Mrs Julie Tickle

Midtown House

Inspection report

Midtown House
Caldbeck
Wigton
Cumbria
CA7 8EL

Tel: 01697478528

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22 August 2016

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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

This unannounced inspection took place on the 15 and 22 August 2016. The service was last inspected on 6 September 2013 when the provider met all the standards inspected on that date.

Midtown House is situated within its own grounds at the centre of the village of Caldbeck. The home provides accommodation and personal care for up to 20 older people, some of whom may be living with dementia.

Accommodation is provided in ensuite bedrooms with additional communal space such as lounges, a conservatory, dining room and specially equipped bathrooms and toilets.

The accommodation is spread over two floors, with access to the first floor via stair lift. Outside there are enclosed garden areas with car parking.

There was a registered manager in post on the day of our inspection visit.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we spoke to people who lived in Midtown house they told us the staff "are lovely and they always keep us safe".

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate which meant there were sufficient staff to meet people's needs and support their independence. There was evidence that staff recruitment and selection was robust and guaranteed only suitable people were employed to care for and support people using this service.

The registered manager was aware of her responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager provided details of the staff training plan that evidenced staff training was up to date. Staff confirmed they received training appropriate to their roles within the staff team.

People had access to external health care services which ensured their health care needs were met. Staff had completed training in safe handling of medicines and the medicines administration records were up to date. Protocols were in place for the receipt and disposal of all medicines that came into the home.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and

hydration. People told us "We have a choice of meals and if there is anything we don't like we can choose something else" and "The food is excellent and all home cooked". We saw that drinks and snacks were available throughout the day.

We saw that people were included in decisions about their care and were supported to maintain their independence and control over their lives.

People's privacy and dignity were respected at all times and they had access to an advocacy service if this was necessary.

Staff knew the people who lived in Midtown House well and we saw very warm caring interactions between the staff and the people they supported.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which helped to ensure their individual needs were met.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

There was an appropriate system in place to records complaints. People told us they never had cause to complain.

The registered manager had developed a strong and visible person centred culture at Midtown House. Staff were fully supportive of the aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was sufficient staff on duty to meet the needs of the people who lived in Midtown House.

Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Medicines were administered correctly and the records were up to date.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had completed training appropriate to their role within the staff team.

Health care needs were fully met and people were protected from the risk of malnutrition or dehydration through comprehensive nutritional planning.

The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We saw meaningful interactions between people and the staff and saw that people's privacy and dignity were respected.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

All the people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

There was an appropriate system in place to manage complaints. People told us they never had cause to complain.

Is the service well-led?

Good

The service was well-led.

The registered manager had developed a strong and visible person centred culture at Midtown House. Staff were fully supportive of the aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

Midtown House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 22 August 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We contacted the local authority commissioners to ask if they had any concerns about this service. They had only positive comments to make.

We spent time with people in the communal areas and the privacy of their own rooms. We walked through the building looking the environmental standards

During our inspection we spoke to five people who lived in the home four members of the care staff team and the senior carer on duty on the first day of our visit. On the second day of the inspection we spent time with the registered manager who is also the registered provider. We also spoke to the cook on duty on the first day of our inspection visit.

We looks at six care plans in detail, discussed staff training, looked at the records relating to the upkeep of the building and checked the medicines administration records.

Good

Is the service safe?

Our findings

We spoke to five people who lived in Midtown house and asked them if they felt safe and comfortable with their surroundings. Their replies were all very positive. One person said, "Of course I feel safe. These girls are very good and look after me very well". Another said, "I have always felt safe living here and I have made some friends. I trust all the staff to keep me safe".

We spoke to four members of staff and asked them how they made sure people were kept safe living in Midtown house. They told us they had completed training in protection of vulnerable adults and all four told us they were aware of their responsibility to keep people safe at all times. Their comments included, "I have done my training in safeguarding and I know how important it is to keep people safe" and "We talk about keeping people safe in team meetings and supervision. All the staff understand how important it is". All the staff we spoke to had an understanding of the different aspects of abuse and what signs to look for. They also assured us they would not hesitate in reporting anything they saw that may harm the people they supported and cared for.

People were kept safe because there were systems were in place reducing the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse.

Staff rotas showed that there was consistently enough care staff on duty with the right competencies and experience to keep people safe both day and night. The registered manager told us she had recently appointed an extra member of staff to work in the afternoon and into the evening to help with the tea time meal. This allowed the care support staff to spend more quality time with the people who lived in the home.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw in the support plans there were tools to monitor mental health needs and directions for staff to support people who had more complex needs. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way.

We saw that safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that new staff had all the required employment background and police checks and references had been taken up. This ensured only suitable people were employed by this service. The manager was fully aware of her accountability if a member of staff was not performing appropriately. There were suitable policies and procedures in place for managing employment issues and the provider had access to an external professional organisation for help and advice with regards to employment law. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

There were clear policies and procedures in place for medicines handling and storage. We looked at the arrangements in place in relation to the recording of medicines received into the home and kept on people's

behalf. We looked at the medicines administration records and found these to be clearly and correctly completed. Medicines no longer required were disposed of in an appropriate and safe manner.

Charts were used for the recording of the application of creams by care staff and these showed where and how they were to be used so that residents received correct treatment. We checked to make sure that care staff were completing these when they had applied the creams.

We saw that weekly audits (checks) were completed and recorded on the medicines file. This ensured the correct amount of medicines were always available for people. We found that all the medicines were held in a locked cupboard within the medicines trolley. All medicines were clearly labelled and those we checked were all in date. The registered manager had devised protocols that helped to ensure that nobody who lived in Midtown House was at risk of receiving incorrect medicines or medicines other than that which was prescribed by their GP.

Good

Is the service effective?

Our findings

During our inspection we spent time in all parts of the building and saw that people were given choices throughout the day. Some people spent their day in their rooms, only coming to the dining room for their meals. Others stayed in the communal areas of the home chatting with their friends, their visitors and the staff. We heard staff asking people where they wanted to sit, if they wanted a drink and if they were comfortable. There was a relaxed atmosphere and one person told us, "It is great living here, I can choose what I want to do and the girls understand if I want to sit quietly in my room".

We saw that care staff at Midtown House communicated well with the people who lived there and gave people the time they needed to express their wishes. We saw that people who had capacity to make decisions about their care and treatment were supported to do so.

We saw evidence throughout our visit that the care staff knew the people they supported very well. Most of the staff had worked at Midtown House for many years and were familiar with people's likes and dislikes and their preferences about how their care was delivered.

Some people who lived in the home were not always able to make important decisions about their care and lives. We saw that the registered manager had a good understanding of her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that there was nobody living in Midtown House who was living with a DoLS order in place.

The registered manager had a good understanding of the MCA and DoLS and was in the process of arranging for all staff to have refresher training in this subject through an external training provider.

Throughout our inspection we saw that people were free to make choices about their care and their lives in the home. The staff in the home asked for people's agreement before providing support and this was only given with people's permission. There was no one in the home who was subject to a DoLS at the time of our inspection and we did not see any evidence of people being restrained or deprived of their rights or of their liberty.

People had access to food and drink throughout the day and we observed lunch being prepared and saw evidence that all food was home cooked including puddings, cakes and biscuits. Staff told us that, at the

time of our inspection, there were no residents requiring assistance with eating although some needed encouragement to eat their meals. We saw that staff supported and encouraged in a patient and appropriate manner and gave people time to eat at their own pace. People told us they enjoyed their meals and were given choices at every meal.

We saw, on the care and support plans, that everyone had a full nutritional assessment in place. People's weights were recorded weekly or monthly as appropriate. If people were at risk from dehydration or malnutrition details of fortified meals were recorded.

We discussed training with the registered manager and she confirmed staff received their training by a mixture of face to face and on line electronic training. The senior care worker had completed 'Train the Trainer' in moving and handling and this ensured staff training in this subject was always up to date. The registered manager had a matrix showing when statutory training was due for updates. Staff completed a full induction programme and some were working towards the care certificate qualification.

Healthcare needs were met through good working relationships with external health care professionals. The registered manager confirmed they received very good support from the local GP surgery and the district nursing team. People were able to access specialist advice if necessary. This included the dietician, speech and language therapist, hospital consultants and mental health specialists. People also had access to chiropody, dental care and optical care.

The GP practice had a Medicines manager who completed regular medicines checks. They also worked closely with the registered manager to ensure people received the right treatment and medication to keep people in the best possible health. Members of the Care Home Educational Support Services (CHESS) who visit the home every 4-6 weeks were also available for advice with regards to medicines.

Good

Is the service caring?

Our findings

When we spoke to people who lived in the home we asked them if they felt comfortable in their surroundings. One person said, "Of course I feel safe. These girls are very good and look after me very well". Another said, "I have always been happy living here and I have made friends. I am warm and comfortable and the care here is wonderful".

We spent time in different areas of the home and saw warm caring interactions between the staff and the people who lived in Midtown House. The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff who were supporting them.

Staff told us that, "It is our job to care for people because they need our support. However we do all we can to encourage people to retain as much of their independence as they can. We know it is sometimes hard for older people to accept help but we do try and make it easy for them".

All the care staff we spoke with told us that they understood it was important to treat people with respect and to protect people's dignity. One staff member told us, "You try to put people at their ease, it only takes little things to respect people's dignity, little things but they're really important".

People told us that staff were caring and respected their privacy and dignity. We saw staff who were respectful when talking to people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff spoke discretely to people about their personal care needs.

Bedrooms we saw had been personalised with people's own belongings, such as family photographs, ornaments and mementos to help people create their own personal space. We saw staff talking to people in a polite and friendly manner. We saw that people were being supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

The service had a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and if people lacked capacity to make this decision, a mental capacity assessment best interest decision had been made by the appropriate people.

The registered manager and some of the staff team had completed the 'six steps training programme. Staff told us, "It is what we do anyway but it is nice to have the process officially endorsed". This training evidenced recognised best practice in supporting people at the end of their lives. It ensured people received consistent and co-ordinated care and enabled them to remain in the home if this was their wish. The registered manager also told us arrangements were made for families to stay at the home with their relative if this should be necessary.

The registered manager was knowledgeable about local advocacy services that could be contacted to support people if they required assistance. An advocate is a person who is independent of the service who can support people to make decisions about their lives or to raise concerns about their support.

Good

Is the service responsive?

Our findings

Prior to their admission to Midtown House people's health and social care needs were comprehensively assessed to ensure the service was suitable and could meet their needs. Some of the people who lived in the home had previously had periods of respite care in the home. When they eventually came to live in the home the care staff already knew their preferences and routines. The registered manager told us that this enabled people to settle easily when they moved into the home. Following the initial assessment of needs the registered manager developed a plan of care, personal to the individual, outlining the care and support to be provided.

The care plans we looked at during our inspection visit evidenced that people had been involved in the preparation of their care plan as many of them had been signed by the person. If people were not able to sign their own plan of care an appropriate person had signed on their behalf. We saw, from the care plans we looked at, that care staff had been provided with clear guidance on how to support people as they wished. Wherever possible personal histories were included but some people declined to give more that the most basic information. This preference was respected by the registered manager and all the staff.

Each care plan was reviewed every month and a more in-depth review was carried out by the registered manager with the individual every six months. We saw that all the reviews were up to date and recorded any changes to the assessed needs. When changes were identified the information was passed on to the care staff immediately and discussed at the relevant staff handover. We were present at one of the handover meetings and could see the staff were very aware of each person's support needs and any changes were discussed.

People told us that this service was very responsive to their needs. One person was having the bath in their ensuite bathroom removed and a shower installed in its place. They told us they much preferred a shower as they felt safer than having to get in and out of the bath. This is one of three showers that had been installed at people's request.

When we spoke to people we asked them if they were able to take part in organised activities. One person told us that they really enjoyed playing dominoes as that was their favourite. Other people told us they liked to chat with their friends and the staff. The registered manager had recently employed a member of staff to help in the afternoon until later in the evening. This had freed up care staff to spend more time with people on a one to one basis. She told us this had proved most successful. Musical entertainment was also popular. Some people attended various clubs and meetings that were held in the village of Caldbeck.

People living in Midtown House told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services if they wanted to and that they could see their own priests and ministers in private to take communion.

Where people had chosen to spend their time in their rooms, they told us that this was their choice and commented, "I like to spend time with my own things around me. I even have my meals in here. I choose

whether I go down stairs or not, the staff always tell me what's going on." People told us that staff frequently popped into see them to say hello and enquired if they needed anything. This helped to ensure that people were protected from the risks of social isolation and loneliness.

We asked people if they knew what to do if they had reason to make a complaint or voice a concern. They responded by telling us they would speak to the registered manager or any of the staff but this had never been necessary. One person said, "We see the manager every day and if we are upset or worried it is sorted out immediately. I have never heard anyone complain about anything. Why would they there is nothing wrong round here".

The local authority adult social care had not received any complaints and we (CQC) had not received any concerns about the service provided.

Good

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). She was also the provider, and had been in post since she took over the operation of the service. Since that time she had focused on developing a strong and visible person centred culture in the the home. She told us that her vision and value was that, "Everyone who comes through our doors will be included in our home and supported to feel safe, secure loved and wanted." She had a high profile in the home and people told us she was always "round and about".

When we spoke to the registered manager we talked about of the importance of effective communication across the service. Regular meetings took place, including informal chats, where any pressing concerns or new issues could be addressed. Staff supervision was up to date as were annual work appraisals.

Our observations of, and discussion with staff found that they were fully supportive of the registered manager's vision for the service. Staff told us that the atmosphere and culture in the service had always been of the highest standard. They said that the environment had always been happy, relaxed and friendly with no sign of institutionalisation at all. Staff described working as one big team and being committed to the person centred approach which had greatly improved the outcomes for people living there. They told us when we met with them during the handover meeting, "We all help each other as we can all do each other's jobs. We like it that way and it certainly works for us".

We saw that the registered manager continually strived to improve the service and had introduced reflective practice sessions with the staff aimed at enhancing the care and support provided. If staff came up with suggestions to improve practices and care provision these were looked at and discussed.

The registered manager had a system in place to monitor the quality of the service although much of this was on an informal basis. She made sure she spoke to every person who lived in the home on a daily basis. Questionnaires were sent out annually and an action plan put in place should this be necessary. Internal audits were completed in respect of medicines administration and recording, care plans, infection control and health and safety.

The audits also highlighted any work necessary to improve the standard of the environment throughout the home. We saw evidence to show the improvements required were put into place immediately. There was a continual programme of maintenance work to be carried both internally and externally.

The registered manager had notified the CQC of any incidents and events as required by regulation and fully understood the importance of this process.