

Middleton Hall Limited

Middleton Hall Retirement Village

Inspection report

Middleton Hall Limited
Middleton St George
Darlington
County Durham
DL2 1HA

Tel: 01325332207
Website: www.middletonhallretirementvillage.co.uk

Date of inspection visit:
06 August 2019
14 August 2019
15 August 2019
16 August 2019

Date of publication:
12 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Middleton Hall Retirement Village is a residential care home providing personal and nursing care to 73 older people and people living with dementia at the time of the inspection. The service can support up to 90 people.

Middleton Hall Retirement Village accommodates people across numerous areas within substantial grounds. Not all of the people who live within the wider retirement village are in receipt of support with their personal care. CQC only inspects those areas in which people are in receipt of personal care. The people who require this level of support live across four areas, each of which has separate adapted facilities. Middleton Court provides nursing care and Middleton Gardens provides residential support. Middleton Grove is home to a mixture of people who do not require any assistance with personal care and a small number of people who are receiving this additional support. Middleton Oaks provides care for up to 16 people living with a dementia. This is a separate building consisting of two linked bungalows designed to provide support in a family style setting where meals are prepared in a domestic kitchen.

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

Medicines were not always managed safely at the home. Risk assessments were not always in place and therefore staff did not have all the information necessary to minimise risk.

People and relatives felt there were not always sufficient staff on duty and sometimes people had to wait for assistance. We have made a recommendation about this.

People were not always supported to have maximum choice and control of their lives. Mental capacity assessments were not always correctly completed and records of best interest decisions were not always in place.

People were supported with eating and drinking but the choice and quality of food in Middleton Oaks was sometimes not of the same standard as other areas. Records were not always kept to ensure people were drinking enough to stay healthy.

Care records needed to be reviewed to ensure they were accurate and up to date. Whilst some care plans were very detailed others contained limited information about a person's likes and dislikes.

Quality checks were in place but had not identified the issues we found. The registered manager and the wider management team were very quick to respond to our feedback and took steps to make improvements straight away.

People continued to receive care from kind and compassionate staff. Staff knew people well and provided support which met people's needs. Family members were welcomed at the service at all times.

People had opportunity to take part in an incredibly varied programme of activities within the home in line with their personal preferences and there were good links with the local community. People were encouraged to be as independent as possible and were all able to enjoy the extensive grounds thanks to individual GPS tracking devices.

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 outstanding (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

Inspection team

The inspection team consisted of one inspector, an assistant inspector, two members of the medicines team, a specialist advisor, in this case a nurse, 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 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

The first day of this inspection was unannounced. We arranged the remaining visit dates in agreement with the provider and registered manager.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and four relatives about their experience of the care provided. We spoke with 18 members of staff including the provider, operations manager, registered manager, service managers, nursing staff, senior care workers, care workers and kitchen staff.

We reviewed a range of records. This included 18 care plans and 20 medicine administration records. We observed medicines administration. We looked at four 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at up to date training data and reviewed evidence of new documents being introduced following our initial feedback.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and improvements were needed to ensure people's safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk had not always been fully assessed or reviewed regularly. Risk assessments lacked detail and were not always tailored to people's individual needs.
- Suitable safety checks on equipment or the premises were not always carried out. Mattress settings were not always correct and water temperatures were not monitored correctly. We checked two mattresses and found the settings to be incorrect on both, we asked staff to ensure the remaining mattresses were checked following our inspection. In some cases water temperatures had regularly exceeded the safe limit of 43 degrees Celsius.
- Known risks associated with catheter care were not always managed safely and fluid balance charts were not being kept. One person's catheter had come out on three occasions and further guidance was required to minimise the risk of this happening again.

The above placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Using medicines safely

- Medicines were not always managed safely. Records were not always completed or reflective of people's current needs, and staff had not always followed safe practices when administering people's medicines.
- Where medicines were prescribed with a variable dose it was not always clear from the records how many had been administered.
- Accurate and complete risk assessments were not in place for people who self-administered some of their medicines.
- There was some guidance for staff to show when people should be offered medicines prescribed when required, however this was not always available, or person centred. Staff did not always record the reason they had given these medicines or the outcome for the person to show whether the medicines had been effective.
- Where people were prescribed medicines in the form of a patch some records were missing. Documentation that was in place was not clear and staff could not be sure patches were being applied to different parts on the body, which is necessary to prevent people suffering side effects. Following the inspection, the registered manager confirmed the documentation was to be improved to ensure correct placement of patches.

The above placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Staffing and recruitment

- Only one member of staff worked a night shift at Middleton Oaks. At the time of our inspection one person living on this unit required more than one member of staff to support with safe moving and handling. This meant that in an emergency situation staff had to be called from the main building.
- For the majority of shifts only one nurse was on duty across the whole service. They provided nursing care to the people living in Middleton Court and were also responsible for administering controlled drugs in all areas of the home. Two to three times a week the nurse was required to provide clinical support to people living in other areas of the service, for example if people required end of life care. They also provided emergency support to those areas where people lived independently. The registered manager told us they would work alongside the nurses in the coming weeks and look at any areas that could be improved.
- We received mixed feedback from people regarding the staff numbers. Some people were happy with staff levels, but others told us there was not enough staff and at times they had to wait for assistance, particularly on a night or at weekends.

We discussed the issues with staffing levels with the registered manager. They told us they were in the process of reviewing staffing, in particular on nights. Following the inspection, the registered manager confirmed they were trialling one extra member of staff at night who could support the whole team in areas where they were needed. They also informed us a new manager had been appointed to Middleton Court who was a qualified nurse and therefore able to provide additional support if needed. They were continuing with a full review to ensure safe staffing levels in all areas and at all times.

We recommend that staffing levels are regularly reviewed in line with best practice guidelines and giving consideration to the assessed needs of the people using the service.

- Processes were in place to ensure the safe recruitment of staff.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and understood safeguarding procedures. One member of staff told us, "I'd report to the manager first of all but if I still wasn't happy I would then go to [operations manager]. I would then go to CQC if I felt I had to, I know its whistleblowing but it's about resident safety."
- People we spoke with felt safe living at the service. One person told us, "I know the security is good, I feel safe."
- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.

Preventing and controlling infection

- All areas of the building were immaculately clean. Staff had access to protective items such as gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong

- Each service had its own accident book which management would oversee monthly and determine whether a significant event analysis was needed.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff did not fully understand MCA and DoLS. Where people lacked capacity to consent to restrictions an MCA assessment had not always been completed to ensure it was in their best interests. For example where people were restricted in movement by the use of bedrails.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent.

- People who were being deprived of their liberty had up to date DoLS authorisations in place.
- Care records contained signed consent forms where people who were able had agreed to their support. People told us staff asked for consent before delivering care. One person told us, "I just tell them if it needs doing to come in and just get on with it."

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

- People received support with their food and nutrition but records did not always accurately reflect this.
- Some people had been identified as needing to drink a certain amount of fluid each day to keep them healthy. This was not always being recorded so staff could not be sure they were drinking enough.
- Information about people's specific dietary needs was not always clearly recorded in care plans. For example, one person with diabetes had no details of their needs around this within their nutrition care plan.

- Feedback on the quality and choice of food varied depending on the area of the service people lived in. A number of people told us they were very happy with the food and the choice available but we also received some negative feedback. Comments included; "The food is fine, I'm very happy.", "It's the weak link in the chain in my opinion" and "It was horrible last Thursday." One relative commented, "I eat here twice a week but it's gone downhill during the last few months."
- In Middleton Oaks the menu was planned and food prepared by the care staff not the main kitchen. This was in line with the family living style of this area but had resulted in a lack of choice and a variation in quality depending on individual staff cooking skills. People in Middleton Oaks were living with dementia but menus were discussed with them only once a fortnight. Following feedback changes were made to the way menus were planned to ensure more choice and staff were to receive further training in food preparation.

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 service to make sure staff could provide the care and support they needed. A week or two after admission a further assessment is done of a person's needs.
- Background information was requested from families, hospital consultants, community nurses and any care at home services people had been using prior to moving to Middleton Hall. This was to ensure the provider has a good understanding of a person's needs and choices.

Staff support: induction, training, skills and experience

- The way training was recorded and monitored had changed a number of times and records were not being carried forward. This meant it was very difficult for the registered manager to have oversight of staff training. Information received after our visit indicated a small number of staff were overdue some training but the management team were in the process of addressing this.
- Staff gave mixed feedback about the training they received. One member of staff told us, "This is my first job in care, I am surprised when I hear [staff in other care homes] only get one day (training), I had 6 days training, then ongoing shadowing, its constant monitoring." Another member of staff told us they hadn't had much training on MCA and DoLS.
- Staff were supported by a programme of supervisions and annual appraisals.

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

- People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as Community Matrons, and physiotherapists.
- The provider had a fully equipped gym with a swimming pool on site. People were able to access this either independently or with the support of staff. Classes to improve people's balance were held on a regular basis to help reduce the risk of falls. There was a 'motor tech' exercise bike for people to use even if they had very restricted mobility. There was technology linked to the equipment that meant people could watch videos that made it appear that they were travelling as they exercised.

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

- The buildings and grounds were very well decorated and maintained. However, in Middleton Oaks the environment could be further improved to meet the needs of people living with a dementia. We discussed this with the registered manager who told us that following our feedback changes would be made, for example the use of contrasting colours to make handrails stand out.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to 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 supported in a dignified and patient way.
- Staff treated people with respect and valued people's backgrounds and interests. One member of staff told us, "They aren't just 'old people' they have lives and experiences, if you talk to them and find out some of the things they have done."
- People and their relatives were very happy with staff. One person told us, "Staff are very good indeed. Thank goodness for the staff, it's good to talk to them." A relative said, "We moved [relative] here from another service and have no complaints at all. If you have to be somewhere you'd want it to be here."

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

- Staff involved people in decisions about their care and to promote their independence.
- Care plans documented people's preferences in terms of personal care, for example one person preferred to have their care delivered by female staff.
- One person told us, "Yes staff listen to you, anything you were bothered about you'd only have to mention it to the staff."
- People had access to independent advocates if necessary. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Staff knocked on people's doors before entering their rooms and spoke to people in a respectful manner. One member of staff told us, "When we deliver personal care we always make sure doors are closed. We ask people if its ok to do things, if they feel ok."
- People were supported in a number of ways to continue to be as independent as possible, for example self-administering medicines where possible.
- People were able to go out and enjoy the extensive grounds on their own. If people were at risk of becoming lost or confused whilst out walking they were provided with a personal GPS tracking system so staff were alerted when they left the building and were able to locate them if necessary.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to 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

- Some care plans contained very detailed information on people's individual support needs and personal preferences. However, others were much briefer and more task based, with less specific information to guide staff. Following the inspection, we received assurances from the registered manager there would be specific training to address inconsistencies in the quality of information being recorded.
- Staff did not always have easy access to the most current information. People's needs and plans of care were reviewed at least once a month, but changes were recorded in a review section of the document and the main care plan was not always updated. This meant that outdated information was often the first thing staff saw. We discussed this with the registered manager who said this would be reviewed and any necessary changes or improvements made as soon as possible.
- People told us staff knew their likes and dislikes. One person said, "Oh I think they do [know my likes and dislikes]. I try not to be too disliking if I don't like the food I just leave it, I call them the A team, they're ok and they do offer alternatives."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in alternative formats to ensure everyone was able to access and understand it.
- Communication plans were in place for some people with a recognised sensory impairment. The registered manager was working on introducing these plans for everyone who may require additional support with communication.

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

- The provider continued to offer a whole host of activities to ensure there was something to meet all people's needs and preferences. There was a well-stocked library on site that was run by a person who lived at the service. A newly created art studio was very well equipped and was used regularly, particularly in preparation for a recent art exhibition. One person told us, "There's sewing and an arts studio and you can do pottery. There's plenty of things if you want to do them and they take us out on a Wednesday weather permitting."
- Outdoor activities included a bowling green and croquet lawn. A 'man shed' was popular with male resident who were able to access tools to make things. There were allotment areas where people helped to

grow vegetables and the service also had their own chickens that provided some of the eggs for the kitchen.

- People were supported to maintain relationships with friends and family. Families were able to visit at any time and were welcomed into the service. People were able to eat with relatives in a large pleasant orangery or a more formal restaurant area. One person told us, "Yes [family and friends] are always welcome here."

Improving care quality in response to complaints or concerns

- The registered manager investigated and responded to any complaints or concerns brought to her attention. These were addressed in line with the provider's complaints policy.

- People and their relatives knew how to complain if they felt they needed to. One person told us, "You do have a tongue in your head if you wanted to make a complaint but we all get on well together."

End of life care and support

- People were asked how they would like to be supported at the end of their lives and information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

- The Gold Standards Framework (GSF) was in place for people, this is a framework used to help people plan ahead to live as well as possible right to the end. The service had achieved beacon status from GSF in recognition of the high standard of end of life care being 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 this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and management oversight was at times inconsistent. Processes in place did not always support the delivery of 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

- Systems to review the quality of the service were not effective. Robust checks are essential to ensure management can identify and address any areas of concern in a timely manner. Although the registered manager and wider management team carried out a number of regular audits they had not successfully identified the issues we had found.
- Care plan audits were not dated and where errors had been identified there had been no action taken to follow this up.
- Records were not always up to date or accurate and risks were not always being identified or managed. Although the registered manager had acted quickly to make changes and improvements where needed we will need to review these at our next inspection to ensure they have been successfully implemented and sustained.

This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- A brief meeting was held at 10am each day with a representative of each area so that management had oversight of the service. Further staff meetings were held in each area of the service covering a range of subjects. These meetings gave staff opportunity to discuss any issues and be involved in making positive changes.

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

- Since our last inspection the service had become 'employee owned'. The provider had chosen to take this step rather than sell to a larger provider to ensure that their values and vision for the service was protected. One member of staff told us, "I think in the long run the employee ownership will be good as it won't just get bought out and taken over by someone who doesn't care."
- The provider was very proactive in recruiting the right staff and supporting existing ones. Staff were encouraged and supported to progress to more senior roles if they wished to. One member of staff told us, "They (the provider) were at a job fayre at the Dolphin centre, and I said, 'but I don't have any qualifications', and they said we don't employ qualifications we employ the person."
- People were happy with the management team. They felt they were involved and able to have their say.

One person told us, "I think it's very good here, it suits my needs and if there's anything I need I can shout for it. I would say if things weren't right."

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 had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.
- Following our initial feedback, the registered manager sent us evidence of the positive changes they had made and their plan for further actions.

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

- The provider, registered manager and wider staff team all worked towards encouraging the local community to be involved with the service in a variety of ways. There was a 'village show' planned for September and people from the local village had been invited. There were links with local schools and youth groups such as Brownies who visited the service and joined in activities such as arts and crafts. There had recently been an arts festival which was open to the community and had been well attended.
- Residents meetings were held, and records kept of the issues discussed. We saw evidence of action taken following suggestions made at the meetings. For example, one person wanted to talk to their family who did not live locally. Skype had been downloaded on to their laptop to enable them to make video calls.
- Annual surveys were conducted with staff and people using the service. The most recent survey results, from 2018 had been very positive. Any feedback comments had been reviewed and acted upon.

Working in partnership with others

- We received positive feedback from external health professionals who worked with the service. One professional told us, "Nurses and senior carers are very well engaged with our service and act on advice provided. They are very involved with the residents in every aspect of their care. The level of care provided is very good, with emphasis towards maintaining social interaction and involvement in stimulating activities."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not always being sought in line with the principles of the Mental Capacity Act 2005. People's capacity to make decisions had not always been correctly assessed and unnecessary restrictions may have been placed on them.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. Medicines were not always managed safely and risks were not always correctly assessed or recorded.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to monitor the service. Completed and accurate records were not being maintained and audits had not identified areas of concern.