Inspection Report

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: 20 June 2013

Date of Publication: July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ 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 in East Sussex and provides residential care for up to 14 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 June 2013, 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we spoke to six people and observed the care provided to people living in the home. We also reviewed records to gain an insight into the support given to people who used the service. People we were able to speak with living at the home were very positive about the service and told us they were very happy living at Alma Lodge. One person told us, "I like it here. They know what I like." Another said, "The staff are very good. I can't fault them." We also spoke with a visitor who told us, "The home is very nice and the staff are very friendly."

We examined the systems and processes in place for the safe management and administration of medicines and found they were effective and took account of people's preferences. There were appropriate recruitment and training systems in place for staff.

The premises were homely, safe and met the needs of people who used the service. None of the people at the home were subject to deprivation of liberty safeguards.

People were enabled to express their views and were involved in making decisions about their care and treatment. We found that care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw documentation showing that the provider responded appropriately to any allegation of abuse. We saw that complaints were taken seriously and there was an effective complaints system available.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

The service consulted with and involved people in developing a plan that met their needs by respecting and accommodating people's choices.
People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We saw from records we inspected that people at the home had been involved in determining the level of care they received. This was carried out initially as part of their pre-admission assessment and regularly updated if their condition deteriorated or their needs changed. This was confirmed by people we spoke with. They also told us they were able to be independent in areas such as getting up when they wanted and staff would accommodate them in this if they needed assistance. They were able to take breakfast or any other meal in their room if they wished or in the dining room.

People were supported in promoting their independence and community involvement. One person preferred to spend time in their own room, reading the papers or watching television and this was respected by staff. They were always made aware of the activities going on in the lounge and occasionally joined in. Activities included outside visitors from the nearby church who provided a motivation session, reminiscence and music.

We observed staff knocking on people's doors and waiting for a response before entering. Staff were very respectful and caring in the way they spoke to people. One person told us, "The staff are so friendly and polite. They talk very nicely to you."

We saw from care plans that people's views regarding the gender of the care staff providing any personal care was discussed as part of their initial assessment. As a result, while there were no male care staff currently working at the home, this was not an issue. We saw in care plans that people's preferred bedtime routines were noted in detail. One person's said that they liked, "Hot chocolate between 7 and 8pm, 2 panadol at 8pm if needed, and a sleeping tablet at 10pm."

People expressed their views and were involved in making decisions about their care and treatment. Care plans we examined included details about their religion, funeral arrangements and where they wanted to spend their final days. Care plans also included

consent forms for the use of the person's photograph and for various treatments such as dentistry. It was clear that people were involved and consulted during the creation of their plans and in subsequent reviews.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans of four people at the home. These were people we had already had discussions with about the care they received. There was clear evidence of people's involvement in the development of their care-plans.

Each care plan contained a pre-admission assessment, an initial assessment and a range of on-going risk and need assessments. These informed the care plan and were used to ensure that people's care was right for their needs as well as their wishes. Risk assessments covered areas such as falls, mobility, weight, skin integrity and hydration. People's weight was monitored and recorded monthly to highlight any concerns around worrying loss or gain.

People we spoke with were complimentary about the standard of care they received at the home. One person said, "They can't do enough for you." Another told us, "You can't fault them, they are very kind." Staff we spoke with
knew the people and their preferences and care-needs well and we observed support being given in a caring,
friendly and polite manner. We spoke to one visitor who told us, "The staff are very friendly and very nice. They look after my friend well."

People were encouraged to be independent in their personal care and activities where they wanted to be. One person liked to go out for walks despite needing to use an aid and was encouraged and assisted to do this. People's rooms were personalised and all had a call bell sited close to the bed.

A chiropodist attended people every six weeks and a hairdresser came to the home every week. There was a visit from a District Nurse during our inspection and the care plans showed that the GP was called to the home whenever needed. This meant that people's medical needs were appropriately dealt with.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in emergency first aid and moving and handling. Each care plan included a risk assessment about the amount of assistance a person would need to evacuate the home in

the event of an emergency.

Staff kept daily records regarding care given, any health issues and people's activities. These were then added to the main care plan to ensure on-coming staff were fully apprised of people's current state of health and mood as well as any issues concerning them. They also detailed people's sleep patterns and what personal hygiene people had received.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse. There had been no safeguarding alerts raised at the service since the last inspection.

Staff we spoke with were aware of the home's policy in relation to safeguarding and told us they would not hesitate to report any incident that caused them concern. They were aware of the procedure to follow and who to inform. We saw that there was information available regarding this including contact numbers. They were also aware of the home's whistleblowing policy and told us they felt confident about this and would not hesitate to whistleblow if the circumstances required it.

All staff had undergone safeguarding training as part of their induction and as an on-going part of their training programme. Staff we spoke with were clear about what constituted abuse, including physical, mental, emotional or financial and understood that any form of abuse should be raised as a safeguarding alert. They told us they would feel comfortable and confident about reporting any concerns to the manager. They were also aware of the contact telephone numbers should they need to report any incident directly to Social Services. This meant people at the home were protected from the risk of abuse.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. Medication was sourced from a local contractor and provided in weekly blister packs for individual named people.

Appropriate arrangements were in place in relation to the recording of medicine. We examined Medication Administration Record (MAR) sheets and found that they were up to date and completed correctly with no gaps or omissions. Where medication had been declined or not required this was recorded with the appropriate code. The MAR sheets all had a photograph of the intended recipient along with details of any allergies and their preferences regarding taking their medicines. The home had a policy in relation to as required (PRN) medication, and we saw that when this was administered it was recorded

Medicines were kept safely. Medication was kept in a locked cabinet with controlled drugs stored in a separate locked cabinet inside a cupboard. There was also a lockable trolley for medication rounds.

Medicines were safely administered. Staff were properly trained to administer medication and this was confirmed by certificates contained within staff files we examined. On the day of our inspection, both care staff and the manager were qualified to administer medication. They told us that they always took the MAR sheets with them on their rounds and filled them in at the time of administering the medication. This prevented any errors occurring and we observed this practice during our inspection.

We saw that the contractor had supplied detailed information about all medications in use at the home. This set out what conditions the drugs were intended to treat, possible side effects to look out for, and emergency contact numbers for advice. We inspected the controlled drugs book and saw that all controlled drugs were countersigned and that the running totals matched the drugs in stock.

Medicines were disposed of appropriately. Medication that was no longer required was stored in a sealed box and signed for on collection by both staff and the contractor.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The premises were homely and comfortable throughout. People's rooms were personalised and all had call bells sited close to the bed. There had been improvements in the upstairs washroom since our last inspection with the fitting of a sink and the hall area was newly decorated with plans in hand to continue this throughout the home.

There was a bathroom on both ground and first floors with various aids to help people use them independently if they wished. The ground floor bathroom had a hoist. We operated this and saw that it was functioning properly and saw that it had been serviced recently. The garden was well maintained and user friendly.

All the radiators in the home were enclosed to prevent contact burns and all windows on the first floor had restrictors fitted to prevent accidental falls. The first floor bathroom was accessed by three steps. All communal areas, corridors and stairs were free from clutter. This minimised the risk of trips and falls. There were handrails on the stairs and a passenger lift to assist people between floors. There was emergency lighting and fire extinguishers which had associated records to show they had been regularly serviced. This showed that measures were taken to provide a safe environment for people and minimise the risk of trips or accidents.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We examined staff files and saw that criminal record checks were completed and two references obtained prior to staff being allowed to work unsupervised with people at the home. There were also at least two forms of identification documentation on each file. This ensured as far as possible that the service had protected patients from possible abuse by employing people of good character.

Staff underwent an induction period which included a tour of the home, an introduction to the people living there and their needs, fire safety, advocacy, record keeping systems, safe-keeping of people's money and valuables and medicine administration. This was confirmed by the staff members we spoke with.

Staff had regular supervision with the manager and an annual appraisal. There were no formal staff meetings because of the small numbers employed but staff told us that any issues that concerned them were raised informally and they always felt listened to. There was regular on-going training for staff in all relevant areas and the home had recently signed up to a new training package which the staff felt was working well for them.

There was a keyworker system in place but staff we spoke with told us that because there were only ten residents all the staff knew each individual and their needs very well. They also said that staffing levels were more than adequate. On the day of the inspection there were two care staff, manager, a dedicated cook and a handyman all on duty. The call bell system was demonstrated to confirm it was working, but we did not hear any of the people at the home using it as staff were always very aware of people's needs and attending to them promptly.

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.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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