

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Records ✓ 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

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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 carried out a visit on 17 December 2012, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Some of the people who used the service had complex needs which meant they were not able to tell us their views. Because of this we used a number of different methods to help us understand their experiences.

We spoke to one person who told us that they liked living at the home and they were "really happy". They told us all about a visit that was planned to the local pantomime. They also told us how they go out in the home's minibus to the shops and also to the beach. They told us that the staff looked after them and kept them safe.

We contacted two relatives by telephone. One relative said that the care was "brilliant" at Middleton Lodge. There had been problems in the past which had been addressed and they were "quite happy". They said their relative called it home and if anything was needed they just had to ask. They also said that their relative had been on holiday abroad several times with their carers.

Another relative we spoke to said they were "happy" with the care at the home and that everything was "fine". Staff listened to them and their relative went horse riding which they loved.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Throughout the inspection members of staff on duty were observed speaking to people in a kind and respectful way. At all times staff were attentive to peoples needs and there was chat and humour. People were clean and well groomed.

We spoke to one person and two relatives. They were all positive about the service they received. They felt that staff knew their needs well and that they were supported to make their own choices.

One person told us about a visit to a local pantomime which was planned the next day. They also told us how they go on holiday every year with their carers.

We looked at people's care plans which were person centred. They described what people liked such as jigsaws and looking at magazines and catalogues. The care plan described how to tell if the person was unwell, it stated "I will make shaking movements if I feel unwell". Each care plan had a section which was called "All about me". It described who was important to them, information about their early life and family and how they communicate, when their birthday is and the birthdays of those important to them. This section had been compiled with the assistance of the service users, there were pictorial symbols and pictures of the service users in it.

We spoke to staff who could describe in detail how they cared for individual people and how they gave people choices. One member of staff told us they would show a person different types of food in the kitchen to see what they wanted to eat. They also said that another person will point at what clothes they want to wear. During our visit staff took some of the service users out to the local town shopping in the mini bus.

The staff described to us how they got to know a new user of the service. They told us the person would visit a few times and they would read assessments from the local authority and also spend time with the person to get to know them. The acting manager showed us a copy of the service user guide which set out what people could expect from the service. This had pictorial symbols in it to assist people to understand it.

We saw from one person's care plan that they had access to an advocate when they if they needed to make decisions. An advocate is someone who can speak for you when you need to make decisions.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at three people's care plans out of a possible six. We were told that the "all about me" section and some information were held clerically and the other information such as daily notes and care plans were held on a computer system called "Caresys". We were able to look at both sets of records.

We saw that people had risk assessments relevant to them in areas such as nutrition, continence, going out in the community and travelling in vehicles. One person had a behaviour support plan regarding their behaviour which challenged the service. This plan described how staff are to distract them from this type of behaviour. The staff we spoke to knew exactly what to do when the person displayed this type of behaviour and could tell us about what they did when it happened.

There were also care plans in place which described for example the level of personal care a person needed and mealtime information. One person's care plan described how they needed their food cut into smaller pieces and how staff were to prompt them to eat and also for them to wear an apron. We observed this person at lunch and the support given by the member of staff matched exactly what was set out in the care plan.

We saw that all of the care plans were reviewed every month. People were weighed monthly and this was recorded on the Caresys system. It was also documented if they refused to be weighed and the reason why.

The staff made daily recordings of the care people were provided with. We were supplied with the daily notes for the three people whose care plans we were looked at. There was comprehensive information documented regarding eating and drinking, social activities, behaviour, sleeping patterns and overnight checks.

Each person had a health action plan where appointments with healthcare professionals such as their GP, dentist, chiropodist and occupational therapist were documented.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people and relatives we spoke with told us that they had no concerns about the service. They all said that staff at the service kept people safe.

We saw that the service had its own safeguarding adults' framework. This guidance described the roles and responsibilities in safeguarding and described what abuse was. There were also flowcharts to assist staff with the process for raising a safeguarding referral.

We looked at a sample of three staff files. All had CRB (police clearance) checks which were current. All three members of staff had current safeguarding training.

We spoke with two members of staff, both confirmed they had received safeguarding training and could describe to us what they would do if they suspected or witnessed abuse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

Reasons for our judgement

We looked at three staff files out of a possible thirteen to see how staff were recruited. We looked at the application forms on each person's file and saw that there were no unexplained gaps in their employment history.

We saw that all three member's of staff had the appropriate CRB checks (police clearance check) prior to commencing employment. They also had produced relevant documents to confirm their identity and address. Two references per staff member had been sought and returned from the referees who were given on the staff's application form for employment. All were acceptable and recommended the staff to be of good character or an employee to an acceptable standard for employment.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment and records were kept securely and could be located promptly when needed.

Reasons for our judgement

During our inspection we looked at care plans which were found to be accurate and up to date with the relevant information recorded about the care and treatment of the service user.

We looked at staff recruitment files. We found that the provider had taken the correct steps to recruit staff to work in the care home. The relevant documents and checks on staff were held, the records were up to date for example the CRB (police clearance checks) had been carried out in the last three years.

We saw that clerical records were held securely. The care files and staff files were held in a locked filing cabinet. We were also shown where the maintenance records for the building were kept, these were also secure.

The day to day care records which staff used were held on computer. All care staff had access to this and it was password protected. However the provider may wish to note that passwords for this system should be changed regularly.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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