

# Review of compliance

Potensial Limited Middleton Lodge	
<b>Region:</b>	North East
<b>Location address:</b>	Station Road Middleton St George Darlington Co Durham DL2 1JA
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	<p>Middleton Lodge provides care, treatment and support for up to ten people with learning and physical disabilities.</p> <p>The home is located in the village of Middleton St George and is close to good local amenities and transport links.</p>

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

## Our current overall judgement

**Middleton Lodge was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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:

- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 08 - Cleanliness and infection control
- Outcome 09 - Management of medicines
- Outcome 10 - Safety and suitability of premises
- Outcome 14 - Supporting staff

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 17 January 2012, checked the provider's records, talked to staff, reviewed information from stakeholders and talked to people who use services.

## What people told us

We were able to speak with one person who used this service. They told us they did not want to move from the home. We spoke with all of the staff who were on duty. We did not hear any negative comments about the home.

## 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

Overall Middleton Lodge had met this outcome. Care plans reflected the needs of the people who used the service and described how they should be cared for.

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

Overall Middleton Lodge met this outcome. Peoples' nutritional needs were monitored and met.

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

Overall Middleton Lodge met this outcome. The home was clean.

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

Overall Middleton Lodge met this outcome but to maintain this improvements are needed. The medication administration records did not identify allergies that people had.

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

Overall Middleton Lodge met this outcome, but to maintain it improvements are needed. Some of the bedroom doors were not decorated to a good standard.

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

Overall Middleton Lodge met this outcome. Staff were supported by the manager.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 7 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. When we propose to take enforcement action, our decision 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

We were able to speak with one person who used this service. They told us they did not want to move from the home.

##### Other evidence

We looked at one care plan in detail. We saw there was a lot of information in the care plan and that picture and images were also used to aid communication. We saw the monthly evaluations were generally up to date. The care plans were presented in a person centred way and we were able to see how a person should be cared for. There was some evidence that the people who use the service had been involved in the writing and regular evaluation or summaries of the care plans.

We spoke with all of the staff on duty and they all said they thought the plans were person centred and had improved a lot. For example we were told "They are more understandable and more person centred." Another person told us "I think they are more person centred now, there is more information. They are definitely more detailed." And another person said "I think they are really good. You can pick one up and know how to look after that person."

##### Our judgement

Overall Middleton Lodge had met this outcome. Care plans reflected the needs of the

people who used the service and described how they should be cared for.

## 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

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We were able to speak with one person who used this service. They told us they did not want to move from the home.

##### Other evidence

We looked in the kitchen cupboards and saw that there was a good stock of food kept. In the freezers we saw individual meals prepared for people on special diets. This meant the home could always offer a choice to people. We saw there was fresh fruit and vegetables available for people to eat. The manager told us they had paid to have the menus checked by a dietician to ensure that they provided a good balanced diet to people. We were also told people were weighed regularly to monitor individual weights. We were able to see and smell the tea time meal being prepared which was a stir fry using fresh ingredients.

When we spoke with staff they told us "One lady is on a pureed diet. We have had a lot of help from her speech and language therapist. The food choices are quite varied, they all seem to like it." And "We have monthly meetings with the service users to discuss food choices." Another person told us "All the menus have changed; we get more fresh vegetables than last time. We are getting healthier things. All the meals are good." And someone else said "Better diets fruit wise, fresher food available. There has been a big change these last six months. The service users are quite happy with what they get."

All the staff we spoke with confirmed that people were weighed each week.

We discussed the use of a nutritional screening tool with the manager and during our visit she downloaded some information from the internet about a universal assessment tool that could be used with people in the home.

**Our judgement**

Overall Middleton Lodge met this outcome. Peoples' nutritional needs were monitored and met.

## 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

We were able to speak with one person who used this service. They told us they did not want to move from the home.

##### Other evidence

We walked around the building to see if standards of cleanliness had been maintained. The home was clean and we did not smell anything unpleasant.

When we spoke with staff said they had sufficient cleaning products and equipment available to use to keep the home clean. They also said that cleaning tasks were allocated by the senior care worker on each shift and cleaning schedules were available to follow. Staff also told us they had time to do the cleaning properly.

##### Our judgement

Overall Middleton Lodge met this outcome. The home was clean.

## 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

We were able to speak with one person who used this service. They told us they did not want to move from the home.

##### Other evidence

We looked at the Medication Administration Records held at the home and saw they had been well maintained, however, we did notice the record did not identify allergies that people might have. We checked a sample of boxed tablets and found the tablet count to be correct. A diabetic help line was identified for one service user. On the wall there was information for staff about making decisions about medications. We also saw an epilepsy rescue plan had been completed by health care professionals for staff to follow.

We asked the manager what the process was for taking medication out of the building for example when people went out on day trips or visits. We were told staff had to use clear plastic bags that were labelled with the persons name and medication details on.

We asked staff the same question and were told tablets were taken out in plastic pots. We were told "When taking meds out you put a code on the MAR sheet, write on the back of the sheet and put the tablet in the medication boxes, they have all got one. Liquids are syringed into a bottle." And "When taking medication out of the building we

put the tablets in the pink tablet box. Liquids are syringed into little bottles." We told the manager what staff had told us and asked her to confirm with the Primary Care Trust Pharmacist what best practice would be. The day after our visit the manager confirmed that she had done this and that the plastic bags would be used as best practice. Staff would be told to do this.

### **Our judgement**

Overall Middleton Lodge met this outcome but to maintain this improvements are needed. The medication administration records did not identify allergies that people had.

## 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

We were able to speak with one person who used this service. They told us they did not want to move from the home.

##### Other evidence

We walked around the home to make sure all areas of communal and private living accommodation continued to be well maintained. We also checked service and maintenance records which were up to date. In general we saw the home had been well maintained. However, we noticed some areas required redecoration and new furniture. The area manager showed us the plan where finances had been agreed to purchase new furniture. We asked that redecoration be carried out in some parts of the home for example the bedroom doors.

##### Our judgement

Overall Middleton Lodge met this outcome, but to maintain it improvements are needed. Some of the bedroom doors were not decorated to a good standard.

## 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

We were able to speak with one person who used this service. They told us they did not want to move from the home.

##### Other evidence

We spoke with all of the staff who were on duty. We asked them questions about the training they had received. This is what they told us. "I have had all my mandatory training. End of life, mental health, diabetes, nutrition. Some of it has been helpful. I have done my fire training." Another person told us "I have done medication training, NVQ (National Vocational Qualification) 2 and I am going on dementia training next week. Fire training was done way back. Record keeping, I have done it all again. It is quite interesting at the moment, satisfying every day. Best job I've ever done. We have a very good boss, good with the team and individuals." We did not hear anything negative about the support staff received from the manager.

We looked at staff training files and saw they were up to date. We also checked staff supervision records.

##### Our judgement

Overall Middleton Lodge met this outcome. Staff were supported by the manager.

## 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 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<b>Why we have concerns:</b> The Medication Administration Record did not identify allergies that people had.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<b>Why we have concerns:</b> Some of the bedroom doors were not in a good state of decoration.	

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 to us within 7 days of the date that the final review of compliance report is sent to them.

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

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

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