

Burlington Care Limited

# Maple Lodge Care Home

## Inspection report

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Richmond  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Maple Lodge Care home is a residential care home providing accommodation and personal care to 50 older people at the time of our inspection. The service can support up to 60 people in one adapted building on ground level.

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

Parts of the environment required an upgrade as they were unclean and tired. Some areas had been improved and others were part of an improvement plan.

People and their relatives told us they felt safe living at Maple Lodge care home, and they were happy with their care and support. Feedback from people and their relatives reflected that staff knew and understood people well.

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.

Medicines were stored, managed and administered safely and records regarding people's medicines were completed effectively. Fire safety was managed well, and appropriate checks were in place. People received the medicines they needed to support their health needs. The registered manager closely monitored the use of any 'when required' medicines. These were managed in an individualised way.

Infection prevention control practices were in place. All essential visitors had to wear appropriate personal protective equipment (PPE). Additional cleaning of all areas and frequent touch surfaces was in place and recorded regularly by staff. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training.

There were systems in place for communicating with people, their relatives and staff regarding people's care and support.

Individualised risk assessments were in place to ensure people could take risks safely. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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 and follow up

The last rating for this service was requires improvement (published 10 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

#### Recommendations

We have made a recommendation regards further improvement of the environment.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 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

One inspector and an Expert by Experience carried out this 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 registered with the Care Quality Commission. 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.

#### 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 this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 2 relatives/friends about their experience of the care provided. We spoke with 4 members of staff, 2 visiting healthcare professionals and the registered manager. We reviewed a range of records. These included people's care records and medication records. We looked at staff records in relation to recruitment and other records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management 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 the last inspection this key question was rated as requires Improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage the administering of medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed and administered safely.
- People received their medicines as prescribed and at the right time. Medicine records were accurately completed.
- People who took 'as and when' required medicines, clear instructions were in place for staff to follow safely. One person told us, "They remind me to take my tablets. They normally give me a tablet if I have a headache."
- Clear guidance and procedures were in place to manage emergency medicines that were used to manage different people's health conditions.

### Assessing risk, safety monitoring and management

At our last inspection 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)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Personalised risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks.
- Fire safety practices helped ensure people's safety and included regular checks of equipment used by staff.
- People's relatives told us they felt their family members were safe.

### Preventing and controlling infection

● Some areas of the home looked unclean and needed refurbishment. Some improvements had been made to the environment and more were planned. However, the flooring in the bathroom and hallways needed replacement.

We recommend that the flooring is added to the plans and that assurances are provided to commence replacements.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises due to refurbishment needs.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There had been recent IPC audits completed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was able to meet shielding and social distancing rules when required.
- 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 where required.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits to Maple Lodge were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.
- The service had been using a large number of agency staff and the registered manager had managed to reduce the agency use recently. One person said, "Yes there seems to be enough staff, and no I don't have to wait for them to come."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- There were effective safeguarding and whistleblowing procedures in place at the home. Staff told us they would report any harmful or abusive practice they witnessed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.



# 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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the providers systems had failed to effectively manage risks. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager carried out audits that included action plans for improvement where needed.
- The registered manager ensured policies and procedures were current and in line with best practice and adhered to.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare had sent us notifications relating to significant events occurring within the service.

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

- Staff felt respected, supported and valued by senior staff which supported a positive culture.
- Management and staff put people's needs and wishes at the heart of everything they did. The atmosphere within the home was relaxed and welcoming. People told us, "Yes I think the home is well managed. I've got no complaints; I know the manager and I'm sure I could chat to them" and, "We can go and speak to them when we need to."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.□
- Staff we spoke with all felt involved in developing and improving the service. Staff meetings took place, and the registered manager also had an open-door policy and staff felt able to raise any issues or ideas outside of meetings. One staff member said, "Yes, had one yesterday (team meeting), they happen once a month, useful and helpful". "We can raise concerns and bring issues and video call in if not able to attend."

#### Continuous learning and improving care

- The provider adhered to national policy to inform improvements at the service. The staff were aware of the latest government guidance in relation to COVID-19.

#### Working in partnership with others

- Staff at the home worked closely with a range of external professionals such as Physiotherapist and the mental health team. We received positive feedback from visiting professionals on how people's needs were being met and progressing.

#### 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 around the duty of candour and showed commitment to openness and honesty when something went wrong and was able to share examples with us and demonstrated how they had taken appropriate action.
- The service had good working relationships with the local authority and commissioners and shared information appropriately.
- The registered manager was open with the inspection team during the inspection and took on board suggestions for improvements.