responded promptly when they used their call bell.
- Staff told us they were able to meet people's needs safely. Comments included, "Staffing levels are OK. The only problem is when we have late notice sickness, but management will help out if they can't find cover."
- We observed staff responding promptly to requests for assistance.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff were thoroughly checked before they started working in the service.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting people to have visitors in line with the most recent government guidance. Visitors were able to see people in various parts of the home, including in people's rooms.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they moved into the home to ensure they could be met. People told us staff understood their needs and provided the right care.
- Staff demonstrated a good understanding of people's medical conditions and any support they required. This information was included in people's care plans.
- Staff had worked with specialists to develop care plans. Examples included occupational therapists, speech and language therapists and community nurses.

Staff support: induction, training, skills and experience

- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction. The registered manager told us there was no specific time frame for staff to complete their induction, with the aim to ensure staff were confident to provide the care that was needed.
- The management team completed regular observations of the way staff were working. This helped to ensure staff were putting their training into practice and provide feedback for staff about how they could make improvements.
- Staff had regular meetings with their line manager to receive support and guidance. Staff said they felt well supported.

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

- People said they enjoyed the food had enough to eat and drink. Comments included, "The food is excellent. There's always plenty to eat and I enjoy it" and "At lunchtime we waited half an hour, but the food was good. Staff help me make a tea or coffee anytime."
- On the first day of the inspection we noticed there was a delay in food trolleys being delivered to the households. The general manager told us they had identified this problem, which was due to a recent increase in customers in the coffee shop. The management team were taking action to ensure the coffee shop did not impact on the dining experience of people living at the home, including recruitment of additional staff.
- People were offered a choice of meals and support to eat their food where needed. Staff had a good understanding of people's needs, including people who needed food and drinks at a specific consistency.
- People had access to drinks throughout the day and staff supported people if needed.

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

- People were able to see their doctor and other health professionals when needed.
- Staff had recorded the outcome of appointments in people's records, including any advice or guidance. Records demonstrated people received ongoing support from healthcare professionals.
- Health professionals had provided positive feedback to the service about the care provided and support for people to be ready for appointments.

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

- Specialist equipment was available when needed to deliver better care and support. This included specialist beds for those that needed them, pressure relieving mattresses and equipment to help with mobility.
- The home had been designed to be four separate households for 12 people, with open plan kitchen and dining areas and a separate lounge. Each household had access to communal gardens and meeting areas. The service aimed to replicate the feel of family households. People had been supported to personalise their bedrooms, and all had an en-suite shower and toilet.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to authorise restrictions for people had been made by the service. People's needs were kept under review and if their capacity to make decisions changed then decisions were amended.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- The registered manager had a record of all DoLS applications that had been made.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with kindness and were positive about the staff's caring attitude. Comments included, "They are very kind and caring", "Staff are marvellous. They are very good indeed" and "They are all friendly and helpful."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- People's cultural and religious needs were reflected in their care plans. Staff supported people to meet these needs. The service is set up 'For those sympathetic to the Christian faith' and people were supported to attend religious services, prayer groups and bible readings where they wanted to.

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

- Staff supported people and their representatives to make decisions about their care. People's views were recorded in their care plans.
- Staff had recorded important information about people, including preferences regarding their daily support.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care.
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where possible, to maintain their independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 been supported to develop care plans specific to them. Plans included information about people's life history and what was important to them. The care plans had been regularly reviewed with people and their relatives and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.
- People told us they received care in ways that were specific to them. Comments included, "I can't fault this place. Staff go to enormous lengths to please one."

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.

- Staff had assessed everyone's communication needs with them and included information about any support required in their care plans.
- Examples included support to ensure people could hear what staff were saying to them and support needed to manage sight loss. We observed staff using these different methods of communication during the inspection.

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 were supported to take part in a range of group and individual activities. Comments from people included, "I have to be encouraged, but do like to join in [the activities]."
- We observed people taking part in various group activities throughout the inspection, including prayer groups, bible reading, crafts and singing. The service had an activity programme that was reviewed with people as part of residents' meetings.
- The service employed two staff each day to provide companionship support to people. These staff were known as 'Hummingbirds' and were not involved in any personal care support for people. We observed these staff providing one to one support for people throughout the inspection, spending time reading, chatting, praying and supporting people to take part in group activities.
- People had been supported to keep in contact with family and friends and to maintain their social

contacts. The service had a coffee shop on the ground floor, which was open to the public. We observed people using the coffee shop to spend time socialising with family and friends. The service also had a playground, with equipment younger people could enjoy during their visit.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "We did get a book on how to complain. I would raise one if I needed to" and "I know how to complain, but I haven't needed to."
- Records demonstrated complaints had been investigated and action taken in response. The registered manager had responded to the complainant to let them know the outcome of their investigations and the actions that had been taken.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and received training and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Continuous learning and improving care

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff records and quality satisfaction surveys.
- Incidents were reviewed by the registered manager and were discussed as part of staff meetings. This helped to ensure lessons were learnt and practice changed where necessary.
- The results of the various quality assurance checks were used to plan improvements to the service. The plan was regularly reviewed and updated as actions were completed.
- The registered manager was aware of the need to notify CQC of certain important events. We identified one example of an incident between people that had not been reported to us. The service had taken action to ensure the person was safe and had reported the incident to the local authority. The registered manager told us this was an oversight. Records demonstrated other notifications had been submitted when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for 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 management team had promoted a person-centred approach in the service. This was evidenced through the feedback from people who use the service and staff, and the way records were completed.
- Staff told us the management team worked in a supportive way, that helped to ensure there was a focus on improving outcomes for people. Comments from staff included, "The support from the management team has been excellent. We are always able to get in contact with someone when we need to" and "[The registered manager] is great, we can go to her with anything. She is very supportive."
- The registered manager understood their responsibilities under the duty of candour. There were systems in place to ensure the provider worked in an open and transparent way.

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

- The service had regular opportunities for people to provide feedback about the service, both in person and through surveys. Actions from this feedback were included in the provider's improvement plans.
- The provider had worked with other professionals and service providers to ensure people could access the services they need. Examples included community nurses, GPs and the local authority.
- The provider was a member of relevant industry associations to ensure they were updated in relation to

any changes in legislation or good practice guidance.