

Alma Lodge Care Home

Alma Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alma Lodge Care Home is a residential care home providing personal care up to a maximum of 14 people. The service provides support to older people with physical health needs. Some people were living with dementia. At the time of the inspection there were 10 people living at the home, one of whom was in hospital.

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

The providers' governance and quality monitoring systems had not been effective in identifying areas of shortfall found at this inspection. This included the completion of full and accurate records. Audits had not identified the management of medicines was not safe in all areas. Environmental risk assessments had not identified some risks posed by windows and flammable items.

Systems followed had not ensured all medicines were handled safely and did not ensure people received their prescribed medicines safely and appropriately. Some medicines were not recorded within a required register. Medicines given 'as required' did not always have guidelines in place to support staff to give these in a consistent safe way. A loose tablet was found in the medicine's trolley with no explanation.

The service was clean, and the managers had taken measures to minimise the risk from COVID-19. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse or discrimination.

The staffing arrangements provided enough staff to meet people's needs in a timely manner. The registered and deputy manager cover many of the shifts. Recruitment was ongoing and records confirmed practice ensured staff were recruited safely. People's individual risks were assessed, and actions were taken to reduce any risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had established an open and honest culture where staff and people felt able to share their views. Feedback from staff, relatives and visiting professionals was positive about the leadership of the service.

The registered and deputy manager were committed to continuously improve and had plans to develop the service further. They acknowledged it had been a difficult time recently with the pandemic and were looking forward to a more settled time.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 July 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings. We also used this opportunity to look at the previous breaches of Regulation 12, 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and previous breaches of regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009. As a result, we undertook a focused inspection to include the safe and well-led key questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 and will take further action if needed.

We have identified continued breaches in relation to the handling of medicines and good governance at this inspection.

The provider took immediate action to mitigate some risks which have been effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alma Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Alma Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Alma Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alma Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. She was also the registered provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information

the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at the action plan from the previous inspection, notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We also sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service, two staff members, the deputy manager and the registered manager.

We spent time observing people in areas throughout the service and could see the interaction between people and staff. We reviewed a range of records. This included three people's care documentation and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and training records. We contacted and received feedback from one visiting professional and spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has remained Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had not ensured that people's medicines had been handled safely. Concerns were identified regarding giving time critical medicines and not having a protocol for 'as and when needed' (PRN) medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had not been made at this inspection and further concerns regarding the handling of medicine were identified. This is the third time Alma Lodge Care Home has been rated Requires improvement with a continuous breach relating to medicines.

- Staff did not always follow best practice when handling medicines. We found records relating to medicines which required specific storage arrangements had not been completed. For example, medicines used to alleviate pain at a person's end of life had not been recorded within a required register.
- We found a loose tablet in the medicine's storage trolley. The registered manager and records examined were unable to explain where this tablet had come from. The provider could not be assured that all medicines were stored correctly, or that people received their medicines as prescribed.
- Some people were prescribed 'as and when required' medicines (PRN). For example, a medicine to alleviate anxiety and distress. Specific PRN guidelines for staff to follow to ensure these medicines are given in a consistent appropriate way and in line with the prescription were not in place.

Medicines were not always stored or given as prescribed. Therefore, the provider is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they receive medicines as they wanted them, and some were supported to manage their own medicines. The registered manager was providing individual medicine storage facilities in each person's room to support independence.
- All staff who gave medicines had been trained and had their knowledge and skills regularly assessed by the deputy manager in a competency assessment. Practice observed during the inspection showed staff taking care in ensuring people received medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed in the service and saw the service as their own home. One person said, "This is a

smashing place. I come here as safer here, looked after here until I am well enough to go home." Relatives told us they were confident that people were safe. One said, "Yes he is safe the staff are good on safeguarding people."

- Staff told us they had received training on safeguarding and how this effects people including forms of discrimination. Staff understood the need to respond to any concern and had access to relevant contact numbers if they needed to make a referral.
- The registered manager and deputy manager were familiar with the local authority's safeguarding procedures and had responded to safeguarding concerns raised appropriately in the past.

Assessing risk, safety monitoring and management

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At our last inspection the provider had not ensured staff were working in line with the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 11.

- We found the service was working within the principles of the MCA. Staff had been trained and the registered manager had a good understanding of procedures to follow to ensure people were not unlawfully deprived of their liberty.
- Following the last inspection further training on the MCA was provided to all staff. The managers reviewed their practice to ensure it followed the principles of the MCA.
- Where any restriction to liberty was used for people's safety, people had consented, and this had been recorded. For example, when sensor mats were used to monitor people's movements when in their bedrooms.
- Staff understood the importance of gaining people's consent and supported them to make their own decisions. For example, people chose where they spent their time and who they spent their time with.
- Although there were systems in place to monitor and review the safety of the environment we found some areas that needed to be improved. One window restrictor had been removed on a first-floor window and it was unclear if windows had been restricted to a safe height. The registered manager immediately reviewed all windows and the health and safety legislation. She later confirmed in writing that windows had been assessed and restricted to a safe height to minimise any risk posed.
- We found rubbish had accumulated in the garage and smoking room posing a possible fire risk. Following the inspection, the registered manager confirmed in writing that the rubbish had been removed from the smoking area and a skip had been ordered to remove rubbish from the garage.
- Other equipment and services were checked and serviced appropriately to ensure they were in good working order. This included lifting equipment, fire safety equipment, gas and electrical equipment and water supply.

- Systems were in place to manage and respond to people's individual risks. Risk assessments were used to clarify any risk. For example, people wanting to handle their own medicines had been assessed and measures put in place to enable them to do so safely. Everyone had a personal emergency evacuation plan that took into account how each person would be evacuated safely.
- Risks associated with people's health and wellbeing were assessed and monitored. For example, risks associated with eating and drinking were assessed. These risks were responded to with referral to health professionals, regular review and individual care plans to guide staff on the appropriate care and support required. For example, one person had been seen by a Speech and Language Therapist for problems identified whilst swallowing. A care plan was reviewed to reflect the most recent advice and we saw this was being followed when this person was repositioned before being supported to eat.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded, and the registered manager reviewed these to identify any patterns. For example, increasing falls. Staff had taken appropriate action following falls that ensured people's safety without restricting their freedom and this was clearly recorded. For example, the use of sensor mats that enabled staff to respond to people moving unaided.
- The registered manager confirmed learning was part of any concern or safeguarding raised. They described how a recent safeguarding was followed up with debriefing sessions for the staff to enable reflection and learning.

Staffing and recruitment

- People and relatives told us there were enough staff to respond to people's needs in a timely way. One person told us, "The staff are always there if you need them and for a chat." A relative said, "The staff are very good and have the time to be extremely hospitable."
- The staffing arrangements took account of individual needs and included two staff working throughout the day supported by either the registered manager or deputy manager. The nights were covered by the registered manager and deputy manager as the waking staff member, 'sleep in' cover was provided by the registered manager's daughter and husband who were qualified health care professionals. 'Sleep-in' cover provides additional support if required during the night.
- The registered manager assured us these staffing numbers were maintained and as a family business they worked together to provide the management and staffing as required. These staffing arrangements also covered most of the catering and domestic duties.
- The recruitment practice followed ensured checks were completed on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Concerns around the separation of clean and dirty laundry and risk of contamination from dirty linen and the sluice room was identified during the inspection visit. The registered manager provided a laundry procedure to promote the good practice and advised the area outside of the sluice room was clear to reduce the risk of contamination.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered provider had ensured visiting arrangements were aligned with government guidance and ensured those people who wanted to visit could do so.

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 our last inspection we rated this key question Requires improvement. At this inspection the rating has remained Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to submit required notification in relation to death and serious incidents without delay. This was a breach of Regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 16 and 18.

At our last inspection the provider had not ensured detailed and consistent records and effective auditing had been maintained. They had failed to seek and act on people's views. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection whilst improvements had been made the provider remained in breach of Regulation 17. This is the third time Alma Lodge Care Home has been rated Requires improvement with a continuous breach relating to governance.

- The leadership of the service was not effective in all areas and quality monitoring systems did not support best practice or compliance with legislation. Whilst a number of quality systems and audits had been reviewed and updated, these needed further development. Medicine audits completed had not identified the shortfalls identified at this inspection and had not ensured medicines were being handled safely. Environmental audits had not identified the risks posed by windows that had not been restricted to a safe height or the build-up of rubbish that posed a fire risk. The registered manager had however taken immediate action to mitigate these potential risks.
- Some records and documents were not complete or accurate. For example, the duty rota did not record who was working at night to provide the appropriate cover and the Fire risk assessments had not been accurately updated to reflect the change in people living in the service and the provision of a smoking room.
- Whilst the registered manager was ensuring notifications were being sent regarding deaths and serious injuries and had a clear understanding of their responsibilities. We noted that they had not notified us of a

recent safeguarding. They immediately sent this notification and printed out relevant information on the required notifications to be sent to the CQC for reference.

The provider had failed to assess, monitor and improve the service. The provider had failed to maintain accurate, complete and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Since the last inspection improvements had been made to people's care records. For example, care records had been reviewed and now reflected people's individual needs with clear guidelines for staff to follow. The language used promoted a person-centred approach. For example, a plan of care had been written around people's choices following death.
- The registered manager had regular contact with people and their representatives and was open to feedback and any suggestions. For example, one person had recently asked for a specific tinned pie that they remembered from their childhood. The registered manager had to research this product and was able to find it for them.
- One person told us, "I am listened to and able to share my views on things." Another said, "They are approachable and do anything for you." A relative said, "The two managers are responsive, they are in regular contact and ask you if everything is OK and for any feedback."
- We were told a 'key worker system' was being re-established with the new staff group. This allows for individual staff to take a specific interest in people and their views.
- Staff felt they were listened to and could influence changes. Staff told us, "The managers are always available, and we can talk to them at any time." Records confirmed staff meetings were held and staff were given the opportunity to share their views.

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

- The registered manager promoted a positive team spirit and culture in the service. They and the deputy manager had a very high profile in the service and worked alongside staff, reviewing and supporting good outcomes for people. They knew staff and people well and supported them in an individual way. Staff told us, "We work as a family team here."
- The registered manager recognised that the pandemic had caused additional pressures for staff and understood staff morale was low following a COVID-19 outbreak. They had taken the decision to turn down admissions in order to reduce workloads and allow staff time to recuperate.
- The managers had regularly thanked staff and provided a bonus and extra staff treats including hampers. They told us they were planning Jubilee celebrations to be enjoyed by people and staff. "We are grateful to our staff for their support and hard work through the last two difficult years."

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; Working in partnership with others; Continuous learning and improving care

- The registered manager was aware of their responsibilities including those under duty of candour. They were open and honest with people and their representatives and kept them informed of any accidents or incidents.
- Both managers acted in an open, honest and transparent way and were looking to improve the service and outcomes for people. This was demonstrated through the response to findings during the inspection visit which were responded to in a positive proactive way.
- The deputy manager was keen to support ongoing training for staff to improve care and support for

people. Recent investment had included the purchase of an additional lap top that staff could take home to use for training.

- The managers had worked closely with staff to support and guide them through the pandemic ensuring they remained updated and continuously developed their practice.
- Staff worked closely with the local healthcare providers such as the GP surgery, district nurses and the mental health team. One relative told us, "The psychiatrist has been very involved and worked with the home and us."
- Feedback from visiting professionals was positive about the working relationship with the managers working in the service. One professional told us, "we have regular contact with the managers and visit when necessary."

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 was not ensuring medicines were stored and handled safely. Regulation 12 (1)(2)g
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective quality monitoring systems were established to promote safe and effective care. Regulation 17 (1)(2) a)b)c)