

# Barchester Healthcare Homes Limited

## Middletown Grange

### Inspection report

Middletown  
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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

Middletown Grange nursing home is a care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

People living at Middletown Grange told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. The home used the same agency staff to ensure consistency of care. Staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

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 supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. People had access to activities to prevent social isolation.

Middletown Grange was well-led by a registered manager who had been in post for six months and was passionate about improving people's care. The service had a clear management and staffing structure in place. Staff worked well as a team and complemented each other's skills. The provider had quality assurance systems in place to monitor the quality and safety of the service.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 September 2018) and there were two breaches of our 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

This was a planned inspection based on the previous rating.

### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Middletown 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 (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 two inspectors 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

Middletown Grange nursing home 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 home is purpose built accommodating up to 60 people.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider is 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 the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the action plan which the provider had submitted following the last inspection. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We

also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people and two relatives. We looked at four people's care records and seven medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the senior regional director, the interim manager and six staff which included, nurses, carer staff, kitchen staff and activities coordinator. We reviewed a range of records relating to the management of the home. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

At our last inspection the provider had failed to ensure there was enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) 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 18.

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. People got support when they needed it. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency of care. The manager told us recruitment was ongoing and use of agency staff was reducing.
- Records showed planned staffing levels were maintained.
- People and their relatives acknowledged staffing levels had improved. They said, "Always seems to be carers around when you need them. Seem to be enough staff" and "Always people around. When we are here every 10 minutes or so someone pops in".
- Staff commented on staffing levels. They told us, "Staffing has really improved" and "We don't get that many agency staff on ground floor. If we do, they have been here before. We've got more staff now".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

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

- People told us they felt safe living at Middletown Grange. One person told us, "Oh yes very good and safe. It's nice because staff are very, very good. Feel safe definitely because they [carers] treat me well".
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I would report any concerns to manager, safeguarding and CQC (Care Quality Commission)".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

### Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessments included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

- People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors.

#### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. One person told us, "Always on time with the medication. They do talk to me about what they are for".
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean. One person said, "Nice and clean. If you even drop so much as a crumb, then they are straight there to clear it up".

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following medicines recording errors. The manager had introduced 'check the checker' approach and recording has vastly improved.

# 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure there was enough staff to meet people's hydration needs. This was a breach of regulation 18 (Staffing) 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 18.

- There were enough staff to meet people's hydration needs. We saw people were supported to drink regularly and records were updated to ensure fluid targets were met.
- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings so as to improve people's experience. Staff supported people to maintain good nutrition. This included special diets, individual choices and preferences.
- People told us they enjoyed the food and said, "Get on well with the food and the chef always does what I want. If I don't like something on the menu will do me a jacket potato", "Food, very happy, very good. Chef comes around. Very easy going always something I like" and "Very much like the food, always get a choice and the chef will do other things if you want".
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

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

- People's needs were assessed before they came to live at Middletown Grange to ensure those needs could be met and individual care plans put in place. One relative told us, "We had an assessment when we came in and went through everything".
- People's expected outcomes were identified and care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to

work to.

- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. One member of staff commented, "Induction was very good, and training is exhaustive". Another member of staff said, "Training is very good, excellent".
- Staff told us they were supported through supervisions. These meetings provided an opportunity for staff to meet with their managers on a regular basis to agree objectives and discuss their performance.
- People told us staff were well trained and knowledgeable. One person said, "Staff know all about me. If my daughter wants to know something she has a chat with carers or the nurse".

Staff working with other agencies to provide consistent, effective, timely care

- The home had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to-date information sharing with other services.

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

- Middletown Grange was purpose-built home with several sitting places where people could spend their time.
- Some signage was dementia friendly and allowed people to orientate themselves around the home and maintain independence. For example, toilet doors had a visible coloured picture on them.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the beautiful gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- The home had been refurbished and it looked more spacious and smelt fresh.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further advice when needed. One healthcare professional told us, "Staff know clients very well and always follow my advice".

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.

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We complete mental capacity assessments when necessary and apply for DoLS when required". People were given choices as staff worked to the principles of the MCA.
- Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

# 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 requires improvement. At this inspection this key question has improved 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 positive about the care they received and told us staff were caring. One person said, "On the whole they [carers] are alright. Generally happy with the care I get. [Carer] brought me back some sweets from her holiday". Another person complimented, "I know that when carers come in they are very, very good. Very good care". One relative told us, "Staff are brilliant, lovely people, generally sympathetic. I see him smile when staff giggle with him. If he is grumpy they turn him around".
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presents of staff and other residents.
- Staff knew people very well and knew how best to support them. For example, a person who was agitated and constantly wanting to know if a relative was coming to see her was given constant reassurance by carers. Another person needed support to maintain a comfortable position in her chair. Staff were vigilant and popped in to check on them regularly.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis. One person told us, "Staff do share the care plan with me. We talk about things if they need changing".
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. They did so in a way that was sensitive to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "When I am

being showered, they treat me with dignity". We saw staff knocked on people's doors and waited to be invited in.

- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "We encourage and support people with activities of daily living. We give them time".
- People were supported to be as independent as possible. For example, people were given specially adapted plates and cutlery during meals to aid their independence. One person commented, "They are very patient and they let me wash my self even if it takes ages".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# 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 requires improvement. At this inspection this key question has improved 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

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and daily head of department meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- Staff knew people's needs well. One person commented, "They [staff] do know what I want. They know I like a drink at night".

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.

- People had communication needs assessments completed as part of the care planning process. For example, one person had impaired vision and was hard of hearing. The care plan guided staff to speak slowly to this person and always ensure the person wore their cleaned glasses. We saw staff followed this guidance.

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 had access to activities which included in-house, days out and group activities. For example, a range of musical activities such as singing and listening to music. Walks in the garden or in to the village were supported by staff. A Pets As Therapy (PAT) dog visits regularly and animal visit sessions took place, including penguins. The cinema is in regular use, with people playing a part in the selection of films. External entertainers visited regularly, including theatre groups, jazz musicians and exercise specialists. Trips out were a feature, with recent visits including a visit to a wildlife park, a farm park and garden centre as well as a pub meal. Last winter people were taken ice-skating.
- People told us they enjoyed the activities. Comments include, "I like the activities, especially Dominoes

and Scrabble. You play games and make friends", "Like reading books so I spend a lot of time reading. The activity person gets then in for me" and "I do join in if there is anything I am interested in, like music or trips out". One relative told us, "[Person] joins in with the musical things, they like the theatre visits".

- The provider had invested in an interactive projection table (Magic table) designed to stimulate physical and mental activity in people with dementia. People told us they enjoyed it. One person said, "I like the magic table, wonderful in the way it works".
- The home linked people's hobbies to activities. For example, gardening, arts and crafts or cookery. One person who liked gardening had a special area which they looked after, doing the watering and looking after the flowers. This person told us, "Staff get me up in the morning, and in the afternoon take me around my little garden and take me out to sit in the sun". Arrangements were being made for a former boxer to meet a famous boxer and a person who lived near an airfield to visit the local RAF base and go on a plane.
- Staff at Middletown Grange had developed links with the local community. Several local schools had links with the home. Pupils from a local school visited, gave concerts and shows, read and shared project work. Some pupils had completed their work experience. Links had been established with health and beauty students from the local college of further education. The students come in and did nail care. People enjoyed the experiences. People had access to activities in the local community with one person attending a day centre.

#### Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy. Since our last inspection, the provider had only received two complains. There were many compliments received regarding good care.
- People knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues. One person told us, "Haven't got a single complaint, very happy here with everything". It was clear the management of complaints had improved since our last inspection. One relative told us, "Nothing about complaints at all. When we first came in we had an issue with some staff attitude, this has improved and it's all settled".

#### End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had a dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support.
- Staff had received training in end of life care and knew how to support people and families. Staff told us they now had time to support people during end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At 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's quality assurance systems were not always effective and people's records were not always up to date. This was a breach of regulation 17 (Good governance) 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 17.

- There was a registered manager in place who had been appointed following our last inspection. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by a divisional director, a deputy manager and clinical managers. On the day of the inspection the registered manager was away, and the home was being led by a manager from one of the provider's other homes. The service was being run effectively in their absence which showed good leadership.
- The registered manager was making positive changes to improve people's care and had solid plans to sustain the improvements.
- The provider had effective quality assurance systems in place. These included, audits of care plans, medicine records and health and safety records. These provided an overview to ensure improvements were made where necessary. For example, reviewing staffing levels to address shortfalls in records and poor quality of care.
- People's records were up to date and reviewed whenever their needs changed. This was a significant improvement from the last inspection.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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

- People and relatives told us the home was well led. People commented, "Nearly every day the manager comes in and asks, 'are you alright, anything worrying you?' That's very good", "Managed well, good care, friendly. A nice place, nothing to grumble about" and "'It is well manged because we never have any real problems". One relative told us, "Brilliant, well led and well managed".
- Staff were complimentary of the support they received from the registered manager and the deputy

manager. Staff said, "Manager is very supportive and never says no. She listens to us and takes what we say on board" and "Leadership is great. Manager runs it with an iron fist. It runs so much better now".

- Relatives and staff told us the registered manager and deputy manager had a visible daily presence in the service and led very much by example.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care 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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys and electronic feedback board. The information gathered was used to improve the service. For example, some comments related to food choices and how people chose their meals.
- People and relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "The provider is supportive and looks after us well. They say, 'thank you', they sent letters to our homes".
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.