

# Maria Mallaband Limited

# Furze Hill Lodge

## Inspection report

Furze Hill  
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Surrey  
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Date of inspection visit:  
23 July 2020

Date of publication:  
26 August 2020

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Furze Hill Lodge is a care home with nursing and accommodates up to 29 people in an adapted building. The service supports adults requiring care and support due to their physical health conditions, mental health needs and those living with dementia. At the time of our inspection there were 21 people living at Furze Hill Lodge.

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

Risks to people's safety were not always accurately recorded and monitored. Where accidents and incidents occurred, records were not always completed in detail to ensure lessons were learnt. This meant investigating concerns and providing safeguarding information was not always consistent.

The providers duty of candour policy had not been consistently followed to ensure people and their representatives felt they had received open and transparent information relating to safety incidents. The provider had recognised these concerns and had worked with the registered manager and staff to ensure they were aware of their responsibilities going forward. We have made a recommendation in relation to this.

Improvements had been made to the overall culture of the service. Staff were attentive to people's needs and there was a relaxed atmosphere throughout the service. The registered manager had supported staff to develop their skills and understanding and staff felt they were able to raise any concerns. Staff were aware of their responsibilities in safeguarding people from harm and understood reporting processes.

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 update: The last rating for this service was requires improvement (published 23 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This targeted inspection was completed to address specific concerns regarding risks to people's safety and aspects of the management of the service. A full update on breaches of regulations found during our last inspection will be provided following our next fully comprehensive inspection.

We undertook this targeted inspection to check on a specific concern we had about the way risks to people's safety were monitored, how safety incidents were recorded and reported and the management systems in place around this. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to how risks to people's safety is monitored and recorded at this inspection.

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?**

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# 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 Care Act 2014.

This was a targeted inspection to check on specific concerns we had about how risks to people's safety and well-being were managed and the management systems in place.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Furze Hill Lodge 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 announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the Covid 19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding concerns and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We sought feedback from professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people living at Furze Hill Lodge about their experience of the care provided. We spoke with the registered manager, the providers quality and compliance inspector and three staff members. We reviewed a range of records including four people's care records, accident and incident forms, safeguarding information and quality assurance audits.

#### After the inspection

We requested the registered manager send additional information and updates relating to audits, safeguarding alerts, meeting minutes, 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 Required Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about how risks to people's safety and well-being were managed and the management systems in place. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Risks management records did not always contain sufficient detail to monitor risks to people's safety and well-being. Risk assessments regarding skin integrity for two people stated daily skin checks should be completed and concerns reported to senior staff. There was no guidance provided to staff on what they should look for, any specific high-risk areas or information on alleviating pressure. Daily care records did not contain evidence of skin checks being completed.
- Where pressure sores or skin integrity concerns were identified, accurate records were not always maintained. One person's monthly records stated their skin was intact with no redness despite the person being treated for a pressure sore. Body maps were not always completed or updated accurately to identify all areas of concerns or to show where creams should be applied.
- Records were not always maintained in an organised manner making it difficult for staff to access the most up to date information quickly. One person's needs had changed significantly, including the support they required to mobilise. Whilst notes had been updated numerous times, the original, out of date care plan and risk assessment were still in place.
- Accident and incident records were not completed in sufficient detail. An incident for one person highlighted they had fallen out of bed. There was no analysis of the control measures in place to check they remained effective or if additional support was required.
- Accidents and incidents were not always thoroughly investigated in a timely manner. This led to difficulties establishing how some accidents and incidents had occurred in order to ensure risks to people's safety were minimised going forward.

The failure to ensure robust risk monitoring systems were in place was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found risks to people's safety were managed well. People's weight was monitored regularly and any significant changes reported to health care professionals. Staff were aware of people who required support to maintain good nutrition.
- Staff were available in communal areas at all times. This ensured people who were at risk of falls or required their wellbeing to be monitored always had access to support.
- Where people had experienced falls, hourly checks were completed to ensure they were not in pain or in need of medical attention.

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

At our last inspection we found the provider had failed to ensure that systems and processes were effective in safeguarding people from the risk of abuse. This was a breach of regulation 1 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made although sufficient detail was not always provided in response to local authority requests for information. The provider had taken steps to develop staff practice in this area.

- People told us they felt safe living at Furze Hill Lodge. One person told us, "It's very good here. None of the staff shouldn't be here." A second person told us, "I'm very comfortable and safe here. I feel in control."
- Staff were aware of their responsibilities in reporting safeguarding concerns. Staff had completed safeguarding training and this had been discussed during team meetings. One staff member told us, "I'd report anything related to abuse, which could be physical, bruising, falls, skin tears. I'd report it to the manager and we have the numbers for safeguarding (local authority safeguarding team)."
- There had been an increase in the reporting of incidents to the local authority safeguarding team since our last inspection. However, reports lacked detail and where supplementary information was requested this was not always consistent. The provider had identified this concern and were working alongside the registered manager to make improvements to recording across the service. We will continue to monitor this progress and review the impact of this work during our next inspection.

## Preventing and controlling infection

- Staff followed guidance in relation to covid-19 infection control processes.
- Staff were seen to wear appropriate personal protective equipment (PPE) when supporting people and observed good hand hygiene. Training had been completed in the safe use and disposal of PPE.
- Additional cleaning schedules had been implemented to ensure high touch areas such as doors, handrails and lift buttons were cleaned frequently throughout the day.
- People, staff and visitors had their temperatures taken regularly and guidance was available should anyone have a high temperature. Regular staff meetings were held to communicate any updates to guidance which were available for staff to refer to.

# 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 Required Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about how risks to people's safety and well-being were managed and the management systems in place. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection we found the provider had failed to ensure effective management oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made to some aspects of the service. However, additional concerns regarding how the provider acts on the duty of candour were found. This concern had been identified by the provider and the registered manager was aware of the process to follow. We have made a recommendation in relation to this.

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 providers duty of candour policy was not routinely followed. The policy outlines incidents which fall within the remit of duty of candour, how people or their representatives will be informed of outcomes of investigations and any learning to be taken forward. Three incidents were recorded within the duty of candour records. Whilst relatives had been informed of these incidents the investigation process had not been followed in line with the duty of candour policy.
- The registered manager acknowledged that in some circumstances the lack of information in line with the duty of candour policy may add to people's anxiety. This aspect of people's care, along with ensuring accurate records to aid investigation had also been highlighted by the quality assurance team. The registered manager was able to outline the providers policy and procedures and demonstrated their understanding.

We recommend the provider consistently acts in an open and transparent way in relation to the care and treatment provided to people

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

- People told us they felt there was a positive atmosphere in the service and any concerns were acted upon. One person told us, "Staff are very good and organise things for me like calls to my daughter. If I have any problems they get sorted." A second person said, "They [staff] are always kind, show empathy and want to help."
- As a team, the concerns raised during our last inspection regarding the culture within the service had

improved. Systems had been implemented to support staff including developing a dignity champions role, increased team meetings, senior support meetings, personalised information booklets and a review of activities.

- Staff appeared more confident in their roles and demonstrated a good knowledge of people's needs. There was a relaxed atmosphere during our visit with attention paid to people's comfort.
- Staff told us they had seen improvements in the service provided and felt there was an open culture where concerns could be discussed. One staff member told us, "There have been lots of improvements especially with cleanliness and the time we can spend with people. I always like to take my time." A second staff member told us, "I feel very supported and would report anything. We could discuss this as a team."

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  The provider had failed to ensure robust risk monitoring systems were in place