

Middleton Hall Limited

Middleton Hall Retirement Village

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Middleton Hall Retirement Village is a residential care service providing personal and nursing care to older people and people living with a dementia type illness. The service can support up to 90 people. At the time of our inspection the service was supporting 66 people.

Middleton Hall Retirement Village is set in substantial grounds and provides a range of accommodation and care packages. Not everyone who lives in Middleton Hall Retirement Village requires personal or nursing care. Within the grounds are bungalows and apartments for fully independent people, who have access to the on-site facilities. CQC only inspects where people receive personal care. Support is provided across four distinct areas, with each area having its own facilities. Middleton Court provides nursing care. Middleton Oaks provides care and support for people living with a dementia related condition and is divided into two inter-linked bungalows. Middleton Gardens provides residential care with a choice of care packages to meet people's needs and preferences. Middleton Grove provides apartments for people who are largely independent but who may require some personal care support. At the time of our inspection, 14 people were living in Middleton Grove, 3 of whom required personal care.

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

Since the last inspection, improvements had been made regarding the administration and management of medicines. However, records for topical preparations were not always completed. We have made a recommendation about the management of some medicines.

Improvements had been made to people's care plans and risk assessments. The provider had implemented a new electronic care plan system. The care plans and risk assessments were up to date, comprehensive and personalised.

People said they felt safe and well cared for. There were enough staff on duty to meet people's needs and keep people safe. Staff were recruited safely. The home had robust safeguarding policies in place and staff understood their safeguarding responsibilities.

Since the last inspection improvements had been made with regard to assessments under the Mental Capacity Act. Some carers did not fully understand best interests decisions and we have made a recommendation about additional training in this area.

People were supported to eat and drink enough to maintain a balanced diet. Since the previous inspection, people had more choice about their food and drink and people had opportunities to give feedback. Staff were aware of individual residents' nutritional needs.

People's individual choices and preferences were recorded in their care plans. Staff had completed training in all core areas identified as mandatory by the provider and additional training was available on their

online training system.

Since the last inspection, the provider had made improvements and had implemented and maintained effective procedures to review the quality of the service. The provider had a regular system of supervision, spot checks, and appraisals.

The provider encouraged and welcomed feedback from people and staff. Staff felt well supported by the management team and spoke positively about their roles. The provider's visions and values were person-centred and focused on continuous improvement and providing good quality care.

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 and update

The last rating for this service was requires improvement (published 12 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received an anonymous concern in relation to care, treatment and nutritional needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Middleton Hall Retirement Village on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Middleton Hall Retirement Village

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 Care Act 2014.

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 team consisted of two inspectors, a Pharmacy inspector, and an Expert by Experience. 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 Hall Retirement Village is a 'care home'. People in care homes receive accommodation and nursing or 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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, the County Durham Infection Control team and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. 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 six people who used the service about their experience of the care provided. We spoke with 22 members of staff including three directors, the registered manager, service managers, a deputy manager, nurses, senior care workers, care workers, the chef, kitchen assistants, a housekeeper and a hostess.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional documents and policies to be sent to us electronically. We spoke with 11 relatives on the telephone on 5 February 2021. We collected additional documents from the service on 9 February 2021 to enable us to complete the inspection.

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were always managed safely, and medicine administration was not always recorded appropriately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place for the management of medicines so that people received their medicines safely. However, the records for topical preparations such as creams were not always completed and guidance was not always in place, therefore, we were not assured they were used as prescribed.

We recommend the provider considers current best practice guidance for the recording and administration of topical medicines.

- Care plans around medicines were in place.
- Guidance to support the administration of medicines was available, however, this was not easily accessed by staff. After our inspection the provider took action to update the new medicine record system to address this.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to assess risk and monitor the safety of people. The provider had introduced a new electronic care system. Care plans were up to date and regularly reviewed.
- Personalised and detailed risk assessments were in place. Risk assessments contained clear information to support staff to care for people safely.
- Daily monitoring records were documented electronically. Staff carried hand-held devices which alerted

them to specific individual requirements for people, for example, when it was time to encourage someone to have a drink.

- Equipment was maintained and serviced. Risk assessments were in place to allow contractors to safely enter the home and service equipment such as overhead hoists.

Staffing and recruitment

At our last inspection we made a recommendation that staffing levels be regularly reviewed in line with best practice guidelines and giving consideration to the assessed needs of the people using the service. The provider had made improvements.

- Sufficient staff were on duty to meet people's needs. One relative told us, "Staffing has increased over the last year."
- We received mixed views from staff about staffing levels in some areas of the home. Staff told us that there were always enough staff on duty to meet people's needs and keep people safe. However, staff told us they would like more time to spend with residents to do activities. One staff member told us, "We try and socially interact with the residents but it's hard. Sometimes perhaps we don't have enough time."
- Staff were recruited safely. Recruitment procedures were robust and ensured that staff employed were suitable to work at 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and settled. One person told us, "Staff are caring, efficient and always very pleasant. It's a lovely place and I have all I need." Another person told us, "I am getting the very best of care. The girls are kind, they remember things, and nothing is too much hassle."
- Robust policies and procedures were in place to safeguard people from the risk of abuse. Any safeguarding incidents or concerns were recorded and thoroughly investigated.
- Staff understood their safeguarding responsibilities and were confident in reporting any safeguarding concerns. One member of staff told us, "I would tell the senior on duty, then the manager. I would tell the local safeguarding team if needed."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. These were analysed by the management team and action plans were implemented to prevent future reoccurrences.
- A comprehensive action plan was implemented following the previous inspection. The provider had analysed the issues we identified. Action plans were monitored to ensure the desired outcomes were delivered.

- Concerns raised by residents were documented and thoroughly investigated. Relatives were informed, actions were implemented, and lessons were learned.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 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.

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.

At our last inspection the provider had not always completed MCA assessments appropriately. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements and was no longer in breach of Regulation 11.

- Staff had completed MCA and DoLS training. Some staff required further knowledge in the area of best interests decisions.

We recommend further training is provided to support staff in this area.

- People's capacity to consent to COVID-19 testing and vaccinations was assessed and recorded. Staff explained to us how they would try different methods to enhance people's understanding. Where a person was unable to make the decision themselves, a best interests decision was completed and relatives were consulted where appropriate.

- The provider had implemented wellbeing plans to support people who were unable to understand the COVID-19 testing regime.

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

- People were assisted and supported to eat and drink and their nutrition and hydration needs were met. One relative told us, "[Person] is very picky about what [person] eats and drinks. They continually adapt to try and get them to eat, and to find out what they want." Another relative told us, "The food is superb. If [person] isn't eating, someone will sit and encourage them, feeding them if necessary."
- People were supported to maintain their independence wherever possible. One staff member told us, "We have aids to help people such as plate guards. For people who have trouble with their eyesight, we have red plates with heightened edges. We have better handle grips for knives and forks. If someone's needs change, we are always available to assist."
- Regular meetings were held with the chef to consider the nutritional value of the meals offered. People were given adapted food to suit their needs such as pureed or fortified food. Staff were knowledgeable about individual residents' nutritional needs.

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

- People's needs were assessed and recorded in their care plans. Families and professionals were consulted where appropriate. Care plans were regularly reviewed and updated to meet people's changing needs.
- People's individual choices and preferences were recorded in their care plans and staff were knowledgeable about the likes and dislikes of people. Staff were observed offering people choice in their daily lives, for example, staff asked where people would like to sit at mealtimes.

Staff support: induction, training, skills and experience

- Systems were in place to support staff. Supervision, spot checks, and appraisals were undertaken. Newly recruited staff were required to complete an induction. One staff member told us, "It was a robust training plan when I first started."
- The provider used mock scenario training to help prepare staff during the pandemic. For example, staff would be asked to implement all necessary measures as if a resident had tested positive for COVID-19. Staff were given feedback at the end of the training scenario.
- Staff had completed annual training in core areas identified as mandatory by the provider and additional training was available on their online training system. One relative told us, "Staff absolutely know what they are doing".

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

- Systems were in place and people were supported to access external professionals for specialist care. The registered manager told us that the home had a good relationship with the community matron and advice was sought when needed. People's care plans contained information about relevant professionals involved in a person's care such as the Speech and Language Therapy team.
- Medical attention was sought promptly when required. One relative told us, "[Person] did need medical attention a while ago. I was very happy with the speed of their response and they rang me straight away. The carers are not just going through a checklist, they genuinely care about [person], not just care for [person]."

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

- The buildings and grounds were clean, tidy, well maintained and nicely decorated. People's rooms were personalised, and people could bring their own furniture if they wished to do so.
- Each bedroom in the nursing unit had its own overhead hoist. Staff told us that this was excellent and very helpful to ensure the swift and safe moving and handling of people.
- The service had six visiting pods in place to facilitate safe contact wherever possible throughout the pandemic. This supported people's wellbeing and relatives spoke positively about this contact. One relative

told us, "I am able to pod visit a couple of times a week and this is going very well."

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 this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider did not have an effective system in place to review the quality of the service. Where errors had been identified, the provider had not taken appropriate action to follow this up. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements and was no longer in breach of Regulation 17.

- The provider had implemented and maintained effective procedures to review the quality of the service. Regular audits were completed along with a system of spot checks.
- Where the service had identified shortfalls, the cause had been analysed and lessons learned.
- Constructive feedback was provided to staff where areas for improvement had been identified. The management team provided support to staff to implement proposed changes.

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

- The provider had considered and updated its visions and values. These were person-centred and focused on continuous improvement and providing good quality care. One staff member told us, "The best thing about the service is that it always puts the residents first."
- The board, the trust, the co-owners' forum and the management team had all been involved in reviewing the visions and values and had contributed to determining the provider's goals.

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 provider understood its responsibilities under the duty of candour. Notifiable safety incidents were reported in a timely manner to the relevant authorities.
- Relatives were kept up to date with phone calls, emails and newsletters. One relative told us, "They instantly let you know if there is a problem."
- The provider encouraged staff to be open, honest and report any concerns. One staff member told us, "The manager has an open-door policy. I'm quite happy to approach the manager. Things would get addressed and it would be dealt with appropriately."

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

- The provider encouraged and welcomed feedback from people and staff through questionnaires and surveys. The results were analysed and discussed. Changes were implemented in response to feedback received.
- The provider engaged people who used the service and their relatives. One person told us, "I am very much in touch with the manager; she always pops up and sees me when she has time." One relative told us, "They are very good at communication. We get a very real update about the situation via a newsletter and I talk to [person] every day."
- The service worked effectively with other professionals to ensure people's needs were met and appropriate support was in place. Referrals to healthcare professionals were made promptly.