

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Middleton Lodge

Station Road, Middleton St George, Darlington,
DL2 1JA

Tel: 01325333993

Date of Inspection: 09 July 2014

Date of Publication: August
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Potensial Limited
Overview of the service	Middleton Lodge provides care for up to ten people with learning and physical disabilities. The home is located in the village of Middleton St George and is close to local amenities and transport links.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Care and welfare of people who use services	7
Cleanliness and infection control	9
Management of medicines	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
About CQC Inspections	17
How we define our judgements	18
Glossary of terms we use in this report	20
Contact us	22

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The inspection team consisted of one inspector. During the inspection, we spoke with five out of nine people living at Middleton Lodge, the manager, the deputy manager and six staff. We looked at three sets of care records. We also observed care practices within the home.

The service had a new manager in post. At the time of the inspection they were going through the registration process. The management of the home was good and we saw strong leadership in place and a positive environment for people and staff. Staff spoke highly of their manager and the support which they received.

We set out to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?
Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Peoples care plans were person centred and provided information on what people liked/disliked, how people liked to be woken up of a morning and how staff should behave around them. Middleton Lodge uses a system called Caresys, where they update people's care plans on a monthly basis, log daily notes and any accidents and incidents.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care home. While no applications had needed to be submitted the home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and there was evidence to show that this had been followed appropriately. Staff had received training in relation to these topics along with the safeguarding of vulnerable adults and had an understanding of the actions to take. This meant that people were safeguarded as required.

Middleton Lodge was clean and tidy; although the provider may wish to note that the communal bathroom boxed in area was bare wood, majority of carpets needed replacing or required a deep clean and the settee in the main lounge had a tear.

Is it caring?

The majority of people who lived at Middleton Lodge could not communicate verbally; there was information in the care plan about 'how I communicate.' Middleton Lodge had also devised a small communication booklet for one person who used the service. This was so that the person and the staff could communicate effectively. The manager stated that they are planning to do this for all people who could not communicate verbally.

Peoples care plans provided information on their medical and personal life history. The care plans detailed 'what I can do for myself,' 'what support I need' and 'how the home will meet my needs in this area.' Care plans were individualised and included people's preferences, interests, aspirations and diverse needs.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people.

People, who could communicate verbally, told us that they were happy with the care and support provided to them.

People who used the service were supplied with an easy read 'service user guide', Deprivation of Liberties information and how to make a complaint.

Is the service effective?

Everyone had their needs assessed and had individual care records which set out their care needs. It was clear from our observations and from speaking with staff that they had a good understanding of the care and support needs of people living at the home and that they knew them well. Assessments included money management and behaviour that challenges.

People spoke highly of the staff and said that they were happy with the care that had been delivered and their needs had been met.

Is the service responsive?

There was clear evidence contained within people's care plans to show how they worked with other health and social care professionals. People told us that they knew how to make a complaint if they needed to. The home was responsive to people's needs, wishes and preferences.

One person who used the service had a 'coming home plan' for when they returned from a day centre. Every member of staff we spoke with, were aware of this plan and the reasons behind it.

People using the service and the staff, completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed with an action plan. The staff survey mentioned the need for a sensory room and money they received from a 'staff excellence' award had been used to purchase items for this.

Is the service well led?

We did see a cleaning schedule, but more robust audits needed to be in place to make sure this schedule was adhered to and was working. The manager told us that they have just employed a cleaner and were waiting the return of The Disclosure and Barring Service (DBS).

The service had records of quality assurance systems in place. Therefore the manager was protecting the people who used the service and others against the risks of inappropriate or unsafe care and treatment.

What people said:

People who used the service were very happy with the care they received. One person we spoke with said, "Everything is good about living here." And "I am going into town for lunch." Also "They (the staff) took me to see my mum."

Staff we spoke with said "I love working here, we are like one family," and "I get good job satisfaction," "I get loads of support," and "I get on with them all, I am very calming when people show behaviours that challenge."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We examined three care records out of nine in detail. We also spoke with the manager, the deputy manager, six staff and spoke with or observed five out of nine people living at Middleton Lodge,

There was evidence of people's involvement in their care plans, people had signed in agreement and one person who used the service verbally told us what was in their care plan and the risks they presented such as they told us "I don't always return home."

The care plans had a lot of information about the person such as 'where I stay', 'my family,' 'how I communicate' and the 'support I need'.

We saw evidence to show the care records were reviewed monthly; this was done on a computer system called Caresys.

We found that risk assessments had been carried out and care plans written in accordance with risks. There were risk assessments for medication, absconding and behaviours that could challenge, were in place, along with de-escalation procedures and diversion techniques.

Middleton Lodge used different risk assessment techniques. We saw evidence of the use of The Outcome Star and Samurai. 'The Outcome Star' measures and supports progress for people who use services towards self-reliance or other goals. In one person's care plan a 'Samurai' risk assessment had been carried out. This is a specific risk assessment which is used to assess violence and aggression and is used to formulate a care plan..

There was evidence within the records that staff communicated with other health professionals such as GP's and district nurses. All appointments were documented and collated in a 'Key Workers Summary', The Key Workers Summary was reviewed monthly

along with the person who used the service and documented what appointments/visits had taken place that month, what when required (PRN) medication had been used that month and why. Activities participated in and peoples comments or body language was documented. Questions were also asked such as 'are you happy at Middleton Lodge', 'do staff meet your needs', 'are you happy with the food and choices of food' and 'do you know how to make a complaint if you are not happy.'

We spoke with six members of staff who worked at the service. They were very knowledgeable about people's physical and mental health needs. They were able to describe the needs of people who used the service, including their physical and mental health conditions and how people's needs should be met. This helped to ensure that the care needs of people were met.

Activities throughout the day were on an individual basis as each person enjoyed different things. The activities for each person were detailed in the individual care files. One person who used the service said, "I am going for lunch in town." And "I have ordered a camcorder, I will be making films."

One staff member we spoke with said, "X loves gardening, he has a greenhouse and a shed."

Another staff member we spoke with said, "They love going on holiday and go twice a year May and September." And "They walk for miles when they are on holiday."

Throughout the day people who used the service came and went, the majority were at day centres and one person enjoyed going to the local shop.

Each person's room was individualised and the manager told us that they were hoping to personalise these even further with colour choices etc. One person who used the service was due to have their room decorated and said they just wanted paint not wallpaper and had yet to decide the colour.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

During the inspection we spoke with the manager and staff about infection prevention and control (IPC). At the time of our inspection they had no infection control lead for the home; the new manager said this was something they were going to put in place.

The staff we spoke with were able to describe the measures they took to prevent the spread of infection. This included washing their hands before and after caring for people, regular washing and wiping down of equipment, wearing personal protective equipment (PPE).

Staff told us there was always sufficient PPE available for them to use, including disposable gloves and aprons. We saw that hand wash; disposable towels and PPE were readily available for staff and people who used the service to use. The manager told us they were waiting for the correct paper towels to fit the dispenser, until then a roll of paper towels were being used.

We also saw laminated hand hygiene posters displayed within the home that informed staff of the importance of correct hand washing. We saw that foot operated bins for the disposal of waste was available.

We looked at the cleaning schedule which showed the different areas of the home which needed cleaning. These tasks were written down but there were no audits in place to make sure they were happening and working correctly. We did see mattress audits in place but there were no bed rail audits.

We could not see any evidence of a deep cleaning schedule for carpets and soft furnishings. At the time of our inspection some carpets looked like they needed replacing and some needed a deep clean.

There were also tears in the lounge furniture and the boxed in area of the communal bathroom was bare wood, which made it hard to clean. The manager provided us with a refurbishment schedule and carpets were listed, but no dates as to when these would be completed.

The laundry was quite small and did not have a clear dirty in and clean out system. The manager was trying to overcome this by storing all clean linen in under bed storage containers, in the persons own room. The manager was also devising a system of taking dirty washing into the laundry, along with photo identification of whose laundry it was. This was to prevent people from taking baskets of dirty washing and leaving them piled up on the floor in the laundry room.

We spoke with staff at the time of our visit and they explained that appropriate colour coding of equipment and cleaning materials was in place. This ensured that these items were not used in multiple areas, therefore reducing the risk of cross-infection. Although one member of staff was unsure but stated they used disposable cloths that were thrown away after use. The manager said they were arranging infection control refresher training for all staff.

We spoke with staff about infection control training and saw records to show that all staff had completed this training. Staff were also made aware of the policies and procedures.

Middleton Lodge had recently had an infection prevention and control audit conducted by the Local Authority. The manager provided the action plan on the day of inspection. The majority of the actions had been completed. The provider may wish to note that the action plan from the Local Authority also highlighted the need for new carpets, cleaning of carpets and the tears in the lounge furniture.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Prescribed medicines were given to people appropriately.

When we visited the home, we looked at the medication records held on behalf of people who lived there.

As part of this inspection we looked at the medicine administration records and medicines supplies for nine people and some care plans. People who used the service received their medicines at the times they needed them and in a safe way.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment.

Appropriate arrangements were in place for the recording of medicines, including the application of creams and ointments. Regular checks were in place to make sure that records were completed fully and accurately.

The MAR chart included a when required (PRN) protocol, stating what the medication was for, when and how to administer it. These also included non-verbal signs to show if a person was in pain.

We checked to see if medication was safely handled. We saw records of staff specimen signatures were kept. This meant the person who had been responsible for giving the medicine could be clearly identified. A copy of the home's policy and procedure for the administration of medicines was held in the office. This meant staff could check they were administering medication correctly.

We looked through the medication records of the people who used the service, although all medication administration records (MAR) were complete for administering medication. The provider may wish to note that the results section on the carer's notes overleaf was not completed correctly.

Hand written entries on the MAR chart had two signatures one who had wrote the information and a witness's signature to verify what had been written was correct.

The home had a file with all the medication in use 'Patient Information Leaflets' (PILs). These included any medication warnings such as this medication may make you sleepy, what the medication is for, side effects and contra indications.

The MAR file had dividers with photographic identification of the person who used the service along with their name, date of birth and any allergies.

We saw medicines were kept in a locked cupboard, which was in the office. The temperature in the room was checked daily to ensure it was within the appropriate range.

We looked at the medication fridge. The temperature for this was recorded daily. The fridge stored insulin for one of the people who used the service.

We looked at medication due to be returned to the pharmacy, this was locked away in a separate cupboard and documented ready for the pharmacy to collect.

All staff members had been trained on the safe handling of medication and we saw evidence of this.

We looked at the handling of medicines liable to misuse, called controlled drugs; at the time of our inspection Middleton Lodge had no one using controlled drugs but storage and recording facilities were ready if needed.

We saw evidence of medication competency assessments, these were carried out every six months.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at four out of 15 staff training folders and a training matrix. Five staff held an NVQ level 2 and six staff held an NVQ level 3. One member of staff told us they were currently completing an NVQ level 4 course.

All common mandatory training was up to date. Staff had also received training in client specific courses such as diabetes, epilepsy and autism. The provider may wish to note that a lot of training was due for renewal in August this year. The manager also carried out a monthly staff training and support audit.

We saw that each member of staff had undergone regular supervision sessions and yearly appraisals which were clearly documented and identified individual training needs and development. These were stored on the computer system Caresys

Supervision included anything related to work such as role, responsibilities and understanding of new policies and systems, concerns and/or team issues, training and development, working with individual people who used the service such as key updates, progress and challenges, also achievements since the last supervision.

The manager showed us a supervision and appraisal checklist which highlighted when each person was due to receive a supervision and/or appraisal for 2014.

We looked at the minutes of staff meetings which were held in January, April and June 2014. We saw that meetings were well attended and items such as: team working, NVQ's, feedback from managers meetings, the recent infection control inspection and recent complaints had been discussed.

Therefore we saw evidence that staff were receiving appropriate training, professional development, supervision and appraisals. We also found that staff were able to attend further training appropriate to the work they carried out.

We also saw completed staff survey forms which the deputy manager had received back the Friday before our inspection. The main feedback was the need for a sensory room.

Staff had recently been awarded a 'staff excellence' reward; money received for this award had been used to purchase items for a sensory room. They were waiting to take delivery of these items. They also bought some garden games with the reward money.

Staff we spoke with said "I get loads of support" and "The new manager has some good ideas which I hope take place." And "The staff meetings are very informative."

One staff member stated she would like to access Makaton training. The manager said they were in the process of sourcing 'Non-verbal Communication Training.'

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

As part of our inspection we looked at how the service monitored the quality of care it provided.

We discussed quality assurance with the manager. They had a good understanding of their responsibilities in respect to quality assurance and why they needed to monitor the quality of care and treatment provided.

We looked at the quality assurance file which the service used and regular audits were carried out for accidents, finance, notifications, policies and procedures and 'service user' involvement.

We saw that there were systems in place to monitor safeguarding and health and safety. At the time of our inspection there was no complaints file available for us to see any individual complaints from people who used the service, these were documented on Caresys, but any complaints from other people, such as a neighbour who complained about the grass outside was not documented. This complaint was discussed at a staff meeting and the manager told us the outcome was satisfactorily sorted out, however, we could not see evidence of this. The manager said that they were going to set up a complaints file straight away.

Resident meetings were carried out every two months and topics discussed themed entertainment nights, plans for the garden and holidays.

Good procedures were in place for monitoring accidents within the home. Information on patterns of incidents such as frequency, type of incident and injury sustained was available and sent to head office on a monthly basis. This meant the home was carrying out good practices to reduce the risks of accidents to people and staff.

Resident surveys were sent out annually. Due to people who used the service having little or no verbal communication, the key worker for each person completed the questions with a note of their body language. Questions asked included, what do you think of Middleton

Lodge? What are the staff like? Do you have any issues and concerns at present? And do you feel safe? The provider may wish to consider finding a less subjective way of obtaining this feedback.

Fire safety audits were in place and each person had a personal emergency evacuation plan (PEEP's) in their care plan. Fire drills took place every six months; we saw documentation for one in January. The manager said that one had taken place on the 2nd July 2014, this was documented on the fire drills records.

The audit file in the home had an area managers monthly audit, the last dated one available at the time of our inspection, was for April 2014. The area manager contacted us and stated that they conduct audits at the home every three months and also conducted these audits via their on-line systems Caresys (care system), Citation (health and safety), and CPL (Training/supervision/appraisal/Personal Development Plans log matrix with statistical information). The provider may wish to note that this information was not recorded on the area manager audit form.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
