

Potensial Limited

# Middleton Lodge

## Inspection report

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## 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

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

Middleton Lodge accommodates 10 people in one adapted bungalow. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe and reduce the risks of harm from occurring. Staff had completed training in safeguarding and understood their responsibilities to report any concerns.

Robust recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were managed safely and administered by staff trained for this role.

Staff received appropriate training and support to meet people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and had access to healthcare professionals as and when this was needed.

People were supported by kind and respectful staff who valued people's individuality and independence. We observed positive interactions between people and staff. People could make choices about how they wanted to be supported and staff treated them with dignity and respect. There was a welcoming and homely atmosphere at the service.

People received support which was person-centred and responsive to their needs. Person-centred is when people's preferences are respected. Personalised care plans were in place which helped staff to know how people wished to be supported with daily living. People were involved in developing and reviewing their care plans and decisions about their care.

People were supported to take part in valued individualised activities including looking after the home's pet

rabbits to engage people and prevent social isolation.

People spoke positively about the registered manager and the wider management team. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

There were systems in place for communicating with staff, people who used the service and their relatives to ensure they were fully informed via team meetings and newsletters.

Further information is in the detailed findings below.

## 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 remained good.

### Is the service effective?

Good ●

This service remained good.

### Is the service caring?

Good ●

This service remained good.

### Is the service responsive?

Good ●

This service remains good.

### Is the service well-led?

Good ●

This service remains 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 was a comprehensive inspection which took place on 10 December 2018. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We spoke with five people who used the service, the registered manager, the new manager and three care staff.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People felt the service provided safe care. One person told us, "I am safe here." And "I like having the staff around for when I need them it keeps me safe."

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff received training in this area. One member of staff told us, "I have no problem reporting anything that could be a safeguarding."

People had individual risk assessments in place and these were regularly reviewed. Where risks were identified care plans addressed the way in which staff could mitigate these risks. Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incident.

Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency. Fire drills took place regularly and included evacuation practice.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Regular maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as hoists.

There were enough staff on duty to meet people's needs individually and safely. Staff were visible at all times and people who received one to one support were supported  
Safe recruitment procedures were still being followed. Pre-employment checks included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time.

The service was clean and newly decorated in places to a high standard. Staff were observed using personal protective equipment where required such as aprons and gloves.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection we found the service continued to be effective.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

DoLS applications had been submitted appropriately and CQC had been notified of any authorisations. Staff had been trained in the MCA and DoLS. Mental capacity assessments and best interest decisions had been made and appropriately recorded.

People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs. Essential training was up to date and specialist training was delivered to ensure staff had the skills necessary to support each individual.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

Staff told us they felt well supported by management. They received regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Records showed people received ongoing healthcare support from a number of external professionals. One relative told us, "We get calls if our relative is unwell and the manager always ensures a quick visit by a GP or District Nurse." A visiting health professional told us, "They work well with us and support our involvement at all levels."

People's nutrition and hydration needs were met. We observed lunchtime and found it to be a relaxed and sociable experience. People were provided with a varied and nutritionally balanced diet. People were offered a choice from the menu or were able to choose an alternative. The staff were aware of people's dietary needs and kept up to date records. Where people had specialist diets this was clearly directed within their care plans.

The premises were modern, purpose build and provided a choice of communal areas. The building was adapted to meet the physical needs of people. There was a lounge with access to the outside space that was adapted for people to freely access the spacious yard area.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where support was needed. We saw how people were supported to

attend appointments.

People had health action plans in place with outcomes to improve people's health they also had hospital passports in place to support them if they ever were admitted to hospital. The passport contained personal and important information that hospital staff need to know to be able to support people and take on board their needs and preferences.



# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People were very happy with the care they received and spoke highly about the staff. One person told us, "The staff are good." And "Staff help me and talk to me when I am doing my writing and ask me what I am writing."

Staff explained how they promoted choice, privacy and dignity. They told us people were supported to decide what to wear each day and given choices at mealtimes.

During lunchtime we observed staff checking that people were happy with the choices they had made and offering alternatives without hesitation. One person told us, "I choose what I wear, washing hair and stuff like that.", "I choose what I do, I help in the kitchen with cooking my meals" and "We have a chat I sit and talk about what we have been doing and what I am up to"

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality. Staff were seen knocking on people's doors and waiting before entering and all interactions between staff and people using the service was friendly but respectful.

People were supported to maintain their independence wherever possible. We observed staff supporting one person to cut photos of themselves and glue them into their scrap book that they were very proud of. Staff took time to let them choose the pictures and where to position them and then let them stick them. The person was very happy with the end result.

People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process.

People were supported to follow their chosen religion and we saw that they were supported to visit their place of worship regularly.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. One person who used the service had an advocate who visited them regularly to support them with decision making. We spoke with staff who told us they were able to make arrangements if anyone else required an advocate to support them.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People were supported to take part in numerous activities of their choice and one to one activities. During our inspection we saw people were busy and were getting ready to go out to a Christmas party. People visited the shops, attended appointments and also took part in scrap booking and computer activities.

When we spoke with people they told us how they enjoy taking part in activities; comments included; "I like my computer, I like to write and play games. The staff have helped me to get internet in my room." And "I like to cuddle both the rabbits, they eat vegetables."

The care plans we looked at were up to date, easy to follow and tailored to meet people's individual needs. We saw these were reviewed on a regular basis and contained personal information about people's life history, likes and dislikes. This meant staff had detailed up to date guidance to provide support in a way that met people's specific needs and preferences. People's care plans also had a one page profile that included; 'what is important to me', 'what keeps me safe', 'what makes me happy'.

People were supported to raise any concerns or complain if they wished. We saw evidence that complaints were handled in line with the policy. There had been no recent complaints received in the previous twelve months and previous complaints had been investigated fully and recorded appropriately. One person told us; "I have no complaints about the staff."

No-one at the service was receiving end of life care at the time of our inspection, however, people had a section within their care plan that reflected their wishes regarding end of life care. Staff had received training in this area.

People were supported to maintain relationships within the community and with their families and friends. When we spoke with people comments included; "I have a friend who comes to see me every now and again", "I go to see my friends at the Bridge (art project)" and "I like to spend time with family"

Information was made available in various formats. The registered manager told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed. We saw copies of information for people who used the service in easy read format. One person who used the service showed us the annual survey that they had redesigned to improve the easy read format. They told us; "I like this one better, we didn't like the pictures on the old one they were not good."

People were asked for their views on the service during regular resident meetings and also in the annual easy read survey. We saw that the feedback was positive.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff spoke positively about the management team, including the registered manager. One member of staff member said, "The manager is great, they have settled in well."

The registered manager told us how people were encouraged to be active citizens within their local community by using local services regularly with support. They told us about the range of community activities that people were involved in including; using the local community centres and social clubs. The manager told us, "We still use the local pub all the time, they know us all. We call ahead so the food is ready and they even provide food prepared for special diets. We have built such a good relationship with them."

The registered manager conducted a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. Audits had been effective in identifying and generating improvements in the service, for example regarding medicines.

The registered manager had carried out quality assurance checks in the last year and were planning to carry out another one imminently. We saw that the feedback was positive.

There was a good system of communication in place to keep staff, people using the service and their families informed of what was happening within the service.

The registered manager held regular staff meetings to discuss relevant information and policy updates. We saw the minutes of these meetings and how people's needs and care plans were discussed, staff told us they valued these meetings.

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 carried out. This was used to reduce the risk of any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

The provider had made timely notifications to CQC when required in relation to significant events that had occurred in the home.