

Indigo Care Services Limited

# Middleton Park Lodge

## Inspection report

Acre Close  
Middleton  
Leeds  
West Yorkshire  
LS10 4HT

Tel: 01332712307

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28 January 2021  
29 January 2021  
01 February 2021  
05 February 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Middleton Park Lodge is a nursing home that was providing personal and nursing care to 22 people at the time of the inspection. The service can support up to 50 people. The home is arranged over two floors accessed by stairs and lift. Both floors provide communal lounge and dining areas.

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

People living at the home and their relatives overall told us the home was a safe place for people to live. People and relatives were happy with the care they or their relative was receiving. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse.

Recruitment procedures were robust and there were enough staff to care for people safely. The premises were well maintained, with regular servicing of equipment and the building carried out. Staff were observed wearing appropriate personal protective equipment (PPE) when delivering care.

Medication management was in place and there was evidence of lessons learnt where things had gone wrong and what the service had put in place to reduce the risk of this happening again.

We received positive feedback about management and leadership from staff, relatives and people we spoke with. Staff told us there was a positive culture at the home and they felt supported. One staff member said, "The staff are brilliant, we all work as a team and support each other, best staff I have worked with."

The registered manager and the operations director carried out a range of quality assurance audits to monitor and improve standards. An overall action plan was in place highlighting when these actions had been completed to demonstrate improvement in care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was good (published June 2018).

Why we inspected

We carried out an announced inspection of this service in between 28 January and 2 February 2021. The inspection was carried out due to concerns raised around medicine management.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has not changed and remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Middleton Park Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

The service was safe

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led

Details are in our safe findings below.

# Middleton Park Lodge

## Detailed findings

### Background to this 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 Care Act 2014.

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 carried out on day one by two inspectors. On day two a pharmacist inspector supported the inspection remotely looking at evidence on how the service managed medication. We also used an Expert by Experience to make telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A governance specialist adviser supported the inspection remotely to gather evidence around how the home was led.

#### Service and service type

Middleton Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity was carried out between 28 January and 01 February 2020. We visited the home on 28

January 2020. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Leeds local authority. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy and operations director. We reviewed a range of records. This included four elements of care plans and 11 medication administration records (MARs). We looked at two staff files to check staff were recruited safely. A variety of other records relating to the management of the service were considered as part of the inspection.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found, including quality assurance documentation and medication. We spoke with three people who used the service and their relatives about their experience of the care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Peoples medicines were mostly managed safely. However, one person was prescribed a medicine to be given at set times four times per day. Not taking this medication on time could contribute to a decline in the person's health, for example, an increase of involuntary movements or decline in mobility. However, we saw that staff had been late giving this medicine on 14 occasions on the six days prior to our inspection visit. An incident form had been completed and the provider had taken appropriate action taken to reduce the risk of this happening again.
- Guidance to enable staff to administer medicines prescribed "as and when required or PRN" was not always available for some people. These were completed after the inspection by the registered manager.
- Thickeners used to thicken fluids for people with swallowing problems were recorded when they had been used. Some people were prescribed medicines via a patch which need to be rotated to different areas of the body as recommended by the manufacturer. There was a system in place to record the site and time of application, to prevent the patch being placed on the same site too frequently.
- Some people were supported to administer their medicines by themselves (self-administration). There was evidence that risk assessments had been completed to ensure this could be done safely.
- Guidance to administer medicines with special instructions were available. For example, eight people were prescribed a medicine which should be taken 30 minutes before breakfast when the stomach is empty. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine not working as intended.
- The registered manager and members of staff qualified to handle medicines regularly completed audits (checks) to make sure that procedures were followed. One member of staff told us, "From reflective work with the nurses we have now put an alert on our medicines system which alerts us 15 minutes before certain medication is due so, we make sure it's given on time."

### Assessing risk, safety monitoring and management;

- Risk assessments were in place and detailed how people should be supported safely.
- Some people living in the home displayed behaviours which challenged. Staff told us how they used preventative measures to minimise risk. For example, staff were to introduce themselves before supporting the person and to talk to them about a specific topic if they became agitated. This was clearly recorded in the care plan for staff to follow.
- We found people's positioning charts overall were completed in accordance to people's care plans. Where people were on food and fluid charts these were accurately recorded with good detail in place.
- Choking risk assessments were in place for people, and where referrals were needed these were in place to ensure people were safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding systems were in place to protect people from avoidable harm or abuse. People overall told us they felt safe. One person said, "Yes, I'm safe and I'm not worried about anything." relative said, "[My relative] is safe. We have been happy. There were some problems at first, but these were sorted out straight away." One person said, "No I don't feel safe especially in the evenings." We discussed this with the management of the home.
- Staff received adult safeguarding training. Staff we spoke with understood safeguarding and the types of abuse to report.
- Accidents and incidents were analysed to see if improvements could be made to keep people safe, for example by implementing new care plans and risk assessments and involving the falls team. Events were audited by the registered provider to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. However, there did not appear to be any overall analysis regarding the location of where accidents/incidents occurred. We spoke to the provider about this after inspection to include moving forward.

#### Staffing and recruitment

- The provider had robust recruitment checks in place to ensure staff were suitable to work in the home.
- We received a mixed response from people and relatives when we asked if there were enough staff in the home. One person said, "There are more people around in the day, but they can be short staffed. At night-time the staff are not so good. When I press the buzzer, it can take them a long time. A relative said, "It's difficult to say at the minute with COVID." Another person we spoke to said, "Yes there is someone there if I need them." Staff we spoke with said they felt there was enough staff. We looked at the rotas and dependency tool for the home. We were assured there were enough staff to keep people safe.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date. Infection control training had been provided to all staff and audits carried out to ensure this was maintained.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated their understanding of providing person-centred care.
- Staff understood their roles and said they felt well supported by the management team. One staff member said, "I feel the managers listen to me 100% especially [registered manager]. Another staff member said, "I love my job. I would live here." The operations director told us, "I would like to thank the management team and staff. Middleton Park now feels like a home."
- The registered manager and the operations director carried out a range of quality assurance audits to monitor and improve standards. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. An overall action plan was in place highlighting when these actions had been completed to demonstrate improvement in care.
- The management team were clear in their responsibilities to act on concerns raised and people told us they knew who to contact should they wish to raise an issue.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us communication had improved recently. One relative said, "If there's any issues at all they are straight on the phone. I can call any time of the day or night." The home had been supported by health professionals.
- The home provided zoom and telephone calls to relatives as well as POD visits (this is a screen which is used in homes to support visits) with people and relatives could keep in contact through Covid 19.
- There was no evidence of any discrimination in the service; staff acknowledged people's rights and quality characteristics were considered and respected.
- Resident and relatives' meetings were held so people could offer their views and remain updated with any changes made within the home. However, due to Covid 19 only residents had been present. We spoke to the provider around looking at ways to include relatives at this time.

Continuous learning and improving care; Working in partnership with others

- The management team were honest and open throughout the inspection. The management team told us they had had been working hard to ensure improvements made to the home were sustainable.
- The provider had been working with Leeds CCG and Local Authority to implement procedures to move the home forward.