

# Maple Health UK Limited

# Maple Lodge

## Inspection report

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02 November 2023

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22 December 2023

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Maple Lodge is a residential care home providing personal care to people who have a learning disability and/or autistic spectrum disorder. The service can support up to 5 people. Maple Lodge is a detached bungalow located in a residential cul-de-sac in Colchester and is 1 of a group of 5 similar properties in the same cul-de-sac and owned by the same provider. At the time of the inspection 5 people lived at the service.

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

**Right Support:** People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider failed to ensure people had the right support. The care records guiding staff as to the support people required were not effective as staff had not received adequate training to support people safely and this included in the use of physical and chemical restraint. A refurbishment programme was in the process of starting prior to the inspection, but this had not been completed and some areas of the home, still required urgent attention and renewal to promote cleaning to an acceptable standard. Infection prevention and control measures were not robust, and some areas of the service was visibly unkempt, not well maintained and unhygienic.

**Right Care:** Staff cared about the people they supported but were frustrated by their inability to deliver person centred care because of the provider's failings. Requests for training to the provider from the registered manager were not followed up or listened to. Systems and processes were not always effective in ensuring people were protected from the risk of avoidable harm.

**Right Culture:** The provider failed to ensure the service was being provided in a way which was compliant with the CQC's Right Support, Right Care, Right Culture guidance, or other national best practice guidelines to meet people's needs in this type of specialist setting. People experienced or were at risk of harm because of a lack of protection, they experienced or were at risk of abusive incidents, including unnecessary restraint. The governance systems used by the provider were not effective and did not identify concerns related to quality and safety, restraint, medicine administration, infection control or risk.

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 20 September 2018)

## Why we inspected

The inspection was prompted in part due to concerns received about the use of unauthorised restraint used at one of the provider's 'sister' services. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

## Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, and governance.

Please see the action we have told the provider to take at the end of this report.

## 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 overall rating for this service is 'Inadequate' and the service is in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe

Details are in our safe findings below.

**Inadequate** ●

### **Is the service effective?**

The service was not always effective.

details are in our effective findings below.

**Requires Improvement** ●

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

The service was not well led.

Details are in our well led section below.

**Inadequate** ●

# Maple Lodge

## Detailed findings

### Background to this inspection

#### The 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

The inspection team consisted of 2 inspectors and 1 Regulatory co-ordinator

#### Service and service type

Maple 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. Maple 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 October 2023 and ended 22 November 2023. We visited the location's office and the service on 31 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Where people were unable to talk with us, we observed people's interactions with staff. We contacted 5 relatives and received feedback from 1. We spoke with the registered manager, the team leader and 2 members of staff. We spoke with 2 professionals visiting the service. We reviewed 5 people's care files and 2 staff personnel files relating to their recruitment. We looked at the provider's arrangements for managing risk and medicines management, staff training and supervision data. We also looked at the service's quality assurance arrangements, including the service's auditing arrangements and the provider's oversight of 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- The provider did not have systems in place to safeguard people from avoidable harm and the risk of abuse including the training of staff in physical restraint.
- The provider failed to respond or follow up the use of unauthorised physical restraint by untrained staff which had occurred on two occasions on 03 July 2023 and 19 August 2023. Physical restraint involves any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person. Physical restraint can cause serious injuries and even death if not completed safely using authorised and agreed techniques by trained staff.
- The registered manager had requested restraint training from the provider on 03 July 2023. However, this was only followed up and booked following an inspection at a sister service where unauthorised restraint was also identified in September 2023.
- These incidents of physical restraint were not reported to the safeguarding authority or CQC. This meant these incidents were not fully investigated or shared for transparency.
- A person was prescribed a PRN ('as required') medicine dose for supporting them when expressing distress. The medicine administration record (MAR) was viewed for the period from 16 October 2023 to 31 October 2023. In total staff had administered this medicine on 12 occasions during this period. We found only 1 behaviour record was completed for the above administration of the PRN medicine. This meant there were no records completed in relation to what led to the administration of the PRN, what therapeutic methods were used first by staff to deescalate or redirect the person's distress and no records of the effectiveness of the medicine following the administration of their PRN medication.
- The registered manager told us they did talk with individual staff and de-brief however, there was no recording for these discussions or follow up.
- The training matrix showed all staff had their competencies assessed. However, some of the staff employed at the service were conducting staff medicine competencies on each other without having completed 'train the trainer' for medicines management. We were not assured these competency assessments had been completed appropriately which left people at risk of receiving medicines from staff who lacked the necessary skills.

The provider had failed to ensure systems and processes were in place to safeguard people from the risk of avoidable harm or abuse. This is a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection a new behaviour management strategy was put in place in October 2023 which recorded as a last resort the use of physical restraint and guidance for trained staff in a recognised

intervention.

- During the inspection some staff had now received restraint training and the registered manager assured us only trained staff would be supporting people who may require restraint to keep them safe.
- The registered manager had ensured other professionals were involved in people's care and support. The enhanced support team from health were visiting a person 3 times a week. A professional told us, "What I have observed staff are supportive to [person] effectively. [Person] has managed to build a rapport with staff very well. They [staff] do make us aware of what they use and how they respond to person."
- We did identify some discussions had been held in staff meetings highlighting restraint was to be used as a last resort and the therapeutic techniques which should be used first.
- Medication Administration Records [MAR] were accurately completed. This meant people received their medicines as they should and in line with the prescriber's instructions.
- Following the inspection, the registered manager sent us copies of debrief sessions held with staff following the administration of PRN medicines prescribed to a person when expressing distressed reactions.

#### Assessing risk, safety monitoring and management

- The provider failed to have effective arrangements in place to monitor and mitigate the risks in relation to fire safety at Maple Lodge. A fire risk assessment was completed by an external company on 18 August 2023. This highlighted issues regarding fire warden hands-on training to be completed. On the day of inspection, the service only had two named fire marshals which had received fire marshal training but neither member of staff was on duty.
  - We found records relating to fire evacuation drills over 12 months showed only two fire drills had taken place, 29 October 2022 and 28 June 2023. This meant we were not assured all staff had participated in a fire drill at the service.
- There were no Personal Emergency Evacuation Plans (PEEP) held within the service's emergency grab box. The purpose of a PEEP is to give staff and emergency service personnel critical information on the evacuation needs of each service user in the event of a fire emergency. This meant information would not be easily accessible in the event of an emergency for staff or emergency service personnel. The individual PEEP's did not include information relating to their behaviours, the impact of the fire alarm being sounded and their ability to evacuate safely during a fire emergency. The PEEP's also referred to 1 to1 staffing being in place but did not consider at night there were only 2 waking members of staff on duty.
- There were no effective controls or monitoring in place for the risk of Legionnaires disease. The registered manager told us as they had a newer heating system, and they did not need to monitor Legionnaire risks. They had put a risk assessment in place which had assessed the risk as low. However, we were not assured the registered manager had the right knowledge or competency to complete this risk assessment. After the inspection the provider told us they had booked someone to check this area fully.

#### Preventing and controlling infection

- The provider failed to ensure the premises where care and support were delivered were clean and properly maintained.
  - Some areas of the service were not well-maintained and posed a risk of infection to people. In the shared bathroom, the bath was cracked, and flooring was lifting around the edge of the bathroom, both areas which could harbour bacteria.
  - In the visitor's toilet and some people's ensuite the handrails and toilet roll dispensers were rusty and chipped. We also noted heavily soiled toilets and shower cubicles showing heavy scaling.
  - The kitchen had gaps between wall tiles and plug sockets, there were two missing drawers and a cupboard with no handle. The first lounge contained a mattress which was standing against the wall, a walking frame and heavily soiled and marked furniture and carpets. These issues all created an infection prevention and control risk to service users as the environment was poorly maintained and unclean.



The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- There were sufficient numbers of staff available to support people safely and meet their current care and support needs.
- Due to an incident at night the registered manager had recognised an additional night member of staff was required to meet people's needs safely.
- Recruitment processes were safe. All necessary checks including Disclosure and Barring Service (DBS) checks had been completed before new staff were appointed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Visiting in care homes

- People were able to visit family and receive visitors without restrictions in line with best practice guidance.

# 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

- The provider failed to ensure staff had up to date training to provide safe care and support to people.
- Staff training was not up to date and the training plan evidenced not all staff had received practical training in the safe use of restraint despite this being used when supporting people at Maple Lodge. As recorded in the safe section of the report the registered manager had requested this training in July 2023.
- The registered manager told us some staff had now received this training and they would ensure only trained staff would support people where restraint may be used as a last resort.
- The staff training plan also indicated not all staff training was in date. Staff had not received practical moving and handling training, appointed first aid training or fire marshall training. Some staff were now booked to complete this training.

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

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 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 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 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.

- Care plans for 2 people referred to their medicines being placed or added to yoghurt. These 2 people had been assessed as lacking capacity in relation to making decisions about the administration of medicines. We found no information the decision to put medicines in yoghurt had been agreed in the persons best interest, including authorisation from their GP and pharmacist. Covert medication is when staff administer a medicine or medicines in a disguised form, for example, in food. Covert administration of medicines should be a last resort and the least restrictive option after all reasonable efforts were made to give medicines in the normal manner.
- Mental capacity assessments had been completed for other decisions, however, where best interest

decisions were made, the registered manager did not always record who had been involved and consulted in the decision-making process. The registered manager told us they would address this. We did see in annual reviews some of these decisions had been discussed with relatives and social care professionals.

- We observed staff throughout our visit offering choices and options to people who used the service. A staff member told us, "We are not supposed to assume that the service users lack capacity to make their own decisions."

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

- The service had not been well maintained, as recorded in the safe section.
- The registered manager told us a refurbishment programme had started and quotes had been obtained for new carpets including people's bedrooms. Some redecoration of communal areas had also started.
- Peoples' rooms were personalised and contained things important to them.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service.
- Whilst care plans reflected people's needs, we identified during the inspection this was not always completed in a timely way as recorded in the safe section.
- Annual reviews were completed. A relative told us, "We had a care plan review before Christmas last year. We are included in any reviews."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported safely with nutrition and hydration needs. A staff member told us, "All service users will help with meals when they want to, we encourage them to help but do not force them."
- Staff supported a person with a particular fluid regime and the care plan contained information and guidance for staff about any risks associated with this. The person's cup size had been reduced so the person could have the same frequency of drinks but with a reduced amount.
- Service users and staff met weekly to discuss the menu and their preferences for the week.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals when required. Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy and social workers. A relative told us, "[Person] goes to the GP every 6 months for a health check, they have been to the dentist recently. The optician came to the home, [person] also sees a psychiatrist from time to time. The home would make sure [person] got to an appointment if they became unwell. They [staff] act very quickly."
- A professional told us, "Staff recognise physical symptoms, overall, the service is really good and staff team are really effective in what they do."
- People had a hospital passport. Hospital passports provide hospital staff with important information about people.

# 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 providers governance arrangements were not reliable or effective. Systems and processes to assess, monitor and improve the quality and safety of the service did not pick up the concerns identified during this inspection.
- The provider did not have effective oversight of the service. The provider made visits to the service and following the inspection we were sent copies of these. These records were basic and did not identify any of the concerns we had found.
- The provider held meetings with their managers. However, minutes of these meetings were not shared with the registered managers in a timely way and actions highlighted were not routinely followed up and addressed. Meeting minutes were only forwarded to managers as a result of inspections completed to all of the provider's services.
- The provider failed to follow up on requests from the registered manager for training required to meet people's needs.
- This lack of effective oversight and governance by the provider and registered manager has resulted in breaches of regulatory requirements relating to risk management, safeguarding, and governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care was not being provided in keeping with the CQC's Right Support, Right Care, Right Culture guidance, or other national best practice guidelines to meet people's needs in this type of specialist setting. In particular we were concerned that a culture had developed where people were not protected from the risk of unlawful restraint.
- Whilst 18 staff at Maple Lodge had up to date online training in relation to Autism and Learning Disabilities, 9 staff's training in this area had either expired or had not been completed and only 1 staff member had completed the Oliver McGowan training in September 2023. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the Government's preferred and recommended training for health and social care staff to undertake in adult social care settings and had been recorded on the homes training matrix as mandatory.
- The registered manager completed supervisions with staff however, where issues of performance were raised there was no clear evidence these were being addressed or followed up.
- The registered manager confirmed they had been managing Maple Lodge since 2017 and had only

received 1 supervision from the provider and no appraisals. Supervision is a process that involves a manager meeting regularly and interacting with staff to review their work and provide support. It may include reviewing their workload, setting the expected standards, monitoring and reviewing performance, identifying learning and development opportunities and keeping them informed with wider organisational news.

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

- Incidents found in relation to unauthorised restraint had not identified or escalated. This meant they could not be acted upon openly and transparently. We were not assured the provider understood their responsibilities in relation to the duty of candour.

The provider had failed to operate effective governance systems. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and other professional's views had been sought. People's views had been obtained using a simple language and pictorial format.

- A relative told us communication could be improved and said, "It's not perfect and could be improved. Communication could be better to the relatives as we only find out anything if we contact the home, there are no newsletters etc." They did add they were very happy with their [family member] being there.

- Staff felt supported by the managers at the service. A staff member told us, "Supervisions are done quarterly. If staff feel like they need one sooner, then [registered manager] is happy to accommodate. I feel massively supported. [Registered manager] and [team leader] are fantastic managers." Another staff member said, "I can raise concerns or give ideas to the manager or team leader."

- The registered manager held regular staff meetings. A staff member told us, "They are usually every month. They use them for communication and coming to a common ground of the right practice, within the policies and procedures. It's also nice to get together and discuss things that have happened."

Working in partnership with others

- The service worked in partnership with others, for example, social and healthcare professionals and services to support care provision. A professional said, "Staff definitely listen to what we have to say. We have been coming a while and staff are open to suggestions or recommendations."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure systems and processes were in place to safeguard people from the risk of avoidable harm or abuse. This is a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>