

Maldon Lodge Care Home Ltd

# The Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Lodge is a residential care home providing the regulated activity of personal care. The service is registered to provide care and accommodation for up to 24 people, some of whom may be living with dementia. There were 20 people living at the service at the time of our inspection.

People's experience of the service and what we found:

The registered manager and provider had not put in place effective systems to protect people from risk. Improvements were needed to formal systems throughout the service, particularly in the oversight of risk and people's safety.

Information relating to people's individual risks was not always recorded or did not provide enough assurance that people were safe.

Systems were in place for accidents and incident recording however lessons were not learned, and improvements were not always made when things went wrong. People were not protected by the prevention and control of infection.

Staff had built positive relationships with people living in the service. However, not all care plans contained enough information to ensure staff knew the persons history and life story to deliver appropriate person-centred care.

The leadership, management and governance arrangements did not provide assurance the service was well-led, that people were safe, and their care and support needs could be met.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

Staff were recruited in line with requirements and there was a consistent staff team. People had enough food and drink to meet their nutritional needs. The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when needed.

There was a homely and relaxed atmosphere between people and staff. People and their relatives told us they were treated with care and kindness. One family member said, "All the staff really care about the residents. There is lots of stimulating activities. Food is very good. It has a lovely warm and homely feel. As a family we are very happy with the level of care [relative] receives at The Lodge." Another family member said, "My [relative] has been treated with kindness and compassion from the staff."

Medicines were well managed, and staff received training to help ensure they were sufficiently skilled.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good when last inspected in March 2019. The report was published 4 April 2019.

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk and peoples safety of people. This inspection examined those risks. A decision was made for us to carry out a responsive inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### Enforcement and Recommendations

At this inspection we have identified breaches in relation to safe care and treatment, need for consent and governance arrangements. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We have requested an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.  
Details are in our well-led findings below

**Requires Improvement** ●

# The 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 team consisted of three inspectors and an Expert by Experience who spoke to people and their families. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We inspected the service unannounced on two days.

#### Service and service type

The 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. The 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 7 people and 6 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and provider. We spoke with 1 professional who was visiting the service.

We reviewed a range of records. This included care records, risk assessments and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service and quality assurance arrangements.

#### Following the inspection

We had contact from 7 family members about their experience of the care provided. We continued to seek further information and clarification, from the registered manager, to validate evidence found.

# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Systems and processes in place to manage risks associated with people's care were not sufficient. A care plan viewed for one person contained conflicting information about the person's diagnosis and manual handling equipment to be used; this put the person at risk of staff not understanding their assessed needs or knowing how to provide their care.
- Systems and processes were not robust enough to ensure safe and appropriate quality of care. The management team missed opportunities to improve the quality and safety of the services. This meant, at times, people using the service were placed at risk of unsafe care. For example, there was a lack of a risk assessments in place for people identified as potentially leaving the building unsupported, moving and handling assessments to ensure staff were safe and consistent when supporting people who needed to be hoisted or assistance to transfer. There was also no risk assessment for someone who was identified at risk of choking.
- Risk assessments that were in place lacked sufficient detail to mitigate risks; for example, fire doors were fitted with alarms that sound if the fire door is opened. The risk assessment did not require staff to check the alarms were turned on which meant staff would not be alerted to people leaving the service.

Systems had not been established to ensure care and treatment was provided in a safe way for service users. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed a clean environment during the inspection; PPE was available. However, in one of the bathrooms there were signs of mould, grime and limescale build up, damage to the nonslip flooring and a dirty clinical waste bin putting people as risk of cross infection, this had not been identified in the managers audits for improvements.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation

## of Liberty Safeguarding (DoLS)

- We found the service was not always working within the principles of the MCA as some people's capacity had not been assessed or their ability to make decisions reviewed or recorded in their care plans. Where people's capacity had been recorded, it was written in a clear and respectful way but without a mental capacity assessment to support the judgement.
- The management team could not demonstrate people's consent had been sought. For example, they failed to gain people's consent for use of CCTV. Where people were sharing joint occupancy rooms this was not recorded in their care plans and the management team provided no evidence the person had been involved in the decision to share a room or identify decisions in people's best interests through best interest meetings.
- We also identified there was no consent to photos being shared on a group social platform used to communicate with all families.

The registered manager and provider failed to demonstrate they were acting in line with their responsibilities under the Mental Capacity Act 2005. This was a breach of Regulation 11 [Need for consent] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Despite the lack of processes in relation to the MCA, we found staff had a good understanding of capacity on a day-to-day basis. We observed staff discussing the right of a person with capacity to choose to eat a meal. Care plans also promoted choices being offered.
- The registered manager had made applications to the local authority for DoLS assessments for people when required.

### Learning lessons when things go wrong

- The provider has systems in place for complaints, incidents, and accidents however their lessons learnt process was not always implemented in response to complaints or incidents being raised. Improvements were needed in the way the provider learnt from previous accidents and incidents to prevent reoccurrence. Systems and processes to safeguard people from the risk of abuse
- Policies and procedures were in place to safeguard people from abuse.
- Staff had received training and told us how they would report concerns or abuse to the provider and the local authority.
- There was a whistleblowing policy in place and staff were aware of it.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Appropriate arrangements were in place to ensure the right staff were employed at the service. Relevant checks were carried out before a new member of staff started working at the service. Staff described competency checks had taken place to ensure they had the necessary skills to support people safely.
- Staffing files were not always well-ordered, reflecting the lack of management systems, however, the registered manager had already started to address this prior to our inspection.

### Using medicines safely

- People were supported to receive their medicines safely.
- Staff have had medicine training and had regular and on-going medicine observations completed to monitor their competency. We looked at medicine records and observed the safe administration of medicines to people.
- The registered manager was able to explain good oversight of medicines and has systems in place to

mitigate risk.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We were told families and visitors were always welcomed. We observed a lot of families being welcomed during our inspection.

# Is the service well-led?

## Our findings

Well-led – this 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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was some evidence of audits on quality and safety taking place. However, these were not being consistently undertaken across all areas of the service which means there were missed opportunities to learn. This included infection risks in one bathroom, risk assessments, care planning and consent.
- We found environmental concerns such as a broken internal window that had not been made safe and parts of the garden that were not accessible due to environmental risks. We also found an incident that was reportable to CQC had not been notified to us by the registered manager.
- Oversight and governance systems were not robust in identifying and addressing risks to people. This included risks to their health, wellbeing and the environment they lived in.
- In some cases, the registered manager and provider had not reviewed policy and procedures to ensure they were being adhered to and were effective. For example, the night check policy stated all people needed hourly night checks, unless they refused. Staff had not always recorded these checks for people who needed them, so it was not possible to demonstrate if they were happening at all.
- The registered manager and provider did not demonstrate they were following systems for best practice guidance or up to date policy as required by the Mental Capacity Act.

Effective arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with the regulations. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff had completed a full induction and were clear on their role and the responsibilities to promote independence, wellbeing and choice.
- The provider was aware of their duty of candour and had made necessary notifications when things had gone wrong however we found an incident that had not been reported due to a misunderstanding.
- One family member said, "[Relative]has been well looked after at The Lodge. The staff show kindness and concern, and the manager is caring and vigilant. Any request or concern I have messaged her about have been acted on and I have confidence in her leadership."

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

- There was a positive and open culture at the service.
- The registered manager had been in post less than a year at the time of our inspection and was in the process of implementing systems that would improve person centred care, such as improving care plans and gathering information about people's history and life experiences.
- The registered manager had put an emphasis on the well-being of people who live at the service, examples of this were doll therapy, people being able to help staff maintain their home with cleaning if they chose to and dog therapy. We were told there was a part time activities co ordinator to support people with social and leisure time One staff member told us, "Staff do their best to offer activities when the co-ordinator is off."
- Staff told us, they could report concerns and talk openly. One staff member said, "We can contact the provider or talk to the provider when they visit the home."
- We observed some good practice where staff were interacting with people and people were engaged in activities.
- The registered manager had identified the provider care plan template did not always produce records in the most person-centred way. The registered manager was working with the provider to develop an online system to be fit for purpose and reflect personalisation. Staffing was consistent and staff knew people well so there was no negative impact on people.
- People were happy and settled living at the service. Families told us, "They hold the staff team and management in the high regard and have a lot of respect for everything they do."
- On the day of our inspection there were staff attending a Christmas buffet which was well supported by off duty staff.

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

- The registered manager supported regular meetings for people to attend and discuss topics on an agenda. People had the opportunity to raise compliments and complaints, plan events, suggest activities and raise any other business.
- The provider had systems in place to engage with families and key stakeholders.
- Families, whose relatives used the service, were quick to contact us in support of the service and the staff of who work there.

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified improvements for the service which demonstrated their desire to improves people's well-being.
- The service worked in partnership with other professionals such as GP's, district nurses and social workers and made referrals to relevant agencies. Staff supported people to attend appointments and to receive medical assistance when needed.

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 11 HSCA RA Regulations 2014 Need for consent  People had not had their mental capacity assessed in line with MCA.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Effective systems were not in place to identify, monitor and mitigate risks to people's safety.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective governance arrangements were not in place to assess risk and monitor the quality of care provided.