

Review of compliance

Potensial Limited Middleton Lodge	
Region:	North East
Location address:	Station Road Middleton St George Darlington Co Durham DL2 1JA
Type of service:	Care home service without nursing
Date of Publication:	September 2011
Overview of the service:	Middleton Lodge provides care, treatment and support 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 good local amenities and transport links.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Middleton Lodge was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Middleton Lodge had made improvements in relation to:

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Two people said that the food was always good.

What we found about the standards we reviewed and how well Middleton Lodge was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who used services experienced effective and appropriate care, treatment and support that met their needs.

Outcome 05: Food and drink should meet people's individual dietary needs

People were supported to have adequate nutrition and hydration. However people at risk of poor nutrition or dehydration did not have their needs recorded on a recognised nutritional screening tool.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The home was clean, fresh and tidy. Infection control measures were in place and a lead person with responsibility for infection control was going to be appointed.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

There were appropriate arrangements in place for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Equipment was suitable for its stated purpose, was properly maintained, was used correctly and safely and promoted service users independence.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The staff were supported to provide appropriate care and treatment to people, because they had been properly trained and supervised.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

We saw that every person living at Middleton Lodge had a care plan. We looked at the care plans of three people in detail. We saw that the care plan documentation had been vastly improved since our last visit on 28 June 2011.

We saw that the care plans had been fully rewritten so that they identified each person's holistic care needs. The care plans were "person centred" (this means they were written in a way that described how each person preferred to be supported with their care).

Other professionals involved with each individual had been consulted, and some had contributed to this process. For example, a representative from the Primary Care Trust (PCT) was present on the day of the inspection; she was assisting the manager to implement risk assessments associated with some prescribed medicines.

We saw that care documentation provided up-to-date information about people's present conditions.

The manager told us that she was waiting for additional input from some other professionals; she told us that on receipt of this information; the care plans would be

more detailed and robust.

At our last visit on 28 June 2011 we found that risk assessments were not recorded in enough detail to keep people safe.

During the visit, we found that where people were at risk, there were assessments in place which described the actions that staff should take to reduce the likelihood of harm. For example, one person was at risk of burning them self with hot drinks, the assessment described accurately how to minimise the risk and the drinking aid that should always be used.

Another risk assessment described the potential triggers for one person who was epileptic, and the support they would need during and after a seizure.

The risk assessments that we saw had a built in monthly evaluation process, this meant that risk assessments would always be kept under review.

We saw that support staff promoted service users dignity, rights and choices and supported them to be independent. Each person was treated as an individual and the carers were responsive to their culture, age and disability.

During the inspection all service users and staff appeared relaxed, there was a very calm atmosphere, service users were talkative and were smiling a lot, they were enjoying activities in the lounge and one service user was playing an electric organ, and others were singing along to the music.

Service users and their representatives now know that their health, personal and social care needs will be met. This is because they have agreed a suitable plan of support. People can now be confident that any changing needs they may have will be met, and regularly reviewed.

The manager told us that, for those people who did not have close family input, advocates and other professionals involved in their care would be asked by the manager to agree and sign their care plans and risk assessments.

Overall the care plans and risk assessments were much better than the last time we visited on 28 June 2011.

Our judgement

People who used services experienced effective and appropriate care, treatment and support that met their needs.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Two people said that the food was always good.

Other evidence

We saw that nutrition documentation for service users had improved. We saw that if a person was found to be at risk of choking or required a special diet, then a plan of care and risk assessment had been developed.

We saw that daily records were kept to monitor how much people were eating and drinking. These checks promoted service users health and wellbeing by ensuring the supply of nutritious, varied, balanced meals at all times.

At the time of the inspection there were no recognised nutritional screening tools in place. The manager intended to seek professional advice regarding the most appropriate tool to introduce to the service.

The manager showed us the innovative pictorial menus that had been devised, these provided service users with communication difficulties with the opportunity to easily choose and select the meal options available on a daily basis. The menus had a choice for each meal that took account of service user's individual preferences, and their likes and dislikes.

Service users were provided with snacks and drinks throughout the day and night.

The manager said that she had planned for a community dietician to review the menus to ensure that they promoted healthy eating.

We observed the lunchtime meal, the mealtime was relaxed, unrushed and flexible to suit the service users. Some people were given gentle prompts, and those that needed assistance were provided with support in a discreet and sensitive way.

We saw records that each service user was weighed weekly, and sitting scales had been purchased for those service users who were unable to use conventional standing scales.

Two service users said that the food was always good.

Our judgement

People were supported to have adequate nutrition and hydration. However people at risk of poor nutrition or dehydration did not have their needs recorded on a recognised nutritional screening tool.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

We looked around all areas of the home during our visit including bathrooms, toilets, and kitchen, dining room, laundry and lounge areas. We found all parts of the home to be clean, fresh and tidy. There were appropriate waste bins in place and protective clothing was available for staff to use when necessary.

The manager had introduced an infection control audit system. Regular checks were being carried out daily, weekly and monthly, this ensured that all parts of the home were maintained to a good standard.

We saw that the home provided hand cleaning gel at various points throughout the home.

We spoke to the staff during our visit, they told us about the new cleaning schedules in place at the home, which helped to ensure all areas are thoroughly cleaned on a daily basis, and checked on a regular basis.

The manager confirmed that staff had received training in infection control procedures, and health and safety matters. She said that more training had been arranged to take place with the infection control nurse.

The infection control nurse stated in her most recent report that we looked at, that there had been a marked improvement especially around cleanliness.

The manager told us that she had introduced systems for the prevention of legionella's. We saw systems in place for checking hot water temperatures; regular flushing's of little used outlets, and the de-scaling of shower heads.

We saw a record that an external company had carried out an annual water tank inspection.

The manager ensured that all staff had access to suitable protective clothing, cleaning products and equipment.

We saw care staff washing their hands before and after personal care tasks.

Policies and procedures were in place regarding the control and prevention of Infection and staff had access to these.

A lead person was going to be appointed by the manager to be responsible for the control and prevention of infection at the home.

Since our last inspection, Darlington's Public Protection Division had visited the home on 09/08/2011. The report stated: an excellent response to the previous report, full compliance, and stated that the home should re-apply for a new rating in December 2011.

Our judgement

The home was clean, fresh and tidy. Infection control measures were in place and a lead person with responsibility for infection control was going to be appointed.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

The manager told us that medicines were now handled safely, audited and securely stored. We saw records of daily medication audits that had been introduced and that the medication administration records (MAR) were being completed appropriately, specific codes were being used for as and when, required medicines.

The manager told us that all service users prescribed medicines had been reviewed by their own GP. Many "as required" medicines had been discontinued because they were no longer needed.

The manager showed us that all the recommendations made by a recent visiting PCT pharmacist audit/report had been complied with.

There were medication guidance and safeguards in place, which were monitored and reviewed.

Any prescribed medication were given to people safely. All staff had been properly trained to manage, handle and administer medication safely. This included monitoring

the effect of people's medicines, potential side effects and any adverse reactions.

Staff had been appropriately trained to administer midazolam safely; this is an epileptic rescue drug

There were procedures in place for recording and reporting adverse events, drug reactions, incidents, and errors. Stringent procedures were in place should any controlled drugs be prescribed.

On the day of the inspection, a nurse practitioner was visiting the home, and was providing the manager with support and guidance regarding associated medication risk assessments. She arranged to revisit the home to assist with implementing specific risk assessments linked to certain medicines.

The providers systems complied with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971, and the safe Management of Controlled Drugs Regulations 2006.

Our judgement

There were appropriate arrangements in place for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

During the site visit we saw that all parts of the building were very clean, tidy and fresh.

Many parts of the home had been newly refurbished and decorated to a good standard, and all areas were well maintained.

A maintenance programme had been introduced, and all previously reported faults, breakages and equipment had been appropriately replaced and repaired.

The mobile hoist had been serviced and new slings purchased.

Sitting scales had also been purchased.

There were sitting, recreational, dining space and personal space available. There were more than enough rooms for a variety of activities to take place.

The manager told us that she planned to contact the local occupational therapist team to gain their expert advice about appropriate therapeutic equipment that could be purchased for the previously little used activities lounge.

Service users were able to see visitors in private in their own rooms which had all been refurbished and made safe if they wished, or they could make use of the refurbished

dining room or quiet lounge during these visits.

New furnishings and fittings were domestic in design and were in very good condition. New easy clean lounge furniture had been purchased; there were new soft furnishings, pictures and ornaments providing a homely atmosphere. New bed linen and new mattress's had been purchased and bedrooms had been personalised.

All doors had privacy locks that worked.

The rooms were centrally heated and the heating level could be controlled within each bedroom. Broken radiators covers had been replaced and pipes were guarded. New light switches had been fitted where needed.

The kitchen equipment was clean and in good working order.

There was emergency lighting throughout the home. Valves were in place at water outlets; this ensured water was provided close to 43°C to prevent scalding.

The laundry facilities were well organised and new hand washing facilities had been installed.

The washing machines had the specified programme that would meet disinfection standards.

Our judgement

Equipment was suitable for its stated purpose, was properly maintained, was used correctly and safely and promoted service users independence.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

During our visit to the service we looked at all communal areas, observing how people were being care for. We found that there were enough staff to meet the needs of the seven service users at that time.

The staff were organised, attending appropriately to people's needs and we observed good interaction between staff and service users.

The service did not have a registered manager, however there was an acting manager working there. The acting manager had made significant changes to the operation of the service and staff were very complementary about the changes she had made.

One said "we now get the things we need to give good care".
Another said, "We now have the time to spend quality time with the service users. There have been lots of changes recently and they were all for the better".
The manager had a good knowledge about the service user's needs and the staff working in the home.

Staff were receiving the support they needed in relation to their responsibilities; this enabled them to deliver care and treatment to service users safely and to an

appropriate standard by receiving appropriate training and support. Staff supervision sessions had recommenced. The acting manager was being supported by the area manager in this process.

Training had included, fire training, health and safety, protection of vulnerable adults, mental capacity, mental health awareness and accredited medication training. Staff had also received training to administer Midazolam.

The following training had also been arranged to take place within the three months of the inspection: Deprivation of Liberty, first aid, food hygiene, moving and handling, record keeping, end of life care, diabetes, advocacy, autism, effective communication, nutrition, and person centred awareness.

Six staff had also commenced National Vocational Qualifications (NVQ) at level 2/3 .

Our judgement

The staff were supported to provide appropriate care and treatment to people, because they had been properly trained and supervised.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns: People were supported to have adequate nutrition and hydration. People at risk of poor nutrition or dehydration did not have their needs recorded on a recognised nutritional screening tool.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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