

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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

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 personal and nursing care to 41 people aged 65 and over at the time of the inspection, including people living with dementia. The service can support up to 60 people.

The care home accommodates people in one adapted building, with a separate unit for people living with dementia.

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

People were at risk of harm due to health and safety and equipment shortfalls in the service. Bedrails did not fit mattresses correctly to reduce the risk of people becoming entrapped in them. Health and safety checks had not always been completed or followed up when areas for action had been identified. The provider had been informed of these risks and had not acted in a timely way to take action to keep people safe. The provider responded to these concerns during the inspection. Further work was needed to ensure there was learning from the provider and this shared with the staff team.

Staff did not always feel work priorities were communicated to them effectively by the registered manager. This created confusion about what was expected and when tasks needed completing. The provider was working with the registered manager and staff team to improve working relationships and communication.

There were sufficient staff to provide safe care to people. People received appropriate support to take their medicines safely and they were satisfied with this.

People were supported by knowledgeable, skilled staff, who understood their care and support needs. People were supported to eat enough; their dietary needs were accommodated. The provider worked alongside health and social care professionals to ensure people received effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind, compassionate care from staff who understood their emotional needs and wanted to improve their quality of life. People were treated with respect; their equality and diversity needs were acknowledged.

People received person-centred care, based on their needs and preferences. People's life histories were discussed and used as opportunities to reminisce. People felt part of a community at Maple Lodge Care Home. A daily afternoon activities session provided an opportunity for people and staff to spend time together and created a warm, positive atmosphere. The registered manager engaged relatives, staff and

other professionals in the running of the service. The service had links to the local area.

For more details, please see the full report which is on the Care Quality Commission (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 10 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment. 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### 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.

#### Inspection team

One inspector, an assistant inspector and Expert by Experience carried out the inspection on day one. On day two one inspector and one assistant inspector visited. 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 registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day. We told the provider we would be visiting on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four of their relatives. We spoke with 12 members of staff, including a representative from the provider, the registered manager, deputy manager, nurse, senior care workers, care workers, maintenance worker, chef and activities coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records in full, three care records in part and five medicine records. We looked at three staff files in relation to recruitment and two staff supervision and appraisal records. We also looked at a range of records relating to the management of the service, including the provider's staffing tool and quality assurance checks.

We spoke with two healthcare professionals who were visiting the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a sample of the provider's policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now been rated 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.

### Assessing risk, safety monitoring and management

- People were at risk of avoidable harm by becoming entrapped in bedrails as this equipment did not fit their beds correctly. One person had trapped their foot in the bedrail. There was no record of this incident or of the action taken.
- Bedrails risk assessments were not robust; they did not mitigate the risks to people or show how decisions had been made about when people should use them.
- People's health and safety was at risk because the provider did not always ensure all health and safety risks were fully assessed or followed up when issues were identified. For example, the legionella risk assessment did not show how the risk had been assessed by a competent person or any required measures to reduce or monitor this.

Failure to ensure equipment and the premises are safe and are used in a safe way was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

- The provider told us following the person's foot become entrapped they had replaced their bed for their safety.
- During the inspection we asked the provider to introduce bedrail safety measures. This was completed. Following the inspection the provider arranged for new mattresses to be fitted, preventing the risk of an incorrect fit between mattresses and bedrails causing entrapment.
- The provider arranged for legionella testing to take place following the inspection.
- People received appropriate, timely support when they presented with behaviours that could challenge the service. Staff worked to understand the root cause of people's behaviours to adapt and personalise their response. One senior care worker told us, "We use different techniques for each person."

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff understood how to make sure people were protected from abuse.
- The registered manager worked closely with the local authority safeguarding team to investigate and address any safeguarding issues.
- People felt safe living in the service. One person said, "I feel quite safe." Another person told us, "There is always someone about."

### Staffing and recruitment

- There were enough staff to keep people safe. Feedback from people and relatives supported this. Although we received mixed feedback from staff.
- The provider used a dependency tool to calculate safe staffing levels. The dependency tool did not show how staffing levels across each of the units had been calculated. The registered manager reviewed the tool on day two of the inspection to show how staffing decisions had been reached.
- People were supported by staff who had been safely recruited following the provider's recruitment process.

#### Using medicines safely

- Medicines were managed safely. Appropriate arrangements were in place to order, administer and return them when no-longer required.
- It was not clear how decisions about the support people required to manage and administer their medicines had been considered and reached. The registered manager agreed to look at improving recording in this area.
- Regular audits were completed to identify and address issues with how medicines were managed and administered.
- People were satisfied with the support they received with taking their medicines. One person said, "I don't have any bother getting the pills I need now."

#### Preventing and controlling infection

- The environment was clean and well maintained. Cleaning rotas were in place to prevent the risk of infection.
- Staff had access to gloves and aprons, which they used appropriately to prevent the spread of infection.

#### Learning lessons when things go wrong

- Overall, learning following accidents, incidents and medicines errors was shared amongst the staff team to improve practice. Further work was required to ensuring learning following bedrail safety risks was shared and embedded.
- People received safe care and support should they have an accident or incident. Staff followed the provider's procedures to ensure incidents, including falls were recorded and safety checks were completed.
- Accidents and incidents were analysed to look at any trends, patterns and areas for improvement across the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service. Relatives were consulted as part of this to help staff understand people's support needs.
- People's care needs were reviewed and reassessed regularly to consider any changes needed to their care and support arrangements.

Staff support: induction, training, skills and experience

- People were supported by competent, knowledgeable and skilled staff. Staff had completed training in relevant areas including dementia care and person-centred care. One relative told us, "On the whole I think staff have the right skills and they are constantly updated."
- The provider had a system in place for monitoring staff training requirements. It was not always clear how frequently staff were expected to complete refresher training. The registered manager agreed to review this with the provider.
- Staff development was supported, including through supervisions. Nursing staff received clinical refresher training to update their knowledge and skills.
- Senior staff completed appraisals for staff. They had not always receiving training in this area and were not always able to follow up any actions identified. The provider agreed to review this.

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

- People received effective support to eat and drink. Snacks and drinks were widely available throughout the service to encourage people to eat and drink enough.
- People chose where they wanted to eat their meals to suit their needs and preferences.
- Information about people's dietary requirements was communicated to all staff to ensure these were met.
- People's target daily fluid intakes were identified to support them to drink enough. It was not always clear what action was needed or had been taken when this target had not been met.

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

- Staff understood the roles of different health and social care professionals and identified when their input was needed.
- Staff were knowledgeable about people's health needs and how these affected them. This was not always recorded in their care plans, for example, how diabetes affected one person.

- The provider had formed good working relationships with healthcare services to help people lead healthy lives. When people required support from healthcare professionals this was arranged and guidance was followed. We saw an example of staff seeking advice from a mental health professional to review a person's care. One healthcare worker said, "My recommendations are taken onboard."
- Information was recorded and ready to be shared should people need to access other services, including hospitals.

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

- The service was adapted for the needs of the people living there. For example, dementia friendly signage was used throughout the dementia unit.
- People were able to navigate around the building freely and were able to spend time where they wished.
- People were encouraged to personalise their bedrooms to make them more homely and welcoming.

#### 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was obtained prior to staff providing care.
- MCA assessments were used appropriately to consider if people could make decisions in relation to their care and support. Best interests were recorded to show how people's relatives and relevant professionals had been consulted to make decisions in people's best interests.
- The registered manager understood their responsibility to identify where DoLS may be required to keep people safe. Information, including conditions linked to these, was recorded in people's care plans to ensure these were followed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided kind, patient care to people. One relative told us, "The staff treat [person] how we treat them as family."
- People's equality and diversity needs were recognised and respected. One relative said, "Staff are very caring and they respect their individual residents; they are respectful of everyone."
- People were supported by compassionate staff, who wanted to improve their quality of life. One care worker said, "I like to think that I cheer them up, make them happy and make their day."
- People received reassurance when they needed it. This helped them to feel calm and supported.
- Staff understood how people's mental and physical health conditions may impact on their emotional wellbeing and recognised changes in their mood, which may indicate a deterioration in their health.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their daily routines. For example, where they would like to go, what they would like to do or what to eat and drink. One person told us, "I can dress myself and go to bed when I want to."
- Staff understood the importance of offering people choices and making decisions about their day to day life. People's choices were respected.
- The provider identified when people would benefit from advocacy to help them make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity; personal care was provided discretely in private. One person said, "I leave my door open, I like it open, but staff still knock."
- People were encouraged to be independent where possible and felt living at the service helped them to retain this. Staff gave them the opportunity to attempt tasks for themselves before providing prompting and support. One person said, "I manage a shower on my own. I'm sure staff would help me if I wanted them to."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people's life histories and used this to engage people in conversation. People responded positively to reminiscing and sharing their stories with staff and others living in the service.
- Staff responded flexibly to people's care needs, recognising where additional support was needed. This included when a person had an infection or when they were new to the service.
- People's care plans contained person-centred information about their lives and support needs.
- Staff worked to meet people's diverse needs, including those linked to their religious beliefs and communication needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were supported. Staff worked with people to understand their communication preferences and which words or phrases they understood. This information was recorded to guide the staff in how best to communicate with people.
- People could access information in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were inclusive and provided stimulation for people; staff encouraged people to participate. The activities coordinator spent one to one time with people at risk of becoming socially isolated.
- Activities were in development following a new activities coordinator starting and the introduction of a designated activities time each afternoon. People and staff were encouraged to share this time together. This created a sense of community and a happy atmosphere, which people benefited from.
- People were supported to develop and maintain their relationships, including spending time with relatives. People had been supported to create and send Valentine's cards to celebrate their relationships with loved ones.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and were confident any concerns would be listened to.
- Complaints were investigated, outcomes were shared with those who raised the concerns. These were

shared with the staff team to improve practice.

#### End of life care and support

- Staff were aware of good practice in end of life care and respected people's preferences and religious beliefs.
- Staff recognised people and their relatives required specialist support during this life stage and worked with people and their family to provide emotional support and understand changes happening.

# 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 now been rated 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.

### Continuous learning and improving care

- People were at risk as the provider did not always maintain an effective oversight of the service. The provider's systems had not identified the issues we found on inspection such as health and safety checks. For example, the provider had not responded to issues identified within the fire risk assessment.
- The provider had not been responsive when bedrail safety issues had been highlighted to them. This meant people's safety had been left at risk.

Failing to have effective systems in place to improve the quality and safety of the service was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider arranged for the fire risk assessment issues to be followed up during the inspection.
- The registered manager and senior staff worked with the staff to coach them and promote good practice. For example, considering alternative approaches to supporting people living with dementia.

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

- Staff did not always feel work priorities and deadlines were communicated effectively by the registered manager, making it difficult for them to complete tasks. This impacted on staff morale. The provider was working with the registered manager and staff team to address this.
- The registered manager understood their responsibility to notify CQC of significant events that had happened in the service and submitted notifications appropriately.
- Staff took their responsibilities seriously and were keen to fulfil them. For example, ensuring that any checks they had responsibility for were completed. Further work was needed to support senior staff with responsibilities for completing staff appraisals.

### 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

- The registered manager understood their responsibility to be open, honest and apologise to people and their relatives if things went wrong.

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

- People benefited from living in an open, welcoming and friendly environment.
- Staff were committed to providing people with caring support. One care worker said, "We try and do the best we can for the care of these people."
- Staff understood the provider's vision for the service and worked as a team to provide a good standard of care.

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

- Relatives were informed about any changes to the health or care needs of their family members. One relative told us, "Anything that happens they would call me straight away."
- The registered manager had looked at ways of improving engagement with relatives. Relatives were encouraged to attend relatives' meetings and share their views. Meeting agendas and minutes were made available to those who had not been able to attend to keep them informed.
- Staff were able to raise queries with senior colleagues or the provider. Work was ongoing to improve working relationships between the registered manager and staff team.

Working in partnership with others

- The registered manager recognised the importance of the service being integrated into the local community. They had developed links with community organisations and the local army base, helping people to keep this connection to their local area.
- The provider had good links with health and social care professionals and sought their feedback to develop the service.

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 had failed to assess the risks to the health and safety of service users and do all that is reasonably practicable to mitigate these. The provider had failed to ensure equipment used as part of service user care was safe for use and used in a safe way. (2)(a)(b)(e)

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 had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. (1)(2)(a)(b)