

Potensial Limited

Middleton Lodge

Inspection report

Station Road
Middleton St George
Darlington
County Durham
DL2 1JA

Date of inspection visit:
07 June 2017

Date of publication:
17 July 2017

Tel: 01325333993

Website: www.potensial.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 7 June 2017. The inspection was unannounced.

Middleton Lodge is a residential home based in Middleton St George on the outskirts of Darlington. The home provides personal care for people with learning disabilities who also experience mental ill health. It is situated close to the local amenities and transport links. The service is registered to provide support to 10 people and on the day of our inspection there were 10 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in April 2016 and rated the service as 'Requires improvement.' At this inspection we found the service was 'Good' overall and met all the fundamental standards we inspected against.

The atmosphere of the home was homely, warm and welcoming. People who used the service were relaxed in their home environment and visitors were welcomed.

People were supported on a daily basis in a person centred and caring way. Person centred is when the person is central to their support and their preferences are respected.

Visiting professionals offered praise of the service and how improvements had been made.

We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff being considerate and communicating with people well.

People were supported to ensure they maintained their independence with one to one support.

Support plans were developed with people and not for people and these set out exactly how people liked to be supported.

People were encouraged to enhance their wellbeing on a daily basis by taking part in activities of their choice both at home and within the local community.

Staff told us they felt supported to carry out their role and to develop further and that the registered manager led by example, was supportive and always approachable.

Throughout the inspection we saw that people who used the service and staff were very comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other.

People's support plans were written in plain English. They included personal history and described

individual's support needs. These were regularly reviewed; and people were at the centre of the process.

Support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm.

People's health was monitored and referrals were made to other health support professionals where necessary, for example: their GP, community nurse or optician.

People were supported by sufficient numbers of staff to meet their individual needs and wishes in a person centred way.

People were supported by trained staff. Who were supported to maintain and develop their skills through training, and development opportunities.

We viewed records that showed us there were robust recruitment processes in place.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. People were involved in planning the menus and choosing what they would like to eat and were involved in shopping and preparing food.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were complimentary to the support staff, management and the service as a whole.

People had their rights respected and access to advocacy services if needed.

People were supported to play an active role within their local community by making regular use of local resources.

People were supported to be active in their chosen religion.

The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the support and service they received at meetings and via surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe

Peoples medicines were managed, stored, administered and disposed of in a safe manner.

Individual and environmental risk assessments were in place for people to enable people to take risks safely.

Accidents and incidents were appropriately recorded and investigated.

Peoples finances were managed safely.

Is the service effective?

Good ●

This service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's hydration and nutrition needs were met. People were included in menu planning and encouraged to make choices.

People were supported to access other health professional support services.

Is the service caring?

Good ●

This service was caring.

People were supported to actively participate in their chosen religion.

People were supported by advocacy services.

People were treated with dignity and respect and supported to maintain their independence.

Is the service responsive?

Good ●

This service was responsive.

People received person centred support.

People's wellbeing was enhanced by being supported to take part in activities of their choice.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

This service was well led.

The service was supported to be active in their local community and use local resources.

Staff told us the registered manager was approachable and they felt supported in their role.

The registered manager had an action plan in place and auditing took place regularly.

The registered provider gathered information about the quality of their service from a variety of sources.

Good ●

Middleton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 June 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector.

At the inspection we spoke with five people who used the service, the registered manager, three support staff and two visiting professionals.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social support services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; three staff recruitment files, medication records, safety certificates, three support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

People who used the service told us they felt safe living at their home and that there was enough staff to meet their needs safely. People told us; "The staff keep me safe, I don't go in the kitchen on my own as I do daft stuff, but when I want to go in the staff open it for me." And Staff keep my medication in the cupboard for me, they bring it to me when I need to take it."

At our last inspection we found that medicines were not stored safely and people finances were not handled safely. We found that the service had made improvements in these areas.

We saw that systems had been improved and were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

Improvements included; further training for the staff and registered manager, more storage cupboards had been purchased, a medicines fridge, new ordering and stock checking system and auditing system implemented by the registered manager.

We saw people's individual medicines records contained their photograph, allergy information. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines was assessed. The registered manager told us; "I have now got level five training and the staff are all trained up to level three in medicines." As a result of the improvements the number of medicine errors and safeguarding alerts had reduced dramatically for the service. The Registered manager was also sharing their best practice with other services.

People had protocols in place for people who had medicines that were needed as and when required these are known as PRN medicines. When we spoke with the visiting community nurse they told us; "The staff have been quite robust with the PRN protocols. If they are unsure they get in touch with us to clarify anything about meds, they are very proactive."

We looked at people finances and saw that receipts were provided for all transactions where possible and records were completed fully, these were also audited by the registered manager who explained how recording had improved, more receipts and fewer mistakes were found in people's finances as a result.

We saw that staff were not rushed and there was enough to support people on a one to one basis and to take part in activities of their choice. Staff told us; "There are enough of us, it works well." One person who used the service told us; "Staff are busy at times but they are there for me."

We saw from rotas that there was a change in the rota and hours the staff were no longer working sleepovers and now two staff were on a waking night. There was a consistent staff team and recent recruitment had taken place. The home did use agency staff and the registered manager told us; "We only use one company

and the same agency staff for consistency for our people this will reduce further when we complete the recruitment." And they were able to show us agency staff induction information.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse.

Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed us that staff knew how to recognise and report abuse.

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from being employed. Proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Support plans included individualised risk assessments to enable people to take risks in a safe way as part of everyday living. For example a risk assessment was in place for one person to manage their diabetes safely and encourage independence at the same time.

There were effective systems in place for continually monitoring the safety of the home. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment was checked regularly to ensure they were working safely.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. These were also sent off to the regional office for further analysis. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We found there were effective systems in place to reduce the risk and spread of infection. All areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean and odour-free. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. When we spoke with the visiting health professionals from the community nursing learning disability team they told us; "We provide training to staff to help skill them up to recognise illnesses. When I do training the staff are all really keen to learn it's very positive. They have a good mix of background skills."

At our last inspection we found staff were not receiving regular supervisions and were not supported to complete their induction fully before working in the home. At this inspection we found improvements had been made in these areas.

Supervisions and appraisal took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. One staff member told us; "Yes we get to talk about our training at our one to one meetings."

The registered manager showed us the improvements that had been made to the tracking system for supervisions and appraisals and we could see that this was up to date and on display in the office and staff were now receiving the set amount per year as per their policy. The registered manager told us; "The tracking system helps and now we have introduced the four a year it's easier, the appraisals are all coming up shortly."

New employees shadowed more experienced members of staff to get to know the people who used the service before working alone. New employees also completed an induction programme. We spoke with a new member of staff on the day of our inspection and they told us; "I felt supported and that shadowing was important, lots of reading and getting to know people not just starting straight away."

People were supported by trained staff and we saw the list of the range of training opportunities taken up by the staff team to reflect people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; Safeguarding, Epilepsy awareness, mental health and MAPA (Management of actual or potential aggression). One member of staff told us; "The last training I did was autism awareness and I'm covering mental health within my level three NVQ (National Vocational Qualification) in care."

Staff took part in a wide range of training opportunities and the training list showed us the range of training reflected the needs of the people who used the service. We were shown evidence that staff training was coming up to expire and refresher sessions were planned.

People were supported to choose and help prepare their meals. We could see that there was enough staff available to support people. People were encouraged to maintain a healthy lifestyle and were supported to make healthy food choices. The registered manager had introduced a menu to the service to incorporate people's choices and to get people involved in meal planning and shopping for the home.

People were supported to meet their nutrition and hydration needs who needed special diets for example diabetic or soft diets. There was a notice board in the kitchen that displayed people's requirements that were set by the speech and language therapy team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive support and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in support homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

People were asked to give their consent to support, before any was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Is the service caring?

Our findings

We spoke with the people who used the service and visitors and they told us that they felt staff were caring. One person who used the service told us; "The staff are friendly." Another told us "I like the staff."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm and homely atmosphere. People were relaxed and comfortable in their home environment. Visitors we spoke with told us they were always made to feel welcome. We saw staff interacting with people in a positive, encouraging, caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness.

Staff offered support to people and encouraging them to be independent. For example one person told us how the staff supported them to clean their room. They told us; "We share the jobs and we get it done, I asked for help and we did it together." The staff member told us; "[name] needs support with this and encouragement. I do some bits but not all of it so [name] can do the jobs they can manage."

People were supported by an advocate where necessary. We saw that where people had decision making discussions advocacy were included. One person told us; "I have an advocate and all is well at the moment." This meant that people were supported to maintain their rights and choices.

People were encouraged and supported to make choices every day in all aspects of daily living. For example people chose what activities they wanted to do, what they wanted to wear, what they wanted to eat, where they wanted to go shopping and what they wanted to go and buy.

We looked at the arrangements in place to ensure equality and diversity and support for people in maintaining important relationships. The registered manager told us how they had done lots of work in this area to support people to make links with relatives and how they supported people to maintain those important relationships. People told us; "I speak with my mam every day on the phone." another told us; "I call my mam most weeks." And, "My relatives visit and the staff make them very welcome." The registered manager told us how their recent coffee morning had been successful and well attended by relatives and people who used the service.

People were supported to be active in their chosen religion. During our inspection we saw that people being supported to do this by regularly visiting their place of worship. One person told us; "Yes I still go to church." And another told us; "I used to go a lot and stopped and then since coming here I decided to join in and I like it, I like the way it makes me feel, I think it's good."

People's privacy and dignity was respected staff were discreet and knocked on people's doors before entering and personal conversations took place privately. When we asked staff how they protect people's dignity they told us; "I always make sure personal care is carried out privately, make sure doors and curtains are closed." Another told us; "If someone is eating, I make sure I talk to them while helping them eat."

Is the service responsive?

Our findings

At our last inspection we found that people were not always supported to take part in their chosen activities regularly.

At this inspection Improvements had been made so that people took part in meaningful activities that were valued and chosen by them. People told us about the range of activities they enjoyed. When we arrived at the service, people were on their way out to their chosen activity and very happy to be going horse riding. One person told us; "I go to church and I also go out to the shops." Another told us; "I like it when the staff paint my nails and we go out shopping for clothes. I am being supported to do the things I like."

We saw that people were involved in planning the activities. We could see that there was a range of activities planned for people to choose from including; outings and holidays, exercise sessions, games and pamper sessions. At the time of our inspection people enjoyed a trip to the local pub for lunch; others had enjoyed a horse riding session. Staff we spoke with told us; "We do all sorts of things with people, crafts, pamper days, baking or whatever they want we always ask."

Support plans were developed with the person and were a reflection of their personalities, likes, dislikes and choices. These gave a detailed insight into people's background and histories and included a one page profile for quick reference. During the inspection we sat with one person and went through their plan with them and they were able to share and discuss parts with us. They told us; "I have set goals that are positive for me."

Support plans were reviewed regularly and were up to date, these included health action plans and hospital passports. These are records that a person would take to hospital which would help hospital staff understand their likes, dislikes and previous health care.

People were encouraged to take part in residents meetings and these took place regularly where activities were discussed as well as the menu. These meetings were an opportunity to share ideas and information. People who didn't like the meeting format didn't miss out they would have a one to one discussion about the agenda items and were included in the minutes to ensure they were included.

People who used the service and visitors knew how to make a complaint or raise issues. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to. One person told us; "The staff listen to me and they are reliable." And "I have no need to complain."

No complaints had been made about the service in the last twelve months. Information was available showed that previous complaints had been managed, resolved and recorded appropriately.

This showed us that the complaints procedure was embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been

addressed by the registered manager appropriately and outcomes were recorded.

Is the service well-led?

Our findings

At our last inspection the service had a manager in post who wasn't registered with us.

At this inspection visit, the home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. One person who used the service spoke positively of the registered manager and told us; "They have my best interests at heart. I get on well with them and they work very hard."

We asked staff for their views on the management of the service and received numerous positive comments. One member of staff told us; "The manager is very good we can go to her with anything. Any problem at all and she will help you to sort it." Another told us, "The manager has changed things, there have been loads of changes and all for the better."

When we spoke with the visiting learning disability nurse they told us; "The manager is very quick to question things on behalf of people and is very accommodating. The home now has a different vibe (positive) the office door is always open, just like it should be."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. Recent team meeting minutes showed us that the registered manager used team meetings to address issues or concerns with the whole staff team. We saw the registered manager had requested improvements within recording daily notes and accountability of one to one hours spent with people.

The registered manager explained to us how they maintained links with the local community and made use of local amenities, shops, community centres and nature areas. They told us how they had built a special relationship with the local pub and how people were regular visitors; "We make use of as much as we can. The local pub especially, they know us all really well now." And "The staff at the pub prepares soft food especially for [name] and they also understand that [name] doesn't cope well with too many options on a menu and they don't like to wait for their order so we call them first to order so it is ready when we arrive." This meant that the people had built relationships in the community and accessed resources.

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw quality monitoring visits were also carried out by the provider and these visits included the staffing, health and safety and the building. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider. For example previous medicines errors.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had

resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results. This was an annual survey that was completed by people who used the service, their relatives and stakeholders of the service. The registered manager told us how they had not carried out the previous year's survey however they had put other actions in place to collect people views throughout the year. Including; coffee mornings, feedback forms for visitors and relatives, people attending staff meetings and resident meetings and one to one chats with the registered manager. They told us; "People told us there weren't enough activities for them and we found out that people didn't like bowling so we changed this straight away and arranged for more activities."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.