

**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

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities.

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### What people told us and what we found

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Staff had a positive attitude and we saw good interaction with people who were supported to undertake various activities. One person told us; "I'm going horse-riding today".

There were systems in place for checking the safety and quality of the service. We saw that people living at the home were involved as far as possible in the planning and cooking of meals and people's nutritional needs were monitored.

Care plans were written from the point of view of the person and peoples care and support were reviewed with them monthly by their keyworker.

There were enough staff on duty to meet the needs of the service and staff members on duty displayed a caring and supportive approach to people at the service.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We looked at three people's care plans out of a possible seven. 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 as staff wrote their daily notes on a laptop computer.

We saw that people had risk assessments relevant to them in areas such as nutrition, continence, moving and handling and going out in the community. One person had a behaviour support plan regarding their behaviour which challenged the service. We saw how staff followed a support plan and worked as a team to ensure the person was managed consistently but staff rotated with their support so no-one got stressed. We saw from records that one person had a fall in their bathroom that led to referrals to the safeguarding and occupational therapy teams and a new care plan and risk assessment. This meant the service responded promptly when people's needs changed.

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. We saw keyworkers recorded a monthly review document which they completed with the person that reviewed their care, support, incidents and accidents, activities and health. It also documented the person's views about the service and if they had any complaints or concerns. This meant that people were regularly asked about the quality of the care and support they received and were involved in planning its delivery.

The staff made daily recordings of the care people were provided with. There was information 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.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were supported in having their nutritional needs met

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**Reasons for our judgement**

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The home had a domestic kitchen and dining area and we spoke to one person living there about the food and the choices that they had. This person told us that they made their own choices about breakfast and a snack at lunchtime and told us about foods they enjoyed. We saw this person's likes and dislikes around food and drinks were recorded in their care plan. The menus showed a hot meal was available twice a day and there were choices at all mealtimes.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping at local supermarkets.

One person told us that they enjoyed baking cakes on a weekend with staff support and that he also liked it when they had a takeaway meal occasionally. He told us; "I like the food here and I enjoy Chinese takeaway the best".

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. We saw two people received support from the speech and language therapy service as they required a softened diet and there was information about this displayed in the kitchen as well as individuals care plans.

The staff team had training in basic food hygiene and in nutrition and health. The acting manager told us that staff had received training in nutrition in September 2013 and there was also a nutrition file which contained recipes and information for staff to follow to promote a healthy diet for people. We saw the kitchen was clean and tidy and food was appropriately checked and stored. We observed one staff member making a packed lunch and they followed all appropriate food hygiene measures such as washing their hands and they also marked food that they opened with a sticker stating the date of opening and date of expiry.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were staffing arrangements in place to meet people's needs.

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### Reasons for our judgement

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On the day of our visit there were seven people receiving care at Middleton Lodge and there were two support workers, a senior support worker and the acting manager on duty.

We saw staff members and people living at the service interacting very positively and people were arranging trips out and activities. One person at the service told us; "I'm going horse-riding later" and they also told us they had been to visit his friend who lived at another service the previous day.

The acting manager explained the home had gone through some recent staffing changes. The home had recently recruited three new support staff and there was always someone senior on duty every day.

We saw that staff had time to sit and chat with people and care and support did not appear rushed. We looked at the staff rota which showed people who had sessions of 1:1 support had these identified on the rota. We also saw that there was one night staff and a sleep over staff member and usually a minimum of four support staff on duty during the day.

One member of care staff told us, "We get out and about all the time, we are never in!"

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The acting manager told us they have quality assurance systems in place at the home to monitor the quality of the service provided. They went on to tell us they have a system of house checks that are to be carried out every month. We saw copies of the checks during the inspection. The records showed checks had been carried out on areas such as the welfare of the people at the home and health and safety in the physical environment. These checks had raised issues such as the stained carpets that had then led to an action plan and imminent replacement by the home. This meant that checks were carried out on the quality of the service and improvements were made.

We saw specialist contractors had serviced equipment in the last 12 months such as portable appliances, gas safety, legionella and the home's vehicle.

The service had recently had a health and safety inspection carried out by the local authority and this had led to a clear action plan with dates for improvements the home should make. We saw this had been discussed and actioned by the acting manager and staff and there were now no issues outstanding.

There was an easy read complaints process and there was evidence in records of family involvement in all aspects of people's lives including reviews. We saw people living at the service and stakeholders had completed a detailed user questionnaire that was in an easy read format and was used to make an action plan about how the service could improve. We also saw there were regular staff and service user meetings.

We saw records were kept of fire drills and this showed they occurred regularly and there were also checks on electrical equipment and daily water temperature, room temperatures and fridge checks.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

People know that their comments and complaints are listened to and acted on effectively.

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**Reasons for our judgement**

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There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the acting manager sought the views of people using the service on a regular basis via the use of keyworker report forms. The keyworker forms which were completed monthly with each person at the service asked people if they were happy and whether people knew how to make a complaint and to whom. We saw one form where the person answered that they did not know how to make a complaint and the keyworker recorded that they explained the process to the person and the person said they now understood the process. This meant that the service sought the views of the people living there and tried to ensure people could raise an issue if they were able.

The complaints policy also referred to external agencies which people could use if they preferred and this information was also supplied to people using the service in an easy read format on notice boards within the home.

One person we spoke with said they would tell staff if they were unhappy with anything and they liked the staff at the home.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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