

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Alma Lodge Care Home

Staveley Road, Eastbourne, BN20 7LH

Tel: 01323734208

Date of Inspection: 05 December 2012

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Alma Lodge Care Home
Registered Manager	Mrs. Dawn Owasil
Overview of the service	Alma Lodge is situated in Eastbourne and provides residential care for up to 14 older people. At the time of our inspection only seven were accommodated.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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During our visit we spoke with four people who lived at the home, three staff members and one visiting relative. People we spoke with were happy living at the home and felt cared for by the staff there. One person told us "nothing is too much trouble for them, I like it here." Another said "I have no complaints."

We observed staff dealing with people in a respectful but friendly manner and ensuring their dignity was maintained by always knocking before entering rooms and seeking people's permission before doing anything for them.

Records we examined showed that the service had training and audits in place which ensured that staff were able to deliver care and treatment safely. We saw quality assurance systems in place to assess the service's performance and ensure improving standards.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our inspection we observed staff treating people with respect and dignity. They spoke to them politely and always knocked and waited for an invitation before entering somebody's bedroom. Doors were always closed while elements of personal care were being carried out.

People who used the service understood the care and treatment choices available to them. People were involved in their initial assessment on admission to the home. We examined three care plans and saw that they were person centred and included detailed 'pen pictures' of people. The pen picture included information such as "what I would like you to call me," details of personal history, likes and dislikes, next of kin, funeral arrangements and the name of the person's key worker.

There was evidence of respecting people's choices in the use of phrases such as "people I wish to see," "people I don't wish to see" and the instruction "if somebody is not on either list, ask the person first if they want to see them." We saw that there were consent forms for treatment included within the care plans as well as permission signed by the person for their photograph to be taken and used on other forms. Care plans were very clear about what people were able and wanted to do for themselves and gave staff guidance about encouraging people to do as much as possible for themselves. In this way their independence was respected and promoted.

There was detailed information regarding people's wishes about their funerals, any concerns they might have around dying and nominated individuals to carry out their wishes.

People expressed their views and were involved in making decisions about their care and treatment. There was a lot of evidence of people's involvement in care plans and reviews evidenced by the frequent use of "I "within the text.

There was a programme of activities for people to promote their independence and

community involvement. These included a visiting hairdresser, an exercise class called 'activation' and trips out. One person's care plan included the information that they did not want to be supported by a male care worker. This wish was respected as far as possible. This showed that care was provided that took into account people's wishes and preferences.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People we spoke with were happy with the care they received. One told us "there is nothing to find fault with" and another said "the staff are all very good, they're very nice, the food is good and they always offer a choice."

We examined three care plans and saw that they included risk assessments for areas such as mobility, communication, nutrition and hydration, and falls along with action plans and monitoring charts to minimise those risks. One person who had suffered three falls prior to entering the home had a risk assessment carried out around falls and an action plan put in place. Since being at the home they had not experienced any further falls. Nutritional risk assessments were carried out for all of the people living in the home and people's weights were recorded monthly and monitored.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person had their dependency level assessed in relation to dementia, sight, hearing, speech risk-awareness, mobility, challenging behaviour and diet. In this way the home were able to tailor people's care to match their needs and ensure their safety and welfare. The care plans were reviewed monthly and this was documented. We saw that these reviews included people's input.

The home operated a key worker system and staff we spoke with were familiar with people and their particular needs. People told us they had regular visits from health professionals such as doctors, district nurses and podiatrists. This was evidenced in their care plans. All medical professionals' visits were recorded and included consent forms for people to sign.

There were no deprivation of liberty safeguards in place at the home at the time of our visit. Medicine administration records were all up to date and correctly completed. The records all included a photograph of the person for whom the medication was intended, along with any allergies that person had. This helped to ensure the welfare and safety of people by minimising the risk of medication errors.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We saw a fire plan in the entrance hall and there were 'firefighting' appliances sited appropriately throughout the home. On examination we saw that these were supplied and regularly maintained by an outside contractor. The passenger lift was working correctly and records we saw showed this was regularly maintained by an external contractor.

People we spoke with told us that the garden was "lovely and easily accessible." There had been recent improvement works at the home, this included the refurbishment of a bathroom and toilet, repair of the concrete front door step and re-decoration for some of the bedrooms.

Public areas of the home were generally safe and free from trip hazards. The stair carpet had recently been replaced to make it safer for people to use. Radiators were enclosed to minimise the risk of contact burns and windows had restrictors in place where necessary.

There had been significant improvements in the kitchen including the installation of new worktops, shelving and a dishwasher. This provided a safe environment where hygiene and infection control were able to be properly implemented.

Records showed that a monthly environmental audit of public areas was undertaken. This audit informed scheduling of redecoration or building works within the home and ensured that there was proper maintenance to operate the premises safely and to an acceptable standard for people.



## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at recruitment files and saw there were effective recruitment and selection processes in place supported by robust policies and procedures.

The files viewed contained a staff recruitment checklist, application and interview forms, photographs, at least two forms of identification, and two written references. This showed that appropriate checks were undertaken before staff began work.

The home had a new policy in place regarding criminal record checks to ensure that no staff commenced work before a satisfactory criminal record check was in place. There had been no new staff employed since the adoption of this policy but we saw that all staff currently employed at the home had undergone criminal record checks prior to starting work in the home.

Files we examined contained records of interviews and we saw that job contracts had been signed and agreed by staff. All files contained a job description, contract and details of pay.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff we spoke with told us they received on-going training both in-house and on external courses. This was confirmed by the training records we saw. Staff had access to training modules in areas such as moving and handling, safeguarding, infection control and end of life care. In this way staff were able, from time to time, to obtain further relevant qualifications.

Staff told us that there were regular informal staff meetings because of the small number of staff and people they supported. The provider may find it useful to note that no records were made of these meetings. Staff had supervision feedback with the manager every three months and annual appraisals. These were recorded for staff development. This showed that staff received appropriate professional development. All staff said that they would feel comfortable going to the manager if they had a concern.

All new employees were required to complete an induction programme. This included becoming familiar with the home's policies, including what to do if they became aware of any safeguarding issues at the home. There was also a period of shadowing, to afford them the opportunity to get to know people's needs and to ensure that they became fully aware of all the requirements of the home in providing a person centred approach to care delivery.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Quality assurance questionnaires were undertaken each year with people in the home, their relatives, friends and health professionals who visited. At the time of our visit the questionnaire had been redesigned and was due to be sent out.

The previous year's survey had been analysed and highlighted the desire among relatives and residents that there should be some improvements made to the general décor of the home. This had been acted on and significant improvements had been made through the year, this included redecoration and refurbishment of the kitchen.

Staff we spoke with told us there were monthly staff meetings, though these were informal because of the small number of staff employed by the service. Staff said they felt listened to at these meetings.

We saw records that showed there was a monthly environmental audit of people's rooms which included the date of the last deep clean. This audit helped monitor standards of decoration, the state of the carpets and assessed risks from furniture, electrical equipment and trip hazards. This enabled the service to efficiently assess areas where improvement was needed and prioritise works accordingly. This ensured the safety and welfare of people living at the home.

The provider took account of complaints and comments to improve the service. We saw information displayed within the service advising people how to complain if they needed to. On inspection of the records we saw that the service had not received any formal complaints from people, relatives or professionals since December 2011. The staff we spoke with were aware of how to deal with complaint appropriately.

Records we examined showed that falls and other incidents were recorded, analysed and action plans put in place to reduce future risk. This included making sure hallways and public areas were kept clear of obstacles to maintain a safe environment for people with

limited mobility. There were specific routines put in place for certain people when transferring from bed to armchairs or commodes. This evidenced that learning from incidents / investigations took place and appropriate changes were implemented.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.



## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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