

Burlington Care Limited

Maple Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Maple Lodge Care Home is a residential care home providing accommodation, nursing and personal care to 48 older people at the time of our inspection. The service can support up to 60 people in one adapted building.

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

Medicines were not always managed well, recorded accurately or in place. The providers medicine administration policy was not always followed. Auditing of medicines highlighted some of the issues found. We received positive feedback from people and their relatives who told us they were happy living at Maple Lodge Care Home. People told us they felt safe because the challenges of the pandemic had been handled well by the staff and provider. Staff told us they felt supported by the manager and the culture of the home was positive with a teamwork ethos.

Infection prevention control practices were in place. All essential visitors had to wear appropriate personal protective equipment (PPE), and complete NHS Track and Trace information. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training. Some misuse of PPE was observed during our inspection. This was addressed by the manager during and after our inspection.

Individualised risk assessments were in place to ensure people could take risks safely. However, these were not always followed for some people. Staff were confident about how to raise concerns to safeguard people. Safe recruitment and selection procedures ensured suitable staff were employed. However, records were not always kept on staff files as per their policy.

People were supported by enough staff to meet their needs safely and a dependency tool to calculate staffing levels was used, however, in one area at busy times staff deployment was low.

There were systems in place for communicating with people, their relatives and staff regarding peoples care and support. People were supported to keep in touch with their friends and relatives. Over site and quality assurance from the manager and provider didn't always address issues found during our inspection.

We have made recommendations about the deployment of staff and auditing of staff records.

Rating at last inspection and update

The last rating for this service was Good (published 19 February 2021)

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this report. The provider had taken some action during the inspection to mitigate risks and continued to liaise with the inspector after the inspection to advise of further improvements scheduled and/or carried out.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and infection control. 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.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risks to people regarding their medicines, record keeping and management oversight at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Maple Lodge Care Home

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 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

An inspector, Pharmacist inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Maple Lodge Care Home 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 who was in the process of registering with CQC. This means that once registered 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spent time with people living at the service. We spoke with five people who used the service, the regional manager and the manager. We reviewed a range of records. These included four people's care records, a variety of records relating to the management of the service, audits and procedures.

After the inspection

We carried out telephone interviews with seven members of care staff and seven relatives. We continued to seek clarification from the provider to corroborate evidence found. We looked at more audits, care plans, reports and policies.

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 rated inspection this key question was rated as Good. At this inspection this key question had deteriorated 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.

Using medicines safely

- Medicines were not always managed safely.
- The process for obtaining medicines was not robust, this meant that some medicines were not in stock and could not be administered as prescribed.
- Guidance and records were not always in place to support the safe administration of topical medicines including creams and patches.
- Where medicines were prescribed 'when required' or with a variable dose, guidance was missing on how the medicine should be administered. When required medicines records were not completed in line with the Provider's policy.
- The records for fridge temperatures were incomplete. They showed the minimum temperature below that recommended so we could not be sure medicines were stored safely.
- The Provider's recent audit had identified some similar issues to the ones found on inspection and an action plan was in place to address them.

The provider failed to ensure people received their medicines safely. This demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, (Safe care and treatment.)

Assessing risk, safety monitoring and management

- Where risks were identified, care plans showed ways in which staff could reduce these risks. However, we observed people who were at risk of falls during our inspection where their risk assessments and care plans were not being followed.

The provider failed to ensure people were avoiding potential risk of harm. This demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment)

- People had personal emergency evacuation plans in place.
- Fire safety procedures were in place along with regular checks of equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

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 meeting shielding and social distancing rules.
- 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. However, we observed areas of the home with minimal staff cover. The manager used a dependency tool to calculate safe staffing levels.

We recommend the manager change deployment of staff at busy times so individualised support is maintained.

- Staff were recruited safely, using safe checking methods to ensure only suitable people were employed. However, on checking staff records we found several documents were missing. This was not in line with the providers recruitment policy.

We recommend the manager audits the staff files and ensures appropriate documents are in place for all staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The manager and provider analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received safeguarding training and knew how to raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

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 deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers medicines administration policy had not always been followed.
- Protocols for people who take medicines 'as required' (PRN) were not always in place. This was not in line with the providers medicines policy.
- The provider's systems to audit the quality and safety within the service were not always effective. These had not identified all the issues we found during inspection.
- Management and oversight did not ensure people's risk assessments were followed by staff.

The above demonstrates a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies were up to date and in line with best practice.
- The provider had contingency plans for people, to ensure minimal disruption to care in case of an emergency and in response to the COVID-19 pandemic.
- The provider had sent CQC notifications of significant events occurring within the service, as required.

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

- Staff responses about the culture of the home were positive regarding the manager and staff morale.
- The manager encouraged people and staff to go to them and be open and honest. Staff told us they could approach the manager to share ideas or concerns. One member of staff told us, "Since the manager is in place, I have really started to love my job again and I feel it's a nice environment."
- People shared positive feedback with us regarding the manager of the home, one person told us, "The manager is very approachable, and I like that. I have not had any complaints or concerns since I have been here."

Continuous learning and improving care and Working in partnership with others

- The manager took on board the opinions and views of people and their relatives to make improvements. During our inspection we received feedback regarding issues with the phone line, the manager gave us assurances this would be responded to.

- People were supported by a range of healthcare professionals and the manager had developed working relationships.

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

- Policies were current and in line with best practice to ensure lessons are learned.
- The manager was open with the inspector during the inspection.

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

- Peoples care plans included how to support people with emotional support, expressing their sexuality and spiritual and wellbeing.
- People, relatives and staff were asked for their views on the service.
- People had access to advocacy support to help support their human rights where appropriate.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure people received their medicines safely and that risk assessments in place for people were followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The Provider failed to ensure oversight to follow policy, maintain and audit records to identify issues relating to medicines and risk assessments.