Alma Lodge Care Home

Alma Lodge Care Home

Inspection report

Staveley Road
Eastbourne
East Sussex
BN20 7LH

Tel: 01323734208

Date of inspection visit:
18 January 2016

Date of publication:
15 March 2016

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Alma Lodge on the 20 and 21 October 2014 where we found improvements were required in relation to the safe management of medicines, infection control, consent and notifying the commission of the deaths of people and other incidents that occurred at the home. A notification is information about important events which the provider is required to tell us about by law. The provider sent us an action plan and told us they would address these issues by May 2015. We undertook an inspection on 18 January 2016 to check that the provider had made improvements and to confirm that legal requirements had been met. We found improvements had been made and the provider was now meeting the regulations.

Alma Lodge is a care home that provides accommodation for up to 14 older people who require a range of personal and care support. Some people lived reasonably independent lives but required support for example with mobilising safely due to their age and general frailty. At the time of the inspection six people lived there.

There is a registered manager at the home who is also the provider and owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were looked after by staff who were patient and kind. They understood people's individual care and support needs and knew people really well as individuals. People were supported to make choices and staff respected their right to make decisions. They were cared for by staff who treated them with dignity and demonstrated a genuine interest in their needs and views.

There was an audit system in place however this was not yet fully embedded into practice. It did not identify where some information was missing from people's care plans.

Staff supported people to see their GP when they were unwell or when they wished to. People were asked for their consent before they were provided any care or support. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There were risk assessments in place and staff had a good understanding of risks and what steps they should take to reduce risks to people. People were supported to maintain a healthy diet, they were involved choosing what they would like to eat. Nutritional assessments identified people who may be at risk of malnutrition. People received their medicines safely when they needed them.

There was a robust recruitment procedure in place which helped to ensure staff with the appropriate experience, skills and character were employed to work at the home. There were enough staff, with the

appropriate training, on each shift to meet people's needs.

There was an open and relaxed atmosphere within the home. People and relatives told us if they had a problem or were worried they were happy to talk with any of the staff. Whenever concerns or issues were raised action had been taken to address them.

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

Alma Lodge was safe.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

There were appropriate measures in place to reduce the risk of cross infection.

Staff understood what to do to protect people from the risk of abuse.

There were enough staff who had been safely recruited working at the home.

Medicines were stored, administered and disposed of safely by staff.

Is the service effective?

Good

Alma Lodge was effective.

Staff were trained and supported to meet people's needs.

People had access to external healthcare professionals such as the GP and district nurse when they needed it.

The managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

Is the service caring?

Good

Alma Lodge was caring.

Staff understood people as individuals. This enabled them to provide good, person centred care.

People were treated with kindness, compassion and understanding.

People were supported to make decisions about their daily care.

Is the service responsive?

Good

Alma Lodge was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People told us they were able to make individual and everyday choices and we saw staff supporting them to do this.

People were made aware of how to make a complaint and were able to talk to the provider or staff whenever they had concerns.

Is the service well-led?

Requires Improvement

Alma Lodge was not consistently well-led.

There was a system in place to assess the quality of the service. However, some improvements were needed to ensure they were fully embedded into practice.

The provider was seen as approachable and supportive and took an active role in the day to day running of the home.

People were regularly asked their views about the service they received.

Alma Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection on 18 January 2016. It was undertaken by two inspectors and an expert by experience.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records, staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with four people who lived at the home, two visiting relatives, three further visitors and four staff members including the registered manager and deputy manager and a visiting healthcare professional.

We met with people who lived at Alma Lodge; we observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals. At the time of the inspection most people were unwell unable to speak with us at length and remained in their rooms or in bed. We spent time with staff whilst they were giving people their lunchtime medicines and their meals. This enabled us see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Following the inspection we spoke with five relatives and representatives, one further staff member and received feedback from two healthcare professionals. This helped to ensure we had a good overview of the service.

Good

Is the service safe?

Our findings

At our last inspection on 20 and 21 October 2014 the provider was in breach of Regulation 12 (Cleanliness and infection control) and Regulation 13 (Management of medicines) HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12(1)(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw medicines were not always given in line with the provider's policy in relation to crushed or covert medicines. 'As required' (PRN) medicines were routinely administered and staff did not ask people if it was needed. There was no guidance in care plans or risk assessments to inform staff why these medicines had been prescribed and when people should take them. Some medicines were not stored or recorded appropriately. There was not enough appropriate hand washing facilities throughout the home to prevent cross infection and areas of the home were not clean.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2015. At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visitors we spoke with told us they felt their loved ones were safe at the home. They told us staff knew people well and understood their needs. One visitor told us about changes that had been made to their relative's room following a fall to ensure they remained as safe as possible. One relative we spoke with told us they felt reassured their loved one was safe and well looked after by staff. The said, "It gives me peace of mind."

There were systems in place to manage medicines safely. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. There was PRN guidance in place and PRN medicines were only given when people required them and not given routinely. MAR charts included people's photographs, and any allergies they had. They were up to date, completed and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR only when people had taken the medicine. If people did not take their medicines when they were offered they were removed by staff and not left for people to take later. One staff member told us, "If (person) doesn't take the tablets we take them away. We can't be sure they would be taken if we leave them there, or someone else may take them." All medicines were stored appropriately and properly accounted for. There were medicine policies in place in relation to crushed medicines however no-one was having their medicines crushed at this time. Staff had a good understanding of people and the medicines they required. Whilst administering the medicines we observed staff explaining to people what their medicines were for and reminding them it was important to take them.

Staff told us about the steps they took to ensure people were protected from the risk of infection. This included using gloves and aprons when providing personal care. We saw there was liquid soap and paper hand towels available throughout the home with adequate bins for disposal. Liquid hand gel was available for staff if they were unable to wash their hands. We saw maintenance work had taken place to improve the

flooring in the ground floor bathroom. There had been a recent environmental health inspection of the kitchen and had received a rating of five, which is the highest that can be achieved. Staff told us about their responsibilities for ensuring people were looked after in a clean environment. There were daily, weekly and monthly cleaning schedules were in place and included commodes, bath hoists and carpets throughout the home. Monthly environmental checks identified areas which required maintenance or for example individual bedrooms which needed re-decoration or their carpet cleaned. We observed an area of the lounge was cluttered the provider explained these items needed to be put away. However, they told us there was currently no impact on people because they were not using the lounge. At the time of the inspection the lift was not working, we saw evidence that external contractors had been consulted and repair work would commence once parts had arrived. People on the first floor were unable to come downstairs therefore the provider had converted a large bedroom into a temporary lounge for people. There was a television and some activities. We saw one person had started to do a jigsaw puzzle which was on a table. Following the inspection we were informed by the provider, and relatives we spoke with that the lift was working and people were now able to use the main lounge as they wished. There were regular servicing contracts in place which included, gas and electrical installations, lift and hoist servicing. A fire risk assessment was in place and reviewed annually.

Staff had received safeguarding training and understood their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. There was safeguarding information on display. This was available for staff people and visitors to read and included the relevant contact numbers for the local safeguarding authority. Where concerns had been identified we saw these had been referred appropriately to the safeguarding team for review.

There were enough staff working at the home to look after people safely. There were two staff working throughout the day and two staff at night, one of who was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs. In addition to the care staff there was a manager on duty every day. During the inspection we observed call bells were answered promptly. One relative we spoke with reported their loved one, "Only had to ring the bell day or night and someone would be there."

Staff recruitment records showed appropriate checks were undertaken before staff began work at the home. This ensured as far as possible only suitable people were employed. Staff files showed there was appropriate recruitment and appointment information. This included an application form with full employment history, references, the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with people who lived at the home. If concerns were identified in regards to a staff member we saw appropriate actions were taken which included referring staff to appropriate external organisations if required.

There were a range of risk assessments in place and these were reviewed monthly and provided information for staff on how to manage identified risks. These included mobility, skin integrity and nutrition. Where people were at risk of developing pressure sores there was information about preventative measures that were in place, such as an air pressure mattress. There was guidance and checks in place to ensure this was set on the correct setting for the individual. There were systems in place to deal with an emergency and there was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. Staff had a good understanding of the risks associated with looking after people at Alma Lodge.

Good

Is the service effective?

Our findings

At our last inspection on 20 and 21 October 2014 the provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not always follow the principles of the Mental Capacity Act 2005 (MCA).

An action plan was submitted by the provider that detailed how they would meet the legal requirements by May 2015. At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "The food is good," "There is plenty to eat and once or twice I've wanted something different and they got it," and "They will make us a sandwich and there are teas all the time." People's relatives told us staff were always, "Quick to access medical help."

The managers understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training and had some understanding of MCA but limited knowledge of DoLS however, this had no impact on people because the managers had a good understanding. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. There was information in care plans about people's mental capacity and these were regularly reviewed. We observed staff asked people's consent and offered them choices prior to delivering any care or support.

We saw there was a training and supervision programme in place and staff received this regularly. When staff commenced work at the home they received induction training. This included an in-house induction which introduced staff to people and the day to day running of the home. They also received training which was based on the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Induction checklists to ensure staff were competent were signed by the staff member and the registered manager. Supervision was carried out every two months. We saw staff received regular and ongoing training and updates. One staff member told us, "I enjoy the training, it gives me confidence to look after people." Staff received regular supervision. This included a checklist of staff performance for example, moving with equipment, observation skills and nutrition. It was then identified if staff had a good understanding or whether further training was required. Staff who had worked at the home for more than a year received an annual appraisal. This included views from senior staff and people who lived at the home.

People were supported to maintain a balanced and nutritious diet. They were offered a choice of meals. Each lunchtime there was a main meal provided but if people did not like this then they could have an alternative. During the inspection people were unwell and unable to eat a full meal. We heard staff talking to one person and arranged for them to have a bowl of soup instead. This person told us this was something they enjoyed. People told us, "It's good food," and "There is plenty to eat." Nutritional assessments were in place and these identified people's food and drink preferences, where they liked to eat their meals and any support they required. Where people had lost weight they had been referred to the appropriate healthcare professional for assessment and advice. There was information in the care plans about actions staff should take to ensure people received adequate nutrition for example using food supplements when people declined their meals. There were food and fluid charts in place where staff recorded what people had eaten and drunk throughout the day. Staff told us they completed these for people who had lost weight or were declining food. People were weighed regularly and there was information in the charts for explanation as required. For example the scales had been changed and this had a slight impact of the recorded weight of people. This meant staff were aware of why minor changes in people's weight may have occurred.

Care records showed external healthcare professionals were involved in the care of people, supporting them to maintain their health. This included GP, district nurses, dietician, optician and chiropodist. We spoke with a visiting healthcare professional. They told us people were referred to them in a timely way and staff told us if they had any concerns they would contact the doctor. We saw evidence of this during the inspection. All relatives we spoke with told us staff contacted healthcare professionals when they needed to. One relative said, "They're on it and pro-active." Staff discussed people who were unwell and identified if they needed to be reviewed by the doctor. This meant people were supported to have access to healthcare services and maintain good health.

Good

Is the service caring?

Our findings

People told us staff were excellent. Visitors told us staff were caring. One visitor said, "I can't speak highly enough of the home, staff are caring, there is a feeling of relaxation, peace and happiness." One relative said, "It's real authentic care." Another said, "Staff couldn't be nicer." Visitors told us, "It's a real homely home, it's like a family." Healthcare professionals told us staff were caring, people were well looked after and appeared happy.

Staff knew people well and supported them as individuals. They spoke with people making eye to eye contact, using their preferred name and taking time to listen to them. They were able to tell us about people's choices, personal histories and interests. They spoke about people with genuine affection and care.

We observed staff chatting with people as they went about their day to day work. They were respectful of how people were feeling and kept conversation at a level people wanted when they were unwell. One staff member told us, "It's a shame people aren't well, it's usually a lot more lively in here." When staff were in the lounge they spoke with both people who were sitting there. For example a staff member was attending to one person and then stopped to chat with both people. One relative we spoke with told us staff, "Involve people in banter which they enjoy." They also told us there was, "A lot of laughter at the home."

People were treated with kindness and compassion by the staff. At the time of inspection a number of people were unwell and remained in their rooms. We observed staff supporting one person, giving them a gentle hug and empathising with them being unwell. They attended to the person with kindness, ensuring they were comfortable. We heard staff speaking to another person. They said, "You don't look comfortable, would you like to go to bed for a while." We spoke with the person later they told us they felt better lying in bed. This person looked cosy and well cared for.

People were involved in decisions about their day to day care and support. People were able to spend their day as they chose in the lounge or in their bedrooms. We saw people who were unwell had chosen to remain in bed or in their bedrooms. Staff checked on them regularly ensuring they did not require support or company. People were not rushed staff worked at a pace that suited the individual. Staff were observant and attentive to people's needs. For example, they noticed when people had spilt dinner on their clothes; they discreetly told people and helped them to change into clean clothes. Whilst people were encouraged to be independent staff recognised when they needed support. During the inspection the weather was cold and it was cold at the home. Staff checked the heating was working and at the correct temperature. They provided people with extra blankets and asked them if they were warm enough.

Staff helped people to maintain their privacy and dignity. The bedrooms were single occupancy and some people had chosen to personalise their rooms with their own belongings such as photographs and ornaments. When bedrooms were redecorated these were done to the person's own taste. Bedroom doors were kept closed when people received support and throughout the day if they wished. We observed staff knocked at doors prior to entering and where possible waited for a response before entering.

People were supported to maintain relationships with friends and family. Visitors were always welcome at the home and we saw evidence of this throughout the inspection. Relatives we spoke with told us they could visit at any time they chose. One relative said, "I call in when I can, staff are always welcoming."

Good

Is the service responsive?

Our findings

People were able to choose whether they spent time in their room or join others in the lounge. They were involved in decisions about their day to day care. We saw staff responded appropriately to people who for example looked unwell or required support. Relatives told us they were kept informed of any changes in their loved one's health or care needs. One relative said, "They always contact us if there's any concerns." Visitors told us they were happy to raise any concerns with the provider or other staff and knew they would be addressed. One relative said, "If I notice somethings not right, I'll just say." Another relative said, "Any concerns, we can talk to (provider)." People and relatives told us there was enough to do. One relative said, "X is not bored at all."

Staff knew people really well, they had a good understanding of their care and support needs, how they liked their care provided and what they liked to do each day. On the day of inspection people were unwell. We observed staff identifying areas where people may require care they had previously not needed and responded appropriately. For example they had identified one person required mouth care as they had not eaten or drunk much throughout the day. They recognised people did not feel able to get out of bed and they continued to offer them care and support as they needed to prevent their health deteriorating. This included regular position changes to prevent pressure area damage and food and fluid to ensure they did not become dehydrated. Relatives told us how their loved one's general health and abilities, for example mobility, had improved since they moved into the home.

Before people moved into the home they were assessed by one of the managers to ensure their needs could be met. Care plans were completed with the person and where appropriate their representative. They included information about people's care choices and preferences such as dietary likes and dislikes and hobbies and interests. There was information about how they communicated and this included any aids they may use such as hearing aids or glasses. There was guidance for staff about people's emotional needs and when they may need support. There was a daily routine in place which gave detailed guidance about how people liked to spend their day. It included what time they liked to get up and go to bed and their waking and night-time routines or if they required a bedside light. There was information about people's personal hygiene choices including any preferred toiletries they may like to use. We observed staff involving people and providing the care they wished for throughout the inspection.

There was an activities programme at the home and information about people's interests was recorded in their care plans. Staff and visitors told us since the lift had broken activities had been provided to people on each floor to ensure everyone who wished to, remained involved. People's wishes in respect of their religious needs were respected and people regularly visited from the local church. They told us people were supported to attend church if they chose to. People and their relatives told us they had enough to do. One relative told us, "As long as the television's working X will be happy, it's her life." Daily notes showed that people were involved in a range of activities of their choosing. Where people were reluctant to join in activities there was information in their care plans for staff to remind and encourage people to join in.

There was a complaints policy at the home. People and relatives said they did not have any complaints at

the time but they were always able to speak to the registered manager or other staff if they needed to. They told us they were listened to and any worries were taken seriously and addressed. There had been no formal complaints during the past year. Where concerns had been raised information was stored in people's care plans. Staff had received letters of thanks and compliments we saw these were available for staff to view which meant they were aware of feedback about the care and support provided.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 20 and 21 October 2014 we found the provider had failed to notify us of the death of service users and had failed to notify us of other incidents that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. This meant the provider was in breach of Regulation 16 CQC (Registration) Regulations 2009 and Notification of death of a person who uses services and Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents.

At this inspection we found the provider is now meeting the requirements of Regulation 16 CQC (Registration) Regulations 2009 and Regulation 18 CQC (Registration) Regulations 2009.

People knew who the registered manager was and told us they were good. One person said, "She's marvellous." Relatives told us the manager was always approachable. Staff told us they were able to discuss concerns with her. One staff member said, "It's a small home, we're like a big family."

The provider had acknowledged in the PIR that improvements were required in relation to their quality assurance and auditing processes. They told us they were taking action to address this and were putting systems in place. For example a range of audits had taken place however some of these needed to be fully embedded into practice to become fully effective. There were file checklists in place for care plans to ensure all documentation was in place, however, there was no system to identify information that may be missing from people's care plans. All the information needed to support people who had health related needs had not been recorded. Accident and incident reports had not always been fully completed to show what actions had been taken for example following a fall. More information was required in care plans to show how staff supported people to maintain their interests and hobbies. Whilst this had no impact on the care people received because staff knew them well. This is an area that needs to be improved. There was a plan in place in relation to on-going improvements and re-decoration of the home. There was a maintenance plan in place which identified areas around the home that required work and when this work would be achieved.

People were continually asked for their feedback on the service on a day to day basis, when their care was reviewed, meetings and through questionnaires. We saw one person had told staff at a care review they were, "Happy in their new home." Minutes from resident meetings showed people were asked for their views on the day to day running on the home. We saw one person had commented their meals were too big and this had been addressed.

There was an open culture at the home. The provider worked there on a daily basis and had constant contact with people. She knew people well and had a good understanding of their needs and choices. She promoted a positive culture that was person-centred and the purpose of the home was to provide care and support for people in a 'family home' environment. People and their relatives knew the provider by name. They told us she was approachable and they were always able to contact her. Staff told us they were supported by the provider and she was always available. We observed the provider working with the staff

during the inspection. There was a relaxed and open atmosphere between them. One relative told us they were confident in the service provided because there was a "Small and stable" team of staff.