

Mark Jonathan Gilbert and Luke William Gilbert

Maple Lodge

Inspection report

Arncliffe Road,
Liverpool,
Merseyside.
L25 9PA

Tel: 01514481621
Website: www.example.com

Date of inspection visit: 05 & 09 November 2015
Date of publication: 05/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

We inspected the service on the 05 and 09 November 2015. The inspection was unannounced.

Maple Lodge Residential Home provides residential care without nursing for up to 44 older people. People living at the service may be living with dementia. There were 34 people living at the home when we visited.

The service had a registered manager. '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.'

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) and Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's care plans were in place, although not all care plans contained sufficient details to ensure that care staff had enough information to deliver care to people. Care

Summary of findings

plans were not regularly reviewed to help ensure they reflected people's needs. People or their representative had not always involved in planning their care and enabled to make choices about how they wanted their care to be delivered. Not everyone had risk assessments in place. Those in place had not been regularly reviewed or always linked to care plans.

We looked at the medication processes within the home; we found that some quantities of medication had not been recorded for one person. This potentially placed the person at risk of harm.

Some of the people who lived at Maple Lodge did not have the capacity to make their own decisions about their care. The staff's understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was limited. Some people had recently been subjected to DoLs. There was no clear guidance for staff about how to support people to make decisions.

There were sufficient staff on duty to meet people's needs safely. There was a training programme in place although some of the training was out of date, such as safeguarding training and moving and handling training. Staff were appropriately recruited.

People who lived in the home said the food was good; people's nutritional needs had been assessed, although one person's dietary needs had not always been provided in accordance with their care plan.

Staff interaction with people was observed to be good during the inspection, with activities being provided by the activities coordinator.

We saw that complaints and concerns had been responded to appropriately when raised by people or their representatives.

Following our inspection the management structure has improved. The registered manager is now dedicated to managing the home five days a week

Staff told us the registered manager was approachable and they generally felt supported and valued, although we found that regular supervisions for care staff had not taken place since March 2015.

There were limited quality monitoring systems in place, regarding obtaining people's views and opinions about the service delivery. Some audits / checks had not been carried out.

Summary of findings

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.

The Medication Administration Record (MAR) for one person was not accurately managed.

Risk assessments were not always clearly linked to people's care plans. Some risks were not recorded to help ensure people were protected.

There were sufficient staff that had been appropriately recruited, to safely meet people's needs

Requires improvement



Is the service effective?

The service was not always effective.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were not understood by all staff.

People were cared for by staff that were not always appropriately trained or sufficiently supervised to help ensure they were able to offer competent, good care.

People's food and nutritional needs were not always met. Allergies were not always known and people's choices, likes and dislikes were not communicated within the staff team.

People's health needs were met. People could see their GP and other health professionals as required.

Requires improvement



Is the service caring?

The service was caring.

People did not always have choice, control and involvement in their care and treatment.

People were looked after by staff that treated them with kindness, respect and dignity.

Visitors were always welcomed and families felt they were fully involved in their relatives care.

Good



Is the service responsive?

The service was not always responsive.

People's care plans were not always personalised and some people did not have risk assessments in place. However, staff knew most people's needs well and they described how people's care was provided.

Requires improvement



Summary of findings

Activities and outings were provided, with positive feedback received from people.

Is the service well-led?

The service was well-led.

The registered provider had not provided CQC with the full details of a statutory notification.

The limited provision of staff supervisions meant that staff were not appropriately supported.

There were limited quality monitoring systems in place, with no way of obtaining people's views and opinions of the service delivery.

Some audits and checks had not been carried out for some time. Therefore failing to identify potential errors or mishaps which could result in placing people at risk.

Inadequate



Maple 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.

The inspection took place on the 05 and 09 November 2015 and was unannounced.

The inspection was carried out by two inspectors.

We reviewed the information about Maple Lodge held by the Care Quality Commission (CQC) such as notifications we had received from the registered manager. Notifications are required to be sent by the registered provider and inform CQC of any significant events about the service or people living at the service.

During the inspection we spoke with nine people who lived at the home, six relatives and three visiting health professionals. We observed how staff interacted with people in the communal areas. We reviewed eight people's

care plans in detail to ensure they received their care as planned. In speaking with people, we asked them to tell us about living at Maple Lodge. We looked at other associated records about people's care such as their medicine administration records (MARs), accident / incident records and risk assessments. We also looked at five staff files, specifically focusing on recruitment documentation.

We spoke with the registered provider, the registered manager, the senior homes manager and the care and compliance manager for the organisation. We spoke with nine members of staff which included two cooks and domestic staff.

We reviewed other records held by the registered provider and the registered manager including, policies and procedures, maintenance records, health and safety certificates, some audits and compliments received from relatives.

We had been in contact with the local authority social services team before the inspection and gathered information from them. We were provided with a medicines audit and monitoring report, which had been carried out by the medicines management team from the local NHS foundation trust.

Is the service safe?

Our findings

People told us that they thought Maple Lodge was a safe place to live. Comments from people who lived there and some visitors were, “It’s lovely here and ‘oh yes’ I do feel safe here”, “It’s great here, didn’t think it could be so nice to be honest” and “My room is very comfortable for me. “This is my home, I feel safe and relaxed.” Visiting relatives said, “I wouldn’t leave (name) anywhere I thought she wasn’t safe” and “We really feel (name) is safe here, we think the place is wonderful”.

Before our inspection we (CQC) received concerning information from the local authority. This was regarding a safeguarding incident. Although we had received a notification from the registered provider, it did not contain the full details and the seriousness of the safeguarding incident and that there was an ongoing police investigation. The local authority also informed us of other areas of concern, which they had uncovered during their safeguarding investigation including, limited manual handling and first aid training, incomplete care planning records and limited support for people.

We asked staff what they would do if they were concerned, suspected or witnessed any abuse of a person who lived in the home. The responses were mixed, with some having a good understanding of abuse situations and knowing what to do and others not knowing. We found that less than 50% of staff had received safeguarding training. **This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.**

We checked six care files and we found, that not everyone had a relevant and detailed care plan in place, for example one person had some mobility problems, however their plan did not state how many people were needed to support them with their personal care or mobility. The person had also had a number of falls. The falls had been recorded in their daily notes, although not all were recorded in their care plan. A referral to the falls team had not been made. A referral to the team might have potentially reduced the amount of falls the person had. We were informed by the registered manager that a referral to the falls team had since been made.

There was no risk assessment or guidance in place for one person, in how to manage their diabetes. There was a sealed envelope at the back of their care file containing information regarding allergies; however there was no reference to this person’s allergy in their care plan. Three of the other files were kept in paper folders and not properly bound. They were untidy and disorganised with limited information available. They did not adequately assess specific risks and how a person’s care needs should be managed. We found that risk assessments in general were either limited or non-existent, which potentially placed people at risk of harm.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 Providers must do all that is reasonably practicable to mitigate risks.

The NHS team had completed a monitoring report in October 2015. This identified some issues that needed attention. At our inspection we found that most of the issues identified in October had been addressed.

During our inspection we found that people did not always have their medicines managed safely. Medicine administration records (MARs) were in place but were not always correctly completed. For example, we found the quantities of tablets for eight items for one person had not been entered on the handwritten record; therefore it was difficult to fully determine if the person had been receiving their medication. Medicine audits had not taken place, this had been identified in the registered providers own bi-monthly quality monitoring checks. During the second day of the inspection the management had started to check all areas of medicine management to implement improvement. We were informed by senior management that all MAR’s in future would be pre-printed by the pharmacy; this would ensure that all quantities of tablets are listed on entry to the home. **This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** The registered provider had failed to ensure the proper and safe management of medicines.

We asked the registered manager about the staffing levels. We were told that staffing had recently increased, since it had been raised as an issue by the local authority. During our inspection we found there was sufficient staff on duty to help ensure people’s needs were met. The registered

Is the service safe?

manager informed us that in the event of staff illness or emergencies, staff would cover the work or agency staff would be used. One visitor commented, “sometimes during meal times there doesn’t appear to be enough staff around”. The registered manager informed us that they were aware of this and had recently increased the staffing levels around meal times. We checked the staff rotas for the previous month and saw that the staffing levels to meet people’s needs were satisfactory.

People who lived in the home were supported by staff who had been appropriately recruited. We saw that the correct checks had been carried out before staff began work including, either Criminal Record Bureau (CRB) or Disclosure and Barring Service checks (DBS) had been obtained and were present in all of the staff records we checked. Staff files also contained relevant recruitment references obtained from previous employers.

There were health and safety inspection checks in place to ensure that people were safe, including up to date and satisfactory inspection certificates such as, Portable Appliance Testing (PAT), Gas inspection certificate, and Electric inspection certificate. Fire alarm safety testing,

Water temperatures, lifting hoists and the Nurse call / emergency system were checked monthly.

We carried out a tour of the home and found it to be well maintained, clean and free of odours.

Most of the home had recently been redecorated to a good standard. We observed hand washing facilities and anti-bacterial gels in place around the home, promoting the management of infection control. Some comments from people were, “Can’t fault it, never any smells”, “It’s excellent, staff are excellent, everything is excellent, we call it the excellent hotel” and visiting relatives said, “The home has improved so much in the past few months, it is always very clean” and “Never a smell, it’s faultlessly clean”.

Is the service effective?

Our findings

People told us that the staff were really good and always helped them. Some of the comments were, “Carers are okay with me. I tell them if there’s a problem”, “It’s good in here, nothing to moan about” “I’ve been here ages. The staff are smashing”. Some comments from visiting relatives were, “Mum had pressure marks. The manager got her a new pressure bed” and “(name) had a fall and they rang me right away, kept me totally informed”.

On checking the training matrix, we found that staff had received training in fire safety and food hygiene however; some of the staff had not received training and support relevant to the work they carried out. There was no evidence to show that any staff had received dementia awareness training and limited safeguarding and manual handling training. In discussion with the management, there was an acknowledgement that the provision of some training had been poor. The lack of training potentially placed people living at the home and staff at risk of harm. For example using incorrect moving and handling techniques.

We saw that the formal supervision of staff had not taken place. Staff told us they had not had supervisions for quite a while and one person said, “No I don’t think I have had supervision”. The management acknowledged this shortfall in failing to provide appropriate training and meaningful supervision sessions for staff.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not supported by staff who had always received appropriate training and support for their role.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We discussed this with the registered manager, who informed us that she and the deputy manager had received

MCA training, although none of the other staff had received the training. Staff had limited understanding of MCA & DoLS. We were informed by the management that MCA & DoLS training was being sought for staff. We saw documentation that DoLS referrals had recently been made for a number of people and three people were now subject to DoLS. One of the care files we looked at contained a Mental Capacity Assessment, regarding the person moving around the home.

Some people’s care plans contained some background history, although some of the plans were limited regarding people’s likes and dislikes, with no evidence of people being involved in making decisions or choices in their plans. The registered manager confirmed that care plans needed further development, in order to ensure that more detailed information was obtained. This would help with promoting and providing a more person centred individualised service.

We looked at the food menus which were available to people. People were offered alternative meals at each mealtime. Staff informed us that people were always offered a choice of meals. Comments from some of the people who lived in the home were, “The foods alright, you always get something decent to eat”, “The food is lovely”, “lunch was good, I had two or three choices” and one relative said, “We always look to see what’s on the menu. (Name) is eating really well here, thinks it is a hotel”.

We saw people were supported with their meals and we heard members of staff being very supportive and encouraging to people, for example saying, “[name] try and eat a little more, it will be good for you”. During the mealtimes we observed members of staff supporting people in an unhurried, dignified and respectful manner.

Two people’s care plans stated that they had diabetes and one had a food allergy. On the morning of the inspection, there was no written information in the kitchen about these people regarding their specific dietary needs. We enquired about this with the registered manager and in the afternoon information was put on the white board in the kitchen regarding people with diabetes.

Both cooks were aware of one person with an allergy to strawberries; however neither was aware on first being asked that people with diabetes were living in the home. The lack of available information to the catering staff placed people at risk of harm.

Is the service effective?

People's care and treatment was not always clearly recorded and did not always reflect that assessments had been completed. For example, one person's care file contained information stating the person was on a soft food diet; however the kitchen staff had no knowledge of this. The person was observed eating pasta bake and chips for lunch. The cook was asked about a soft food diet. They said, they had just "stopped doing that". The person's care notes stated that a dietician's review completed in March 2015 had specified 'soft food' required. We spoke with the person's relative, who said, "(Name) was on a soft food diet

in hospital, but not in the home". This was discussed with the registered manager and the cook. We were informed that immediate action would be taken, in order to immediately establish the person's dietary needs and identify any risk.

This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider should have a food and drink strategy that addresses the nutritional needs of people using the service.

Is the service caring?

Our findings

People who lived in the home and their visitors were very complimentary and positive about the care provided by the staff team. Comments included, “Nothing to be improved. I’m made up”, “I like it here, it feels like my home” and “Carers are okay with me. I tell them if there’s a problem”.

Comments from visitors were, “The staff are very friendly and helpful. Just been asked would I like to stay for lunch” and “Excellent, I have noticed a marked improvement since the new manager came”.

We asked people if they were treated with dignity and respect. The following comments were made: “Been here over a year, of course I get treated okay. If I didn’t I would let them know. It’s smashing”, “I’ve lived here a while now, I get treated very well, they do look after you” and one visitor said, “We are made up, with the way (name) gets treated”.

We observed members of staff caring and supporting people in a dignified, respectful and appropriate way. For example, one member of staff knocked on a person’s door and entered discretely. On leaving the room, the staff

member was encouraging and supportive to the person saying, “We will walk at your pace, there’s no rush”. The member of staff was gently massaging the ladies back as they unhurriedly walked along to breakfast”.

We saw that people’s bedrooms were well decorated, warm and individualised. Rooms contained possessions, such as photographs and ornaments. Some of the bed linen was quite thin, needing to be replaced. The registered manager was shown the bedding and acknowledged the need for replacement. This would serve to provide the comfort and dignity that people were entitled to.

The staff we spoke with gave appropriate responses when asked how they respected people. They knew the importance of ensuring people’s independence, choice, privacy and dignity was promoted. Comments made by staff included; “I think you should treat people as if it was one of your own family” and “I love this work, it’s great helping people and encouraging them to be more independent”.

Staff told us they had not received any training in topics including equality and diversity or person centred care. The training matrix confirmed this.

Is the service responsive?

Our findings

People who lived at the home told us “Staff are always there to help and want to look after you” and “We have lots of activities, we are going to the centre (next door) this afternoon to play bingo”. Visiting relatives said, “Every Thursday they go to the Arncliffe centre for bingo and food” and “We are over the moon with the amount of trips and activities that take place now”.

There was no evidence to show that care plans had been regularly reviewed. This would help ensure that people’s needs are being appropriately and satisfactorily met. One relative said, “I was involved in the initial assessment and I am always asked to contribute towards (name) care plan, with (name) consent”.

People said they would be able to complain, if they needed to. Two visitors said, “I raised a concern with the manager and it was dealt with right away” and “Never needed to complain, but I wouldn’t hesitate if I saw anything wrong”. We saw a written complaint from a relative. The registered manager informed us that they were meeting with the person the following day. After our inspection we enquired how the meeting had gone. The registered manager told us of the actions that had been agreed and that the relative was content with the way the complaint was dealt with. We saw that the time scale for dealing with a complaint was in keeping with the registered providers complaints policy and procedure.

An activities co-ordinator was employed on a full time basis by the registered provider. During the inspection we spoke with the coordinator. We were shown photographs of a number of outings that people had accessed. The home has the use of a mini-bus. We saw information of the different types of activities that had been provided and records of what and when people had attended activity sessions or gone on the outings. One relative said, “They had a Halloween party and relatives were also invited. They often have birthday parties and celebrate other significant events”.

During the inspection we observed members of staff asking and encouraging people to go on the outing that afternoon. One person agreed to go, saying, “I don’t normally go, although I am always asked. Today I think I will go”. There was a notice board displaying what the activity would be for the day. The activity coordinator said “We have a good relationship with the school next door. The children come into the home and sing for us. The residents really enjoy it” and “We do all sorts of activities including, arts and crafts, eye and hand coordination and armchair exercises. We are making Christmas cards and table decorations at the moment”. We saw examples of the table decorations and observed people making Christmas cards with staff support.

We saw people reading magazines and daily newspapers. One person said, “Get the paper every day. It’s really good to keep up to date”.

Is the service well-led?

Our findings

Before our inspection we received some concerns from other agencies, relating to the overall management of the service. We looked at these concerns as part of the well-led domain.

The service had a registered manager, who had been in post for six months.

Some of the comments from people who lived at the home were, “The manager and the girls (staff) are great. The manager always speaks to you” and “The new manager is lovely, always ready to help”. Relatives said, “It is so much better with this manager” and “The manager has made so many changes, the place has improved a lot”.

We were informed that the registered manager was also employed to work ‘on the floor’, which meant that the registered manager had only two dedicated days to the management of the home. We had a discussion with the registered provider about the benefits of having a registered manager who was managing on a day to day basis. Following our inspection we were informed that the registered manager was now working full time as the registered manager, although there may be occasions when the manager would have to help out ‘on the floor’, for example in the event of an emergency.

The senior homes manager and the care and compliance manager for the organisation acknowledged that there had been some issues with the management of the service. This was particularly regarding processes and systems. For example comments were, “Peoples care plans had not been produced as timely as they should have been, with sufficient and relevant information”, “Staff training and staff supervisions had been limited and sometimes not taken place at all” and “Referrals to different agencies had either not been made or as swiftly as they should have been and follow –up paper work had not been fully completed or accurately recorded”. This was also discussed at the feedback session after the second day of the inspection.

There were limited quality monitoring systems in place, regarding obtaining people’s views and opinions about the service delivery. No surveys had been provided to people who lived in the home or to their representatives. No

service users meetings or relatives meetings had taken place; such meetings would also have helped to obtain the views and opinions of people in order to improve the service.

Some audits checks had not been carried out or were infrequent for example, no care plan audits had been carried out since April 2015 and the last medication audit was August 2015. There was no available evidence to show that improvement plans had been introduced, in order to address the infrequent audit checks. This potentially places people at risk.

The registered manager informed us that they would ‘sort it’.

The last team meetings were recorded for March 2015, when the night staff, the day staff and seniors meetings took place on consecutive days. The registered manager said that this would be addressed as with the other identified issues. The registered manager also informed us that they had not held any residents or relatives meetings, but they were planning to introduce them in the near future.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

We saw some compliment cards that had been sent to the home, some of the comments were, “On behalf of (name) family, I would like to thank you all for your professional and the thorough care you have shown to (name)”, “Heartfelt thanks and gratitude to all the staff at Maple Lodge, for their constant care and attention to (name), which allowed him to maintain his independence, as he always wished” and “Your time, hard work and efforts to ensure that (name) was loved and cared for, gave us so much comfort”.

The registered manager had informed us of statutory notifications, for example deaths of service users. We had also received notifications regarding safeguarding issues, although we had not been informed of the full details in one specific safeguarding notification.

The care and compliance manager for the organisation told us they were aware that notifications to CQC and referrals

Is the service well-led?

for safeguarding alerts had not always been dealt with in a timely manner. They said, this issue was being dealt with as a matter of urgency. The information received regarding the change in the registered managers role, should potentially address this.

The local authority had been carrying out monitoring visits and they had identified some issues with the service delivery. As a consequence the local authority had suspended placing any person at the home. The suspension was still in place at the time of this report.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Providers must provide care and treatment in a safe way.

Regulation 12(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had failed to ensure the proper and safe management of medicines.

Regulation 12(2)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

Regulation 13(2)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

The registered provider did not have a food and drink strategy that addressed the nutritional needs of people using the service.

Regulation 14(1)(4)(a)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

Regulation 17(2)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider failed to ensure that people using the service were supported by staff who had always received appropriate training and support for their role.

Regulation 18(2)(a)