

Maria Mallaband Limited

Furze Hill Lodge

Inspection report

Furze Hill
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Tel: 01737362316

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Furze Hill Lodge is a residential care home providing accommodation and personal care for up to 29 people. The service provides support to people who are living with dementia, or people requiring support with their physical health conditions. Everyone lives in one adapted building, set over 3 floors. There was a communal dining area, lounge and conservatory for people's use, as well as a large level garden. At the time of our inspection there were 16 people using the service.

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

People and their relatives told us they felt Furze Hill Lodge was safe place to live. Staff demonstrated a good understanding of safeguarding procedures. Records confirmed that concerns raised were appropriately reported and investigated. Risks to people's safety and well-being were managed well and accidents and incidents were reviewed to minimise the risk of them happening again. People were supported by sufficient staff who received the training they required to support them in their roles.

People were supported with their health care needs and staff were aware of the need to report any changes or concerns. Positive relationships had been developed with health and social care professionals. Robust medicines systems were in place which ensured people received their medicines in line with their prescriptions.

People and their relatives were involved in developing their care plans and felt their views and opinions were listened to. 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. Choices were provided to people wherever possible, and people's preferences were known and respected.

Staff had developed positive relationships with people and were caring in their approach. Staff enjoyed spending time with people socially and there was a good range of personalised activities available. People were encouraged to maintain their independence and felt their dignity and privacy was respected.

A positive culture had developed in the home and people and staff felt respected and valued. There was an open and transparent approach to any concerns from the management team which was also reflected in the way staff members approached their roles. The registered manager was committed to continuous improvement of the service and quality assurance systems were used to monitor progress.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 16 August 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.

At our last inspection we recommended that the provider explore ways for people to be fully involved in the reviews of their care. At this inspection we found the provider had acted on our recommendations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on the shortfalls we found at our last inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Furze Hill Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Furze Hill Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Furze Hill Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people about the care they received at Furze Hill Lodge. We spoke with 7 staff which included the registered manager, deputy manager and care staff.

We reviewed the care documentation for 5 people, looked at a number of medicine administration records and checked recruitment files for 4 staff. We also looked at a range of documentation relating to the running of the service. This included audits, health and safety records, activities, training and minutes of staff meetings.

Following the inspection, we received feedback from 2 relatives regarding their loved ones' care.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our inspection in June 2021, we identified concerns in relation to systems and processes to safeguard people from abuse. This was a continued breach of Regulation 13 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 13.

- People told us they felt safe living at Furze Hill Lodge and relatives confirmed this. One relative told us, "I feel he is exceptionally safe".
- Staff had received safeguarding training. They were able to describe the different types of abuse to be aware of and how concerns should be reported.
- The management team ensured that any concerns were reported to the local authority safeguarding team in a timely manner. Reports demonstrated that any additional information requested was provided, and investigations were completed in a timely manner.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our inspection in June 2021, we found systems for managing risks relating to people's health were not effective and accidents and incidents were not investigated robustly. This was a continued breach of Regulation 12 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.

- Risk to people's safety and well-being were assessed and managed. Detailed risk assessments were in place which covered areas including falls, nutrition, hydration and skin integrity. Staff were aware of the steps they needed to take to keep people safe such as the level of support people required when mobilising or how each person's food should be prepared to enable them to eat safely.
- Guidance was available to staff on how to support people with specific health risks. Staff were able to describe how to support people living with long term conditions including diabetes and epilepsy. They were aware of how to identify and respond to concerns and when to summon healthcare support.
- Risk assessments and checks were completed in relation to the safety of the environment. Fire systems and equipment were reviewed regularly and maintenance checks were completed as required.
- Accidents and incidents were recorded and any lessons learnt were shared with staff promptly. The registered manager reviewed accident and incident records each month to ensure any trends were identified.

Staffing and recruitment

- People and their relatives told us staff were available when needed. One person told us, "The staff are very good. There is always someone around to help you."
- Sufficient staff were deployed to meet people's needs safely. Call bells were responded to promptly and people were not rushed by staff. Staff based in the lounge / dining area were able to support people should they need anything.
- Staff told us they felt there enough staff on each shift and they worked well together as a team. One staff member told us, "There's enough staff and the new staff have picked things up so we're working together and help each other."
- Staff were recruited through safe processes. Prior to recruitment staff had to provide evidence of their work history and references relating to their previous employment. They also had to provide evidence of their right to work in the UK as well as their fitness for the role. Each staff member underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and in line with their prescriptions. Care plans highlighted how people preferred to take their medicines. Where specific medicines presented risks to people these were monitored and known to staff.
- Medicines were received, stored and administered safely. Medicines administration charts were fully completed and stock balance checks were reviewed daily. Where people were prescribed medicines to be taken when required (PRN) protocols were available for staff to follow.
- Staff received training in supporting people with their medicines and their competency was checked. We observed staff were confident and knowledgeable about people medicines and supported people in a personalised and caring way.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The service was following the latest government guidelines in relation to visiting in care homes. Visitors were able to see their family members whenever they wished.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our inspection in June 2021, we found there was a continued lack of effective training of staff in relation to people's individual needs. This was a continued breach of Regulation 18 (Staffing) 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 18.

- Relatives told us they felt staff were well trained. One relative stated staff always seemed to know how to deal with any situation.
- Staff told us they found their training useful in their roles. One staff member said, "(Registered manager) is keen for us to do as much training as we can. She will find training for us if we ask like the palliative care training we've just done."
- Records demonstrated staff underwent an induction which included completion of training and working alongside more experienced staff until they felt confident in their role. Training updates were completed periodically by all staff to ensure their knowledge remained current.
- Staff received regular supervision from the management team. They told us this was constructive and supportive.

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

At our inspection in June 2021, we found a lack of consistent monitoring of people's healthcare. This was a breach of Regulation 9 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 9.

- People were supported to access healthcare professionals when required. This included support from the GP, community nursing team, chiropodist and the speech and language therapy team. Appointments were tracked to ensure any follow-ups or referrals were made as required. Clinical risk meetings were held regularly to identify if people's health needs required review.
- Where guidance was provided by healthcare professionals this was incorporated into people's care plans. Staff were aware of people's healthcare needs and were able to describe how these were monitored.
- People's oral healthcare was assessed. Care plans included details of the support people required to

maintain good oral hygiene and what arrangements were in place for dental appointments.

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

- People's needs were assessed prior to them moving to Furze Hill Lodge. Assessments were detailed and included information regarding the person's life history and preferences in addition to any known risks. Information gathered from the person, their relatives and the local authority was all used within the assessment process.
- People's needs were continually assessed. Assessments were reviewed regularly and any changes in people's needs or preferences were reflected in their care plans and risk assessments.
- Best practice guidance was followed to ensure people received safe and effective care. This included the use of nationally recognised tools to monitor risks in areas such as skin integrity and nutrition.

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

- People told us they enjoyed the food at Furze Hill Lodge. One person said, "It's always hot and it's fresh food. They understand what I like."
- People had a choice of food and drinks. We observed people being offered choices throughout the day. Where people changed their minds regarding what they wanted staff responded to this positively and brought a different option for them to try. Staff supported those who needed help to eat in a respectful and dignified way.
- People's weight was monitored regularly. Where this highlighted concerns regarding significant weight loss or gain, prompt action was taken. Care staff and kitchen staff were all aware of how people's food should be prepared, including for those who needed their food to be of a different consistency.

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

- People had access to the equipment they required. This included the use of pressure relieving cushions and mattresses, hoists and mobility equipment. Equipment was serviced regularly to ensure it remained safe. Furniture was of a good height and design for people
- The environment was suited to people's needs. Corridors and rooms were of a good size to support those with mobility needs. Lifts were available to enable people to access both floors of the home. People had access to adapted bathrooms should they require this.
- Relatives told us positive changes had been made to the environment. One relative said, "(Registered manager) has greatly improved the look of the home, with decoration and some reorganisation of the communal rooms. They have made the most of the space and made it more pleasing for the residents."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated a good understanding of people's right to make decisions and choices. We found for the majority of people capacity assessments for specific decisions had been completed as required. Where gaps were identified the registered manager addressed this immediately and provided evidence of the action taken.
- Best interest decisions were recorded where people lacked capacity. These evidenced those who knew the person best had been involved in the decision-making process. Consideration was given to ensuring the least restrictive option was implemented to keep people safe.
- DoLS applications had been submitted to the local authority as required. Where these had been authorised, we saw conditions in place were being adhered to.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our inspection in June 2021, we made a recommendation to the provider in relation to people contributing to reviews of their care on an on-going basis. We found at this inspection, the provider had acted on this recommendation.

- People's choices and preferences were respected. People told us they were able to make decisions regarding how and where they spent their time, their daily routine and their meals. One person told us, "I prefer to stay in my room but if I want to go downstairs, I just ask. They tell me what's happening and I have the option of what I do."
- Relatives told us they were involved in developing their loved one's care plans where appropriate. One relative told us, "(Registered manager) has shown me Mum's file more than once and gone through in detail all areas of her care and the descriptions of Mum's needs, which completely tallied with my understanding of Mum and her requirements."
- People's rooms were personalised and comfortable. One person spent time showing us their collection of photographs displayed around their room. They told us it brought them a great deal of comfort to see them and staff had asked where each one should be placed.

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

- People and their relatives told us staff treated them with kindness. One person said, "It's nice here and I'm well looked after." One relative told us, "I have watched staff with other residents with higher needs. They sit with them and spend time to help them through."
- Staff supported people in a caring way. Staff took time to sit and talk with people, generating conversation to include others. There was a relaxed and friendly atmosphere with lots of laughter heard during our visit.
- Staff told us they were committed to ensuring people were comfortable and felt cared for in their home. One staff member told us, "It's a happy place to live and work and that's what we want for our residents. We see them smiling and laughing, just relaxed and at home. It's giving them what we'd want for our families."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff knocked on people's doors and announced themselves before entering. When approaching people to ask if they needed support, staff did this discreetly. People were supported with their personal care in privacy. One staff member told us, "It's really important to make them feel comfortable."

- People were encouraged to maintain their independence. We observed people mobilising with the support of staff and being supported to eat independently as much as possible. Staff provided regular reassurance and encouragement.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; 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

At our inspection in June 2021, we found the provider had failed to ensure people received person-centred care and were offered a range of activities relevant to their needs. This was a continued breach of regulation 9 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 9.

- People received care and support which was tailored to their needs and preferences. Staff knew people well and were able to describe what was important to them, family connections and elements of people's life histories.
- Care plans were detailed and covered all aspects of people's care needs. Any changes in people's needs were shared with staff through good communications systems such as regular handovers and 'flash' meetings.
- People and their relatives spoke highly of the activities available and how these were delivered. People had developed a good relationship with the activities co-ordinator. Personalised activities were planned around people's interests such as using people's favourite music or past occupations within quizzes, games and when planning entertainers to visit. The activities co-ordinator and staff also spent time with people who stayed in their rooms to minimise the risk of people being socially isolated.
- People had the opportunity to do things they enjoyed and were personal to them. This included 1 person hosting a meal for their family visiting from overseas, visiting cafes, and supporting 1 person to access martial arts videos online. One person told us of a visit they had received from an Elvis impersonator which they had clearly enjoyed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records contained guidance for staff in how to support their communication. This included the use of objects of reference or flash cards for one person to help aid their understanding. Staff communicated clearly with people and checked they had understood what was happening.

- People's sensory needs were known to staff. Care plans highlighted where people required glasses or hearing aids and provided information how these should be cared for. We observed people's glasses were clean and where specified, people were wearing their hearing aids.

Improving care quality in response to complaints or concerns

- Relatives told us they would feel confident in raising any concerns and felt these would be addressed. One relative told us the registered manager had acted in a timely and discreet way when they told them another person had unintentionally caused their loved one distress.
- Complaints were fully investigated and responded to. The manager maintained a complaints log which was reviewed monthly to identify any trends. The log showed concerns had been acknowledged, fully investigated and acted upon in a timely and sensitive manner.
- The provider had a complaints policy which was widely available. This gave details of how to raise a concern, timescales for a response and details of how it would be dealt with.
- Where day to day concerns were raised, these were attended to immediately. One person voiced their dislike regarding how their food had been prepared. Both care staff and the chef came to speak with the person and assured them their concerns had been noted.

End of life care and support

- People received the care and support the needed to remain comfortable at the end of their life. One relative told us, "My sister, brother and I were very pleased with the care that mum received at Furze Hill Lodge. We were relieved that she could spend her last days there, in a familiar environment and with friendly faces."
- People had end of life care plans in place which detailed where they would prefer to be cared for and who they wanted to be with them. The registered manager told us they were looking to expand these plans to include greater detail.
- Links with the local hospice and the community nursing service were in place to ensure people received the clinical care they required to remain pain free. Staff had recently completed training in palliative care to further support them in caring for people at the end of their lives.
- People and staff were encouraged to mark the passing of those living at Furze Hill Lodge. Where people had formed friendships, they were supported to attend people's funerals. Relatives had thanked the service for this and stated it had brought them comfort.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating 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; Continuous learning and improving care

At our inspection in June 2021, we found the provider had failed to sustain effective managerial oversight of the service. This was a continued breach of regulation 17 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.

- Relatives spoke highly of the registered manager. One relative told us, "Since (registered manager) has taken over we have been impressed with her dedication, care and attention to detail." We observed the registered manager and deputy manager speaking with people throughout the day. People were relaxed in their company, and it was clear they had developed good relationships.
- Regular audits were completed to monitor the quality of the service provided. These were completed in detail and clear actions provided. Action plans were generated following audits. We saw that shortfalls raised such as information needing to be added to people's care records or medicines reviewed had been completed.
- The registered manager was committed to continuously improving the service people received. They told us, "I have worked so hard, and we have now built a strong team who all want the same thing. We are starting to get lots of compliments now. We will keep on improving and learning."
- The registered manager was supported by the provider's quality assurance team. They told us their support had been invaluable in identifying what was needed in the home and implementing changes.

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

At our inspection in June 2021, we found the provider had failed to ensure an inclusive culture or to effectively monitor duty of candour processes. This was a continued breach of regulation 17 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.

- There was a positive and open culture within the home. Staff told us this was due to the values and leadership shown by the registered manager. One staff member told us, "We are very proud of (registered

manager). She is doing a great job and will really push staff to improve. She's listening, changing the environment and being really open. I'm really proud of how things are and there is nothing to hide anymore."

- The ethos of the service was embedded into practice. The registered manager told us, "The principle of what we want is quality and that is what's important to me. That we are all compassionate, caring and empathetic. We are not coming to our workplace, we are coming into their home. I tell staff this right at induction." We observed staff demonstrated these values throughout our visit.
- The registered manager demonstrated a good understanding of their responsibility under the duty of candour. They ensured that accidents or incidents were investigated where required and a full explanation and apology was provided. People and relatives were invited to meet with the registered manager to ensure the process was open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were engaged in the running of the home. One relative told us, "(Registered manager) has also set up regular meetings with residents and relatives, which was a useful forum for feedback from both parties. Not just to listen to but action on any requests for change."
- Feedback on the quality of the service was sought. Surveys were sent out regularly to gather people's opinions. These demonstrated a high level of satisfaction in all areas of the service. A 'You Said We Did' board was displayed in reception to highlight the action which had been taken to points raised by people living at Furze Hill Lodge. This included more green vegetables on the menu and a wider variety of activities.
- The opinions of people and staff were listened to and changes made in line with this. It was noted there were more people choosing to get up early. The decision was made in consultation with staff to change shift times to accommodate people's preferences. This meant there were more staff available at the time people wanted their care.
- Positive links had been made with other professionals. This included health and social care professionals and the local church. The local authority care home support team also visited the service. This helped the registered manager ensure they were updated with best practice guidance.