Care Quality Commission

Mrs Julie Tickle

Midtown House

Inspection report

Caldbeck
Wigton
Cumbria
CA7 8EL

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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

Midtown House is a care home that provides accommodation and personal care for up to 20 older people, some of whom may be living with dementia. At the time of our inspection there were 19 people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on 6 December 2018 and was unannounced.

The service did not have a registered manager in place at the time of inspection but had a registered provider who oversaw the day to day running of the service, and was the manager. 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.

People who used the service felt safe and at home in a welcoming and relaxed environment. Staff ensured people felt at ease in their surroundings and their individualities were respected.

All staff knew how best to reduce the potential anxieties and risks people faced. Specific risks were clearly assessed with actions in place to reduce them.

All aspects of medicines management were safe, including storage and disposal, administration and ongoing monitoring of staff competence. Staff were suitably trained and knowledgeable.

There were sufficient staff to ensure people were safely supported. The premises were well maintained and clean throughout. Servicing to equipment had happened regularly.

Staff were well supported through formal mandatory training and ad hoc support from the manager and senior staff. This training was well monitored and managed. Effective systems were in place to ensure the accurate documentation and update of people's care needs. Staff understood these systems well and liaised proactively with external healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The premises were well suited to people's needs, with a range of communal spaces indoors and outdoors. Meals were planned with people's preferences in mind.

People were extremely complimentary about the care they received from staff, as were relatives. Staff knew people extremely well, were able to anticipate their needs, and reciprocated the affection and warmth they were shown.

People were encouraged to take part in the planning of their care but were respected when they chose not to engage in specific conversations about aspects of care. The manager ensure family members were involved to ensure people's best interests were known and acted on.

Activities were meaningful and led by people's preferences.

Staff morale was high, turnover low, and the team worked well together.

The manager and staff had worked hard to ensure the culture remained strongly focussed on the needs of individuals and ensured they felt cared for in a place they considered home.

All staff confirmed the management of the service was open, collaborative and approachable. We found the manager had successfully balanced strong oversight of the service with a hands-on approach to helping people who used the service on a day to day basis.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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.

We visited the service on 6 December 2018 and the inspection was unannounced. The inspection team consisted of one adult social care inspector and one expert by experience who had experience of this type of care service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spoke with 10 people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with eight members of staff: the manager, the senior carer, three other care staff, the cook and domestic assistant. We looked at two people's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems and maintenance records. Following the inspection we contacted three family members.

Good

Is the service safe?

Our findings

People who used the service consistently told us they felt safe. People said, "Well I wasn't safe at home but I am here, I couldn't ask for better," "Of course I am safe, it's grand!" and, "There are always staff when you need them." Relatives told us, "It is lovely to know that he is well looked after at this late stage in his life." People were relaxed in the presence of all staff and clearly enjoyed the peace of mind and security they drew from the trusting relationships they had built up.

Staff received appropriate safeguarding training regularly and were passionate about ensuring people received safe care and support. Safeguarding information was prominently displayed in the service and we were assured staff knew how to raise concerns if they should have any.

Medicines were managed safely by staff who were appropriately trained and whose competence was regularly assessed. The use of medicines was carefully and regularly reviewed by way of stock checks, audits and reviews of specific medications. All medicines administrations records we saw were accurate and clearly legible. People's medicines records were well ordered and well maintained. Controlled drugs were stored in line with good practice and a check of these demonstrated no issues with the stock levels. Controlled drugs are substances that are liable to misuse. We observed a medicine round and found patience, consent and dignity, alongside good medicine practice, ensured people were safe.

Staffing levels were well planned and sufficient to ensure people's needs could be safely met, with additional staff arranged for when there were outings or specific events. Agency staff had not been used. One member of staff told us, "We cover each other if there's a gap – it's important people know who will be looking after them." A recent change to the call bell system meant it triggered a vibrating signal with each member of care staff rather than making and 'alarm' sound in a communal area. This minimised the disruption and anxiety people could face through hearing the regular sounding of alarms.

Accidents and incidents were recorded and meaningfully analysed to try and identify patterns and help reduce the risk of reoccurrence. Appropriate pre-employment checks of prospective staff remained in place. All staff respected people's privacy and confidentiality. Care records were stored securely away from communal areas.

Risk assessments were in place and were sufficiently detailed. Where appropriate, recognised assessment tools such as Waterlow and Malnutrition Universal Screening Tool (MUST) were used to monitor the risks people faced. Waterlow is a tool which gives an estimated risk of pressure sores; MUST is a means of identifying those at risk of malnutrition or obesity and putting in place consistent measures to reduce the risks. All staff we spoke with demonstrated a sound knowledge of the risks people faced and had received relevant training such as recent pressure sore awareness training.

The premises, whilst old and in need of regular maintenance, was in a good state of repair. Testing for legionella had taken place recently and water temperatures were regularly checked to avoid the risk of scalding. The servicing of equipment such as electrical, lifting and emergency systems was up to date and in

line with respective guidelines. Personal Emergency Evacuation Plans (PEEPs) were up to date and accessible.

Good

Is the service effective?

Our findings

People received care and support from staff who were well trained, well supported and had a comprehensive knowledge of their needs. One person told us, "This place is most efficient." Relatives agreed, saying, "The staff are constantly trying to give [person] a good quality of life. They are patient, caring, quick to respond" and "It is especially good to know how attentive night staff are."

It was evident staff were suitably skilled and knowledgeable to provide a high standard of care. They worked well with local healthcare professionals. For instance, staff entered data regarding people's weight and blood pressure, which was proactively shared with the local GP to ensure they had oversight of when someone may be at risk.

Care records were for the most part paper-based, with some raw data being updated on the electronic system. We found this balance worked well and that the paper documentation ensured there was accurate, up to date and sufficiently detailed information about people's health. Information was added by staff on a daily basis and monthly reviews of care plans were undertaken. This was beneficial for anyone coming in to the service who needed to know the recent history of someone, for instance a visiting nurse.

Staff received a range of mandatory relevant training to ensure they were able to meet people's needs. This included dementia awareness, safeguarding, moving and handling, first aid, end of life care and food hygiene. Staff consistently told us they were well supported by the manager and senior staff. They said, "The support is fantastic and everyone pulls together as a team." We noted there were no recent documented supervisions (formal) meetings between the manager and individual staff members. All staff however confirmed they received timely updates and support from the manager and that handovers between shifts were a key time for sharing messages. We found, despite the lack of more formalised meetings, staff were well supported.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager fully understood the principles of the MCA and had previously applied for a deprivation of liberty safeguard (DoLS). They continued to monitor people's capacity to make decisions and were aware of what constituted a restriction to someone's liberty. They were responsive to our feedback about seeking additional advice regarding one instance where capacity was uncertain and further assessment may be needed.

Meals varied daily and took into account individual preferences and dislikes. For instance, people enjoyed roast chicken at lunchtime on the day of inspection and were looking forward to pheasant the day after. People confirmed where they did not like a meal that something else was prepared. The cook demonstrated a sound knowledge of people's preferences and also where a specialised diet was required. One person told us, "I love the food." Refreshments and snacks were readily available throughout the home.

The premises, whilst old, were well suited to people's needs, with good lighting throughout, two stair lifts

and a range of communal spaces inside and out.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are more like friends," "You can't better this place, it's grand. My family come when they please" and "I am very comfortable really and the girls are very kind." Relatives gave similar praise, stating, "The standards of care and the many kindnesses demonstrated by the staff are exceptional," and "She is now happy, brighter and most importantly content and feels secure."

The majority of staff had worked at the service for a number of years and knew people extremely well. People who used the service were affectionate towards staff and this was reciprocated, always appropriately. The continuity of care people received was one of the key strengths of the service according to the people we spoke with. One person said, "I know them all so well now." A relative said, "Mum says the staff are like friends. Someone will always stop for a chat."

Staff at all levels took the time to get to know people and appreciate their individuality. They celebrated this at key times, for instance birthdays and Christmas. One person enjoyed birthday celebrations during our inspection, whilst the manager was in the process of taking delivery of Christmas presents they had bought for people. These were clearly well thought through and reflective of the person-centred care delivered. For instance, one person's grandfather played for a football team and they were themselves a supporter; the manager had got them a hat and scarf with the team's logo for Christmas.

The atmosphere was homely, relaxed and welcoming, with an entrance area where people chose to sit at varying points of the day, taking an interest in the comings and goings of the service. People's rooms were highly personalised and decorated to a high standard.

People's spiritual preferences were respected with each person and their relatives asked about this as part of an assessment of their needs. Once a month a Church of England minister would conduct a service in the home, whilst Catholic and Methodist ministers also had links with the service.

People were involved in the planning and review of their own care. They and relatives confirmed they were regularly consulted. Where they declined to talk about specific topics this was respected. One person said, "I can do what I like and they help with anything."

We observed people being treated with respect and dignity throughout the inspection. Staff clearly had a strong understanding of what may make people anxious (for instance specific topics of conversation) and what comforted them. We observed staff comforting a person who became a little anxious but who calmed when chatting about their day and helping with housework.

People's independence was encouraged and supported on a daily basis and this was evidently part of the culture of the home. People came and went to the local shops or went for walks where this was their preference. These outings had been suitably risk assessed by the manager, who ensure a good balance was struck between keeping people safe and ensuring people's desire to follow their own interests was not impacted on.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to moving to the home. For most people this was some time ago but the manager ensured people's care planning was reviewed and accurately reflected their current likes, dislikes, interests and potential hazards they may face. They showed us the form they completed with families to ensure people's personalities and preferences could be understood by staff. This went into a level of detail which included, for example, favourite music and what side of the bed someone preferred to get out of on a morning. Care planning was therefore person-centred and responsive to change. Where one person's care plan required updating in relation to mental health needs, the manager responded to this promptly.

We observed the manager actively engaging through the inspection and gathering feedback from people on an ongoing basis. People told us this was how the manager ran the service and they felt actively involved.

One relative told us, "They notice when there are problems and take appropriate action. They always keep the family fully informed and part of any decision making."

People were empowered to make suggestions and we saw that these were acted on by the manager. For instance, Wednesday afternoon had become the games afternoon (accompanied by a sherry), whereby people would play card or dominoes. A braille set of dominoes was available. People confirmed they enjoyed some of the organised events and visitors the manager arranged. We saw these included soothing music sessions with a harpist, a pianist, a guitar player, tea dances and trips out. People also confirmed they were enabled to pursue their own independent interests, such as tapestry, reading and watching television or films. Whilst there was no activities co-ordinator, it was evident all staff knew what interests people had, and positively encouraged these on a regular basis. People told us, "I am off to a party this afternoon" and "I go out a lot – the girls take me." People were therefore supported to pursue meaningful activities and gained a sense of wellbeing and fulfilment through this.

All records we looked at were sufficiently detailed, up to date and accurate. All staff were given appropriate time and support to ensure person-centred care could be planned and delivered.

Nobody using the service at the time of inspection felt the need to raise a complaint. All people we spoke with were comfortable raising concerns with individual staff. Relatives we spoke with confirmed, "The manager is very good at communication. If there is ever a problem she will immediately inform us as a family." The manager had a suitable complaints procedure in place and this was accessible.

The manager ensured people had the opportunity to sensitively discuss their care should they approach the end of their life. Families had been involved in these discussions and the manager had ensured staff were suitably trained and comfortable talking to people about their plans. No one at the service at the time of inspection was receiving end of life care but the manager was well placed to help people receive this support in a homely environment should they need it.

Good

Is the service well-led?

Our findings

The manager had a nursing background and ample relevant experience. They were not a registered manager as they were the registered provider and had full time on site oversight of the service.

They demonstrated a good awareness of best practice in a range of areas and maintained their knowledge by accessing resources through, for example, the National Institute for Health and Care Excellence, and the Social Care Institute for Excellence. They were aware of relevant recent changes in legislation, for example the General Data Protection Regulation (GDPR). The GDPR is a law that protects people's personal sensitive information.

The manager accessed training via an online provider and had good support with regard to policies from an external provider. They had in place effective systems and processes to enable staff to complete their roles well. This also meant they were able to spend time understanding the needs of people who used the service and taking a hands-on approach.

People who used the service confirmed this, saying, "This place is very well run really" and "The manager is an angel." Relatives expressed confidence in the manager and their team and said, "I cannot recommend Midtown house enough." We found the manager to be a strong leader who did so by example. The culture they and staff had worked hard to maintain was one of respectful, affectionate support for people who were at home.

The manager and senior carer had in place a robust set of quality assurance and auditing processes to ensure they continued providing a high standard of care. This ranged from care plan audits to health and safety checks of the premises. The manager had used strong local links with relevant tradespeople to ensure the premises were well maintained. Governance of the service was strong and roles were clearly defined.

Links with the local community were strong and well established. The home was centrally located in the village and this had the effect of people dropping in intermittently throughout the day. People who used the service were encouraged to remain a part of the community and this was in part facilitated by the manager ensuring the home remained a central part of the community. For instance, they ensured ministers of religion regularly visited the service, as well as relatives, friends and musicians.

All staff we spoke with were enthusiastic about their role and acted in line with the provider's ethos as set out in their statement of purpose. One said, "I like working here very much. The manager is so nice you can go to her with anything." Morale was high and staff turnover low. We were assured that the service was delivering high standards of person-centred care to people who were safely and affectionately cared for by staff who valued their individualities.