

TN CARE LTD

# Alphington Lodge Residential Home

## Inspection report

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## 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?

Good ●

# Summary of findings

## Overall summary

About the service: Alphington Lodge is a residential care home. The home is registered to provide accommodation and personal care for up to 28 older people. The home does not provide nursing care. At the time of this inspection there were 21 people living there.

Rating at last inspection: Requires Improvement. Report published 27 April 2018.

Why we inspected: All services rated "Requires Improvement" are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

People's experience of using this service:

The provider had made good improvements to the service since our last inspection on 26 January 2018.

The governance of the service had improved. There was a comprehensive programme of checks and audits to determine the quality of the care. The provider had acted decisively to make improvements where failings had been identified.

There were safe systems in place for the storage and administration of medicines.

The provider had taken steps to ensure confidentiality was maintained.

The area manager had encouraged a change in the culture of the service so it was now more person centred.

People were supported by staff who treated them with patience, kindness and understanding. One person said, "They love me, and they come in and say, 'are you alright?' and look after me."

Support plans provided information for staff on all aspects of people's health and personal care needs. Staff knew people well and understood how they needed to be supported.

Staff received better training and induction so they could effectively perform their roles. They were well supported and spoke positively about the improvements at the service.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good". More information is in the full report.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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 ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Alphington Lodge Residential Home

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case experience of caring for older people.

#### Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service was being managed by the provider's area manager. A new permanent manager had been recruited. They were due to start working at the service and register with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed the records held on the service. This included notifications. Notifications are specific events that the provider is required to tell us by law. The Provider Information Return (PIR) was being written by the

area manager but had not yet been submitted. This information was provided during the inspection. The PIR tells us what the service had achieved and what they intend to develop in future. We require the provider to submit this annually and it provides us with information to plan our inspection. During the inspection we spoke with five people who lived there, three family members, six staff and also the acting manager and provider. We looked around the home.

We also looked at

- ☐ Four people's care records
- ☐ Medicines administration records
- ☐ Staff recruitment, induction, supervision and training records.
- ☐ Staff rotas
- ☐ Records of accidents, incidents and complaints
- ☐ Records relating to the maintenance and safety of the building, including the fire log book.
- ☐ Audits and quality assurance reports.

# 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 on 26 January 2018, this key question was rated "Requires Improvement". Some aspects of medicine storage and administration were not entirely Safe. We found a breach of the regulation regarding safe care and treatment. At this inspection, we found the service had taken steps to improve the safety of people's care, although some improvements were still needed. The service acted promptly to address the concerns raised. This meant people were safe and protected from avoidable harm. Legal requirements were met. The rating for this key question has therefore improved to "Good."

Using medicines safely.

- ☐ There were now safe systems in place to ensure the safe receipt and booking in of medicines. This was carried out by the designated member of staff in a secure room away from the main building, where there were no distractions.
- ☐ Medicines were stored safely, including those which required additional security. The temperature of the medicines cupboard and fridge were monitored daily.
- ☐ The medication audit process had been revised to improve its effectiveness and there was now a comprehensive medicines audit programme in place.
- ☐ Prompt action was taken in response to any concerns identified in the administration of medicines. For example, during the inspection there was confusion about the administration of medicines for a person on a short stay. They had brought their medicines with them and they were not included in the services' usual administration processes. The area manager investigated immediately and the findings were used to introduce changes across all of the providers' locations to minimise the risk of recurrence. Additional staff training was planned and amendments made to the audit process to ensure any errors were picked up quickly.
- ☐ Medicines administration records (MAR) contained the information staff needed to administer medicines safely, including photographs of people so they knew they were administering them to the correct person.
- ☐ Staff who administered medicines were well trained and their competency assessed regularly.
- ☐ People told us they were happy with the way the staff supported them with their medicines.

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

- ☐ People told us they felt safe at the service. One person said, "I feel safe here, very."

- All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe. CCTV had been installed in communal areas with the consent of the people living there, and footage had facilitated the investigation of concerns.
- The service had a disciplinary policy in place which had been used effectively to maintain the quality and safety of the service.

#### Assessing risk, safety monitoring and management.

- Risks to people were assessed and safely managed. Risk assessments were in place to guide staff on how to protect people. They related to a range of risks, including choking, moving and handling, skin integrity and nutrition. The information was clearly documented and known by staff. It was reviewed regularly to ensure the information remained current.
- People were involved in decisions about their care. The area manager said, "The risks when I first started were around not being given choice. There has been a change of culture for positive risk taking."
- People lived in an environment which the provider assessed to ensure it was safe and secure. Fire checks and drills were carried out in accordance with fire regulations. People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe.

#### Staffing and recruitment.

- People told us that although there were enough staff on duty to meet their needs they were busy at times and unable to respond quickly. One person said, "You do have to wait. I can get to the toilet, but I can't get back [is too breathless]. I just wait for them. They don't keep me too long. They do their best."
- Staffing levels had been determined following a two-week period of monitoring the support provided by staff and their response times. An additional 'floating' member of staff had been added to the morning shift which meant people could get up when they chose. The area manager was confident that staffing levels were adequate.
- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. This included Disclosure and Barring Service checks (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people. Recruitment processes had recently been reviewed. They were now more rigorous and values based, to ensure caring staff with the right skills and experience were employed.

#### Preventing and controlling infection.

- People were protected from the spread of infections.
- Staff had access to personal protective equipment for use to prevent the spread of

infections.

- ☐ Staff had received training in infection control and understood what action to take in order to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people.
- ☐ There was a rigorous cleaning programme at the service, which was audited regularly to ensure its effectiveness. A relative said, "It's always clean, never dirty, and her room is clean."

Learning lessons when things go wrong.

- ☐ The provider and area manager were committed to developing an open and honest culture where staff understood their responsibility to raise concerns and were supported to do so. The area manager said, "I will report anything. I've even reported us. If we are doing something wrong we are doing something wrong and I need to know about it."
- ☐ The provider and area manager were keen to learn from events and had taken decisive action since the last inspection to improve the quality and safety of the service.
- ☐ There were robust systems in place to identify where ongoing improvements were needed, and ensure the necessary action was taken.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection on 26 January 2018, this key question was rated "Good". At this inspection we found people's outcomes were still consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ People's needs were assessed prior to moving into the service to ensure they could be met and Alphington Lodge was an appropriate placement for them.
- ☐ Assessments of people's needs were comprehensive and regularly reviewed to ensure their accuracy.
- ☐ Staff knew people well and supported them effectively according to their needs and choices. One person, living with dementia, had previously refused to be supported with their personal care. Staff had considered best practice, and, working with the person's family had developed an approach which meant the person was now accepting of this support.

Staff support: induction, training, skills and experience.

- ☐ Since the last inspection the provider and area manager had developed a more comprehensive induction and training programme to ensure staff had the skills and knowledge required to support people effectively.
- ☐ New staff undertook an induction, completing workbooks based on the care certificate, a nationally recognised qualification for care workers. They also shadowed more experienced staff and were formally observed to ensure their competence, before they were 'signed off' to work 'on the floor'.
- ☐ A new in-house training programme was in place which was being completed by all staff, including the management and senior team, and regular agency staff. It covered those areas which the provider deemed necessary for the service, for example safeguarding; equality, diversity and confidentiality; infection control; pressure area care and medication. The training was due to be refreshed regularly. Staff comments included, "The training is much better now" and, "It's good training. All the training has been updated."
- ☐ Staff told us they were well supported and the area manager was approachable and accessible. Individual supervision sessions had been put on hold while they focussed on completing the new training programme. Supervisions were due to start again the week following the inspection, and were scheduled monthly after that with an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be prepared differently to minimise the risk of choking.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and specialist health professionals were involved where required. A relative told us, "[My family member] had lost some weight. Now staff sit with her at lunch times to make sure she is eating. She's now put back on one kilo in two weeks. She has supplement drinks. They look after her very well."
- People were asked for their food choices two or three days in advance to allow for planning and preparation. However, some people living with dementia could not always remember what they had ordered. We raised this with the area manager who told us, "They are able to change their mind prior to cooking of the food and also on serving of the food, but we need a basic idea prior to the day. Extra items are cooked to allow for this shift in meal choice and for us to meet resident preference."
- Lunchtime was a relaxed and sociable occasion with red or white wine offered, and tables laid with table cloths, napkins, fresh flowers and condiments.

Supporting people to live healthier lives, access healthcare services and support.

- Care records showed that people's health needs were monitored. Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
- The service had worked effectively with relevant healthcare specialists, such as the speech and language team (SALT), chiropodist, dentist and audiology to ensure people's health needs were met. A relative told us, "The GP calls in every Monday to the residents. The district nurses come in."

Ensuring consent to care and treatment in line with law and guidance.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a clear understanding of the MCA. Throughout the inspection we heard staff consistently asking people to consent to their care and treatment, and ensuring they had the information they needed to make decisions. This was also evident in consent forms held in care records, although some improvement was needed to ensure consistency. The area manager acknowledged this, saying, "We especially recognise we

need to address where consent other than signed is given or sought by third parties. This remains an active area of improvement and is part of our service improvement plan."

- There was a strong emphasis on involving people and enabling them to make choices wherever possible. The service respected people's right to take make 'unwise decisions' where they had been assessed as having capacity to do so. For example, where a person chose to eat food which increased their risk of choking, the service worked with the person and other health professionals to ensure they fully understood the risks and consented to any measures required to minimise them.
- The service had referred people for an assessment under DoLS where required.

Adapting service, design, decoration to meet people's needs.

- There were ongoing improvements to ensure the safety and security of the environment. This included some redecoration of communal areas, the installation of flooring which was easy to clean and the refurbishment of the kitchen. In addition, a key pad had been fitted to prevent people accessing the boiler room.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People had a choice of rooms, and their rooms were personalised with items of furniture or ornaments. One person told us, "My son in law brought in what I had in my bedroom."
- Hairdressing was now done in a spare bedroom, rather than the lounge as was the case at the last inspection. This gave privacy to people having their hair done, and did not disrupt other people, visitors and activities.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection on 26 January 2018, this key question was rated "Requires Improvement". Staff did not always treat people's personal information in a confidential manner and records were not always stored safely to maintain confidentiality. We found a breach of the regulation regarding governance. At this inspection, we found the service had taken steps to ensure confidentiality was maintained. There was a newly constructed secure area in the lounge which enabled staff to maintain confidentiality while updating care records. Medicine administration records (MAR) were locked away securely. The rating for this key question has therefore improved to "Good." People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- ☐ People were supported by staff who treated them with patience, kindness and understanding. One person said, "They love me, and they come in and say, 'are you alright?' and look after me." A relative told us "They spoil [my family member]. On her birthday a staff member asked her what she wanted. She asked for a cheeseburger. The staff member came in on her day off with a cheeseburger. She enjoyed it."
- ☐ Staff told us, and we observed, that they treated people with dignity and respect. One member of staff said, "We always knock on the door and ask for consent. It's their choice if they want to have a day in bed. People should take as long as they need. If they want to chat, that's fine. It's their home at the end of the day."
- ☐ Staff had received training on equality and diversity. People were treated as equals, regardless of their backgrounds, beliefs or disabilities.
- ☐ Where people became anxious, staff understood their needs and showed patience, kindness and reassurance. For example, if they required reassurance and encouragement to join the 'community' at meal times, or when being supported with personal care.
- ☐ Staff described a close working relationship with colleagues and good teamwork to make sure people received the support they needed.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were supported and encouraged to speak out and express their views. For example, some people had given their consent to be involved in the recruitment process. They chatted to potential new staff when they were being shown around and gave their feedback to the area manager afterwards.

- There was a 'resident of the day' system where once a month every person spent time with their linked senior member of staff. This was an opportunity for them to discuss their care and express their views.
- The area manager carried out a weekly 'structured walk', during which they spoke to people and asked for their views about the service.
- Meetings were held in the home each month for people living at Alphington Lodge. . People were encouraged to speak out in these meetings in relation to issues such as activities and menu choices.
- People were invited to complete an annual survey about the quality of the support provided.

Respecting and promoting people's privacy, dignity and independence.

- Staff told us, and we observed, that they treated people with dignity and respect. They knocked on doors before entering, and consistently asked people if they would like to be supported. One member of staff said, "It's common sense. Knocking on doors, not talking about people in front of them."
- Staff were attentive to people's needs and understood when they needed reassurance or guidance. One member of staff said, "We try and do it [personal care] as quickly as we can so she doesn't get distressed. We explain what we are doing."
- People told us that staff supported them to be independent. One person said they were independent with their personal care, commenting, "If I needed it, they would help."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection on 26 January 2018, this key question was rated "Good". At this inspection we found people's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ Prior to moving into the home, the area manager met the person and/or their advocates to gain an understanding of their needs, whether they could be met by the service and whether Alphington Lodge was right for them.
- ☐ Since the last inspection the service had been working to improve recording and care plan documentation, pending the introduction of a new computerised care planning system.
- ☐ The care plans were person-centred and held detailed information about how people's risks and needs and how they wanted those needs to be met. 'High needs' care plans were kept in the rooms of people who were supported there, so they were easily accessible to staff. Care plans were reviewed monthly with people, and six monthly with their advocates with their consent.
- ☐ We observed staff supporting people in line with their care plans. For example, one person's care plan said they could become cold very quickly, and we observed staff offering them a blanket at lunch time.
- ☐ We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Information was available to people in different formats if they requested it. This need was assessed on admission, and will now be discussed at the monthly care plan review in response to feedback given during the inspection.
- ☐ There was an activities programme in place, which included singing, quizzes, board games, arts and crafts, food tasting and visits from school children. There was a tuck shop and a hairdresser who visited regularly. People could choose whether to participate. Some people were positive about the activities, but others told us the activities programme was limited and they felt bored. A new activities co-ordinator had been recruited, with the aim of developing a new programme in consultation with the people using the service.
- ☐ People were supported to keep in touch with friends and family.
- ☐ People were able to maintain their personal faiths and beliefs. These were determined on admission and arrangements made to support them as appropriate, including regular services with visiting clergy.

- We saw people and staff being treated fairly and equally. There were policies, procedures and staff training in place to ensure they met their responsibilities under the Equality Act.

Improving care quality in response to complaints or concerns.

- The service had a complaints policy which was shared with the people at the service and pinned up in their rooms.
- People told us they knew how to make a complaint and they were confident their complaints would be listened to and acted on. Comments included, "If I wasn't pleased I would tell [manager]" and, ""We can speak to the staff, especially the ones that have been here a while."
- Records showed that complaints and concerns had been investigated thoroughly and fairly and action taken to address the concerns as required.

End of life care and support.

- People were supported to express how they wanted to be cared for at the end of their life and these wishes were documented. This would help ensure people's wishes were respected.
- The service ensured families were also well supported at this time. For example, a room had been made available for relatives to use when spending time with their family member. They could use it to sleep in or for quiet time.

# 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 on 26 January 2018, this key question was rated "Requires Improvement" because the provider's quality assurance systems were not fully effective. We found a breach of the regulation regarding governance. At this inspection we found the quality and safety of the service was now effectively monitored. The rating for this key question has therefore improved to "Good." The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- ☐ The area manager was managing the service pending the recruitment of a new registered manager. On coming into post, they had discovered significant issues impacting on the quality and safety of the service, and, with the provider, had acted to address them. This included improving monitoring processes; introducing a comprehensive programme of audits; encouraging a shift to a more person centred, values based culture; improving recruitment processes; introducing a comprehensive induction and training programme and supporting the development of an effective staff team with clear roles and responsibilities.
- ☐ Staff were very positive about the improvements at the service. Comments included, "The home is improving. We all know where we stand. We know what we have to do. We have guidance. I am really happy about how things are going", "[Manager's name] has been absolutely brilliant. I don't know what we would have done without her. She's worked really hard over the months to get it sorted." And, "Morale is quite good now. It was very low at one stage. [Manager] has worked very hard to get it where it is. It's all come from the top."
- ☐ The area manager operated an 'open door' policy. Staff were encouraged to be transparent and report any errors. The area manager had told them this was necessary. "We need to put measures in place to make sure it doesn't happen again. We need to look at why it happened and learn from it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ There was a clear staff structure in place which ensured effective monitoring and accountability. The area manager was 'hands on' and very visible on the floor. The provider visited the home at least every two weeks. Staff practice was observed regularly and feedback given. They were given support and information through staff meetings, handovers and informal support each day.
- ☐ There was a comprehensive programme of audits in place which looked at all aspects of the support provided and the environment. This was carried out by the provider, manager and deputy manager. The

results were analysed to identify trends and actions needed to improve the quality and safety of the service, and enabled the provider to demonstrate the progress made.

- ☐ The area manager had reported all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- ☐ People and staff were encouraged to air their views and concerns.
- ☐ People were supported to have good links with the local community. For example, through visits from local school children. There were plans to develop this further by organising a fete, and fund raising for charities or the residents own fund.

Continuous learning and improving care and working in partnership with others.

- ☐ The provider, area manager and staff had reflected on the previous failings of the service and were committed to its continued improvement.
- ☐ The area manager had worked all the shifts at the service to learn about how it operated over a 24-hour period. They had completed all of the training alongside the staff, and participated in various forums to learn about best practice and keep their knowledge up to date. This included registered managers forums and the local providers engagement network.
- ☐ The area manager said, "We are turning it around for the residents. I want a consistent smooth-running service delivering great quality care. Where people have confidence. It's important to get it sorted and have solid foundations. The best way to learn is to start from rock bottom."