

Potensial Limited

Middleton Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Middleton Lodge is a care home providing accommodation for people who require personal care and nursing care to up to 10 people, some of whom may be living with mental health issues and or a learning disability. At the time of our inspection there were 10 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Care plans were not always up to date or contained the most recent information to support people with their care and support needs or one case dietary needs. People who required support with managing their diet did not have up to date plans to support this and some people had food and fluid monitoring records in place without a supporting care plan.

The service did not support people to have the maximum possible choice, control and independence over their own lives. People were not always encouraged to plan for aspirations and goals.

The service did not give people care and support in a well-equipped, well-furnished and well-maintained environment. Parts of the home were not maintained, well laid out or accessible to people to enable them to maintain their independence or gain independent living skills. There was a lack of soft furnishings and decoration to make the environment homely.

Medicines had not been managed effectively. Incomplete medicine records were found and systems to monitor medicines had not always been in place. Staff competencies to administer medicines were reviewed. People's preferences were followed with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right care

The service acted to protect people from poor care. The service reported concerns to the appropriate places. Staff had training on how to recognise and report abuse.

The service did not always have enough appropriately skilled staff to meet people's needs. People were not supported by person centred practices; care plans did not contain personalised plans or outcomes for people with achievable goals.

People were encouraged to take positive risks and risk assessments were in place, but these were not always reviewed. Some restrictive practices were in place for people without the appropriate decision making in place and records regarding accidents and incidents had not been completed consistently and we could not be assured people were receiving appropriate care and support.

Right culture

People did not always lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The quality assurance processes in place were not always effective and failed to identify and address shortfalls in a timely manner.

People did not always receive good quality care, support and treatment because staff were not all trained to meet their needs and wishes. Safe recruitment processes were followed; however, a high proportion of agency staff were used, and this did not always ensure person centred support took place.

We have made a recommendation regarding care planning and recording people's food and fluids.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 11 December 2019)

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care being provided to people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider acknowledged the shortfalls found during this inspection. They took some action following the first day of inspection to begin to address some of the shortfalls found regarding the environment.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Middleton Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care, dignity and respect, medicine management, staffing, safe care and treatment, staff training, premises and provider oversight and monitoring at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Details are in our safe findings below.

Inadequate ●

Middleton Lodge

Detailed findings

Background to this inspection

Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Middleton Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Middleton Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was absent from the service and the covering manager had left and a locality manager was covering the service temporarily and recruitment for a new temporary manager was on going.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of support staff, the registered provider and the locality manager.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were not managed effectively.
- Accidents and incidents and some health-related incidents were not recorded effectively to enable any monitoring.
- Risk assessments were not always updated to reduce the risk of reoccurrence. Which meant appropriate action had not always been taken in response to risks.

Failure to assess, monitor and mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely
- Medicines audits had not been completed regularly to enable oversight of medicines management.
- Medicines Administration Records (MAR's) were not always completed and we found gaps in administration records and there were no incident reports for these gaps.
- Liquid medicines and creams were opened, with no dates added to ensure they were in date and still effective for use.
- Medicines that were administered as and when required were not always recorded appropriately when administered.
- Staff were trained to administer medicines and had their competency checked to do so. However, some medicine training for staff had expired and required refreshing.

This lack of oversight of medicines demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely
- Information regarding people's allergies and preferences were recorded effectively.

Staffing and recruitment

- Staffing issues were not always addressed effectively.
- People were supported by a high percentage of agency workers at the time of our inspection due to ongoing recruitment issues. One relative told us, "There is no consistency it's the turnover of staff we don't know hardly any of them."

- There were enough staff to support people to keep people safe; however, interaction and communication was limiting to person centred support due to minimal induction time and the ratio of agency workers. Feedback from relatives regarding the use of agency was mixed one relative told us, "The agency staff did not know our relatives name."
- Effective person centred inductions were not always carried out with new agency workers which meant they did not have time to get to know people and their communication and person-centred needs.

Failure to provide staff with effective and enough training to enable them to carry out their roles was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment processes had been followed for staff employed by the provider. Appropriate health and safety induction and safety checks had been completed before staff and agency workers commenced working at the home. And the provider was actively promoting recruitment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There had been recent IPC audits completed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was able to meet shielding and social distancing rules when required.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff where required.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits to Middleton Lodge were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Concerns were raised as safeguarding alerts with the local authority for investigation.
- Staff knew how to look out for signs of abuse and how to act upon any concerns they might have. Staff told us, they had completed safeguarding training and would know how to report abuse if they saw it

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not always completed or up to date.
- Staff had not been provided with training to meet people's needs. For example, staff had no training in epilepsy or diabetes awareness.
- Staff training had expired in the areas such as, medicines, learning disability and autism awareness, Mental Capacity and Deprivation of liberty safeguards.

Failure to provide staff with effective and enough training to enable them to carry out their roles was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received supervisions with the manager. Staff told us they felt supported by the current locality manager.

Adapting service, design, decoration to meet people's needs

- The environment within the home was not always appropriately designed to meet people's needs and did not follow best practice within right support, right care, right culture.
- Some of the communal areas were not fully accessible to people therefore could not be used to gain living skill such as the laundry and kitchen. This had been identified by the provider and a refurbishment was scheduled.
- People were able to personalise their bedrooms, however, one person told us they were waiting for their bedroom to be decorated. Two relatives told us [Persons names] bedrooms were not the best and in need of decoration and refurbishment. The provider had a refurbishment plans in place for the decoration and refurbishment of peoples rooms.
- The outdoor area was limited and not inviting. Communal areas were not personalised and there was a lack of soft furnishings to make a homely environment. The provider took steps to improve the communal areas during our inspection.

Failure to maintain premises and equipment was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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

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 care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not always followed. Where people lacked capacity DoLS applications had been submitted however some had expired and there were limited records for tracking this.
- Where people were supported by restrictive practices in their best interests these decisions were made but not always recorded appropriately or supported by care plans for staff to follow.

Failure to ensure maintain accurate, complete and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People did not always received effective support to maintain their diet.
- One person who required support to maintain a special diet did not have an effective care plan in place to guide staff to support them.
- People who needed to, had not been consistently weighed to monitor their health and records were not completed effectively to monitor this.
- People had food and fluid charts in place, these were completed but not monitored and there were no care plans to support the purpose of these records.

We recommend the provider ensure people's care plans are reviewed in relation to nutrition and hydration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care.

- Pre-admission assessments had taken place to ensure the service could meet people's needs.
- Other healthcare professionals worked with the people who used the service and referrals were made where needed, people had regular contact with healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity, respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected.
- People's personal care needs were not always met; one person's fingernails were extremely long, and their clothes had been put on them back to front.
- People's mobility equipment was not used discreetly or following best practice people were sitting in their hoist slings.
- Interactions between people and agency staff was not always engaging or dignified. One relative told us; "Communication is not always there; it takes time to learn how people communicate and agency staff don't have this."

To not respect people's dignity effectively is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans included some areas of improving independence however, this was not always possible due to staffing and the environment. One person did prepare their own food choices as per their care plan, but others could not access the facilities to do this.

Supporting people to express their views and be involved in making decisions about their care

- People were included in some decisions such as food choices.
- Choice was offered to allow people to make their own decisions as to how they spent their time. During our inspection some people were offered a choice to go out for the day.
- However, some people were not supported to be actively involved in their care planning and if they were there was no evidence of this found in their care plans or daily notes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not always contain person centred details and enable people to progress, plan or achieve outcomes.
- People's care plans were outdated, some referred to activities and hobbies that people liked to do however, there was no evidence of these activities taking place.
- Some people's person-centred information such as hospital passports Did not contain up to date information.

Failure to provide person-centred care to reflect people's preferences and meet their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always accessing the community as per their care plans.
- Some people were not supported to go out often at all. One relative told us, "Our relative would love to go on a holiday and just loves to go out anywhere. We thought it would be planned but it hasn't" another told us, "Our relative just loves to go out anywhere and we have noticed it's not happening."
- During our inspection an outing was organised, and more than half of the people went out to two different places with staff for support. This wasn't a person-centred approach. Staff we spoke with told us, "We went through a period where people were not going out, this is improving."

Failure to provide person-centred care to reflect people's preferences and meet their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives were able to visit the service when they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans provided some information with regards to people's communication needs. Some information had been provided in other formats such as an easy read format.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People and relatives told us if they had any concerns, they would raise this with the manager. However, there were no records of any previous complaints.

End of life care and support

- People had end of life care plans in place that covered people's wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not always ensure they had effective oversight of the service.
- The quality assurance processes in place were not always carried out therefore did not give oversight of the service.
- Care plan reviews had not always been completed and had not picked up issues found during inspection.
- Medicine audits were not always carried out therefore not highlighting issues.
- Accidents and incidents were not recorded effectively and were not reviewed for lessons learned.

Failure to operate effective systems and process to assess, monitor and improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been no recent engagement with people or their relatives on their views on the service recorded.
- Professional visits to the home or people's visit to healthcare professionals were not recorded effectively therefore no oversight of this contact.
- People were not constantly supported to access the community or to have an active citizens role.

Failure to seek and act on feedback to continuously improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to maintain contact with their friends and relatives via visiting and telephone.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was not always person centred and ongoing staffing issues did not ensure person centred support was available to people.
- Care plans for people not being reviewed or followed through meant outcomes for people were not always met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider agreed with the shortfalls found during inspection and took some immediate action.
- The provider took on board the inspection feedback and discussed plans of how they would communicate with people and relatives about the inspection findings and action they were going to take as a result.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Person centred support was not always provided to people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Peoples dignity was not always respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not always provided to people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The environment provides was not maintained well or homely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Oversite and leadership did not ensure the culture and practice of the service was well led.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not always trained or inducted to meet peoples needs or to provide person centred support.