

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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Alma Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Alma Lodge Care Home provides facilities and services for up to 14 older people who may have some physical health care needs but do not require nursing care provided by the staff working in the service.

At the time of this inspection seven people were living in the service. This inspection took place on 18 and 19 January 2018 and was unannounced.

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

At the last inspection in January 2016 the provider was found to be meeting all of the regulations and was rated 'good'. However at the previous inspection completed in October 2014 the service was rated Requires Improvement. This is now the second time that the service has been rated Requires Improvement since our new methodology was introduced in October 2014.

At this inspection we found the provider had not ensured all equipment had the correct safety checks completed. Fire risk assessments and emergency evacuation procedures had not taken account of the people's limited mobility and their wish to have doors open. This meant people could be put at risk from unsafe equipment and unsuitable fire arrangements including the lack of effective evacuation procedures. The registered manager confirmed they were having equipment checked for safety and would seek specialist fire advice to ensure appropriate procedures and safety measures were established. We found not all medicines were handled safely. Procedures for the safe administration of medicines were not followed in all cases and there was no evidence to clarify how and when topical creams were applied. The provider could not be assured all medicines were given appropriately. .

New staff were not trained to support people in a safe and effective way. There was no evidence to demonstrate that new staff completed any induction training. This meant not all staff were trained appropriately to care for people living in the service.

The quality monitoring and management systems did not ensure safe and best practice was followed in all areas or identify areas for improvement. This included the lack of safety checks, full effective emergency procedures and safe medicine handling at all times. The monitoring of accidents did not identify appropriate responses and actions taken following falls. Quality monitoring systems had not identified

when records were not accurate or completed consistently, and when policies and procedures were out of date and not adhered to.

People were happy with the care they received and they appreciated the contact and friendly relationship they had with staff. Staff were kind and attentive and demonstrated a caring approach to people.

Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in the service. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The managers had an understanding of DoLS and what may constitute a deprivation of liberty and followed procedures to protect people's rights.

There was enough staff to ensure that people's needs were responded to in a timely manner. People were supported to maintain good health with the support of local community resources.

Staff assessed people's nutritional needs and responded to them. Preferences and specific diets were catered for. People told us they were not bored and a varied activity and entertainment programme was provided based on people's preferences. People were supported to maintain their own friendships and relationships with whoever they wanted to.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys were used to improve the service. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

The service was run as a small family business with an emphasis on providing a friendly homely environment for people to live in.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

The provider had not ensured all equipment was safe and fire assessments and procedures had not ensured people's safety.

Medicines were not always handled in a way that ensured safe administration.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's personal care needs.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

New staff were not trained to support people in a safe and effective way. Established staff undertook training in order to respond to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the GP and community nurses as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Staff had a basic understanding of the Mental Capacity Act 2005 and DoLS and the registered manager involved the appropriate authorities when people were thought not to have capacity to make a specific decision.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by kind and caring staff. Staff knew

Good ●

people well and had good relationships with them. Relatives were made to feel welcome in the service.

People and relatives were very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

Care documentation supported staff to provide individual and person centred care.

Staff took account of people's individual communication needs and supported them to maintain good communication.

People's activity and entertainment preferences were responded to.

A complaints procedure was available and people felt they were listened to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems did not always establish best practice or identify all areas for improvement.

The registered manager was committed to delivering individual care and support to people that enabled them to enjoy their lives.

People felt they were listened to, that the service was well run and provided a homely environment.

Alma Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 January 2018 and was unannounced. This was undertaken by one inspector.

Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we were able to talk with four people who use the service, two visiting relatives and a visitor who used to have a relative living in the service. We spoke with three staff members and the registered manager. We also spoke with a visiting health care professional employed by the local Hospice. Following the inspection we spoke with a specialist nurse who was able to give feedback on the service.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. This is a way of observing care, to help us understand the experience of people.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine

records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living in Alma Lodge Care Home. This was related to the availability of staff. One person said, "I feel safe, there is always someone on call all the time." Another said, "Staff are always checking on you, and there is a bell if you need any help." Relatives were also confident that people were safe and well cared for. One said, "I cannot fault the place. I do not have to worry about her here, I know she is safe and well cared for." Visiting health professionals confirmed staff responded and supported people in a way that established good standards of care.

Despite this positive feedback we found some areas that were not safe.

Staff did not always follow best practice when handling medicines. Medicines had been signed for on the medicine administration records (MAR) chart before they had been taken. In addition the MAR chart indicated that a controlled drug had been given when it had not been. The registered manager and deputy manager were seen to give another controlled drug without checking the MAR chart as part of the administration process. This practice did not follow the service's own medicine administration policy and did not ensure best practice guidelines were being followed. This meant the provider could not be assured that people were receiving their medicines as prescribed which could impact on people's health and pain control. There was no system in place to ensure topical creams were administered as prescribed or in a consistent way. Records to confirm when they had been given were not available and there were no guidelines for staff to follow to ensure this was done correctly. The provider could not demonstrate that people had topical creams given as prescribed in order to support their health and wellbeing. These issues were raised with the registered manager at the time of the inspection.

The provider had not ensured all equipment was safe. Although the passenger lift had been examined for safety recently, required works that were identified had not been progressed. The registered manager told us of plans to complete these however there was no written evidence to confirm this. There were two mobile hoists and a bath hoist being used in the service. There was no evidence to show that these had been serviced or had the required safety checks completed on them when being used. . This meant that people may be at risk from injury when using this equipment. Following the inspection the registered manager confirmed safety certificates had been completed on the mobile and fixed hoists.

A fire risk assessment had been completed in 2016 and people had personal emergency evacuation plans (PEEPs). These took account of people's limited mobility. However the emergency evacuation procedures did not clearly clarify how people would be evacuated quickly in the case of an emergency. For example, two people on the first floor were immobile and were moved with a hoist and wheel chair. Consideration had not been given to emergency evacuation equipment. It was also noted that fire doors were being wedged open. Two people did not like their doors being closed at any time. The fire risk assessment had not been updated to reflect people's individual needs or the possible risks of wedging doors open. This meant people could be put at risk from unsuitable fire arrangements including a lack of effective evacuation procedures. The registered manager confirmed they would seek specialist fire advice to ensure appropriate procedures and safety measures were established.

These areas meant the provider was not ensuring medicines were handled safely, that all equipment was safe and that all fire safety regulations had been fully addressed.

Therefore the provider is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff working at the home to look after people safely. There were two staff working throughout the day often supported by either the registered manager or deputy manager in addition. The nights were covered by the registered manager and deputy manager providing the waking staff member, they also provided the 'sleep in' cover along with one of the providers.

A 'sleep-in' member of staff is somebody who can work an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs. The registered manager confirmed Alma Lodge Care Home was a family run service with the providers working together to provide the management and staffing as required. These staffing arrangements also covered the catering and domestic duties. People told us there was enough staff and all their needs were attended to. One told us, "My bell is always answered quickly when I ring it. I had to ring last night and somebody came straight away."

Established staff had received safeguarding training and understood their responsibilities in relation to safeguarding people and protecting them from the risk of abuse. Staff were able to recognise different types of abuse, told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the one of the managers on duty at the time or contact them immediately on the telephone. There was safeguarding information on display. This was available to staff, people and other interested parties for reference. This contained relevant contact numbers for the local safeguarding authority. Where concerns had been identified in the past the registered manager had referred these on appropriately to the local authority.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. Checks included confirmation of identity, references and a disclosure and barring check (DBS). The DBS checks identified if prospective staff had a criminal record or were barred from working with children or adults. The registered manager coordinated the recruitment of staff. They told us they were particular in who they recruited and took into account people's motivation when coming for an interview.

The provider promoted a clean environment and staff were aware of infection risks. Staff used protective clothing appropriately. Hand hygiene was promoted and hand sanitisers were available at key areas in the service. The service was clean and people commented on this. One person said, "nice and clean here." Health and safety checks were completed regularly to ensure the premises was safe and maintenance issues were identified and responded to. Security measures were in place and all visitors entering the service signed a visitor's book at the front entrance area. The Environmental Health Officer had completed an inspection recently and had confirmed good standards were maintained in the kitchen. They identified some required improvements and the registered manager confirmed all these had been addressed.

Risks to people's safety and care were identified and responded to. Risk assessments were used to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented, and a risk management plan was then established. This included ensuring people received care to reduce the risk of pressure area skin damage with the use of equipment when required. For example, one person had a special cushion that was used wherever they sat.

Is the service effective?

Our findings

People and their relatives were very complimentary of the staff and managers and said they were skilled and well trained. One person said "Staff are all very good. They all seem to know their jobs." Relatives and a visitor were very positive about the staff and the way they provided the care and support needed. One relative said, "The staff respond to all her needs and ensure her health needs are attended to. She is prone to urinary infections and they also recognise and respond to that. They know when she is not right." Visiting health professionals were complimentary about the staff, their skills and the way they worked and engaged with them.

Despite this positive feedback we found areas that were not effective.

New staff had not received appropriate training to ensure they had the required skills and competent to look after people effectively. There had been a high turnover in staff and this had meant a greater number of new staff working in the service. There was no evidence to show that the four new staff members had received any induction training. The registered manager told us all new staff had a period of shadowing more experienced staff and were shown what to do. However this was not recorded and new staff told us there was no induction programme to complete. There was no evidence to confirm staff had been shown what to do in the event of an emergency or received basic instruction on food hygiene and infection control. We saw two of these new staff working unsupervised in the service completing care, catering and domestic duties.

This meant people did not receive effective and safe care and the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For the established staff, there was a training and supervision programme in place and staff received this regularly. Staff who had worked at the home for more than a year received an annual appraisal. The training schedule included medication, safeguarding, infection control, food hygiene, moving and handling, health and safety awareness, first aid, fire safety and care planning. It also included equality and diversity training. The registered manager and deputy manager told us they planned to ensure all staff completed the care certificate or a diploma in health and social care. The care certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. All staff were booked on the identified essential training programme as this was throughout the year. Established staff told us the training provided was regular, interesting and enabled them to look after people appropriately. Additional training was provided to staff when people's needs needed specific skills. For example, additional training had been provided to staff to meet the needs of a person with a colostomy.

Staff responded to people's physical and emotional health care needs. Staff worked closely with community health care professionals and therefore provided a multi-disciplinary approach to supporting people to be as healthy as possible. A variety of health care professionals were engaged with to support people's health. This included the district nursing team, community matron, nurses and therapists from the local hospice team. This close working relationship ensured staff followed best practice guidelines when providing care.

For example, one person had problems with breathing. A physiotherapist had provided advice on breathing exercises and the staff had supported the person to complete these. The physiotherapist was satisfied that these were being completed appropriately and improving health outcomes for the person concerned, ensuring they did not need to be re-admitted to a hospital or the hospice. Routine and regular appointments were organised and included the dentist, optician and chiropodist when needed. Local GPs had regular contact with the service and a visiting health professional told us staff were proactive in seeking professional advice when needed.

Staff communicated regularly with each other; this was completed verbally and in written formation. Staff used a diary to ensure important information was not missed. Verbal communication between staff was structured at the changeover between staff and the regular involvement of the registered and deputy manager ensured continuity with care provided. People and relatives told us they had their health needs attended to quickly and effectively. One relative told us, "They all know to keep an eye on her if they think she is getting an infection they get on to the doctor straight away."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Regular staff had received training and had a basic understanding of MCA and DoLS. We saw that staff asked people's consent and offered them choices prior to delivering any care or support. There was information in care plans about people's mental capacity and these were regularly reviewed. The registered and deputy manager were confident in identifying when people were not able to make specific decisions around their care and treatment that could restrict their liberty. We saw previous DoLS applications had been made to the local authority when this had been identified.

The service's environment was adapted to meet people's individual needs. Rooms had level access to all areas in the service via a passenger lift. There was an adapted bath and shower (en-suite). A removable ramp was available at the front entrance of the service to allow wheelchair access. This ensured people were not restricted and discriminated against and could move around the service and community regardless of their disability.

People were supported to have enough to eat and drink when and where they wanted. For example, breakfast was provided when people wanted it and they could choose what they wanted. People were offered a choice of meals. Each lunchtime there was a main meal provided but if people did not like this, they could have an alternative. People and relatives complimented the food and told us it reflected their choices and preferences. One person said, "The food is very good, home cooking, supper choice and a choice at breakfast too." A relative told us how individual choices were respected. "The food is very good. They give people what they want here. For example they ran out of the orange juice that my relative likes, so they went out and got some straight away."

Staff were available to support and encourage people to eat. They ensured people had the meal they wanted and were able to eat independently whenever possible. For example, staff were seen to cut up food when this help was wanted. This allowed people to have control over what and how they ate. Nutritional assessments were completed and these identified people's food and drink preferences and any nutritional

risks. Preferences and needs were responded to. For example, one person needed a gluten free diet and they were satisfied that meals responded to this need. When people had identified nutritional risks these were documented and responded to. For example, where people had lost weight they had been referred to the appropriate healthcare professional for assessment and advice. There was information in the care plans about actions staff should take to ensure people received adequate nutrition, for example using food supplements when people declined their meals. For people that required monitoring of food or fluid intake, we saw food and fluid charts were being used.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day contact with staff and the managers. People who used the service, relatives and visiting professionals were positive about the approach of staff saying they were all kind and pleasant. People said, "The staff are lovely and kind." Another said, "They are always so kind." A relative complimented the staff and reflected on how they made their relative feel at home and loved. "It really feels like a home here. Staff are so kind and make people feel special. For example, one member of staff brings in homemade sausage rolls for them." Healthcare professionals were confident that staff were caring and looked after people in an empathetic and sympathetic way. We saw this in the support given to one person that had recently suffered bereavement. Staff supported them through this loss and attended the funeral with them.

The SOFI and general observations showed interactions between staff and people were meaningful and caring. Staff constantly engaged with people, offered choice and gave them time to answer any questions. Staff took a genuine interest in what people had to say and how they were feeling. Staff also used people's preferred names and knew people's choices, personal histories and interests.

Peoples' equality and diversity was respected. They were supported by staff to maintain their personal relationships. This was based on people's choices and staff understanding of who was important to the person; their life history and where appropriate, their spiritual and cultural background and sexual orientation. Relevant information was recorded in care documentation. People were supported to meet their spiritual needs and staff understood that people's beliefs were important to them. Two people living in the service attended church regularly with the support of staff. One person said, "I go to the church when I am well enough, staff take me in a wheelchair."

The service encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together, this meant genuine friendships were formed within the service. Visitors were able to visit at any reasonable time. They told us they were always offered a drink and made to feel very welcome. Staff understood the importance of visitors to people. They engaged with visitors in a positive way and encouraged a relaxed homely feel to promote regular visiting. We heard one staff member offer people and visitors an opportunity to move to a private area for their visit. One relative said, "I love it here, it's just like a proper 'home'."

People said staff respected them and took account of their privacy and dignity. People's bedrooms were seen as their own personal area and private to them. Bedroom doors were kept closed when people received support. Bedrooms contained personal items that were important to people. This included pictures and photographs to make rooms look more homely. For those people who spent time alone in their own room, they were visited regularly to ensure they did not become isolated.

Staff had a good knowledge and understanding of the people they supported and knew about their past lives, interests and choices. People were involved in decisions about their day to day care and support.

People were able to spend their day as they chose in the lounge or in their bedrooms. People were not rushed as staff worked at a pace that suited the individual. Staff were attentive to people's needs. For example, they changed a meal for one person when they said the portion was too big for them. Staff checked later that the changed meal was suitable.

The managers supported a caring and homely environment for people, staff and visitors. One visitor who used to visit a relative in the home was welcomed and offered a drink and cake. They were treated kindly and supported to spend some time in the service with the staff they knew. The registered manager ensured they were able to return home safely when they left. Staff were positive about the approach and support provided by the managers. One said, "They have been brilliant. They have always helped me with any problems. Their help has ensured that I can give my best at work."

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within a locked cupboard and staff knew not to discuss people outside of the service.

Is the service responsive?

Our findings

People told us staff understood their care needs and supported them to meet them independently or with support. People and their representatives were involved in deciding how people's care was provided. Discussions were recorded and individual care plans were written. Visiting professionals were involved in care planning and their advice and guidelines were reflected within individual care records.

Before moving into the service people's needs were assessed; this ensured their needs could be met before admission. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the service. Care plans contained information about each person, their family history, individual personality, preferences and interests. Staff knew people well and were able to tell us about each individual person in depth. Staff responded to people's needs, for example staff monitored and recorded regular contact with people and recorded the fluid and diet they consumed when identified as a need. People were assisted to use the toilet on a regular basis to support continence. One person had specific care needs around pressure area care and staff knew to check pressure relieving equipment was used. For example, a specified cushion was to be used in all chairs. A relative complimented the care and told us, "They had a pressure sore on admission and the staff worked with the district nurses to heal it."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although the registered manager was not familiar with AIS they had identified the communication needs of people. They confirmed they would access relevant guidance and training. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, one person had poor sight and staff were told to approach them slowly, calling their name so as not to alarm them. Staff took account of people's hearing aids and glasses making sure they were available, clean and working. The registered manager confirmed information on the service could be made available in larger print if required.

People told us they had enough to do each day and enjoyed the activities and entertainment provided. There was an activities programme and information about people's interests was recorded in their care plans. One person said, "I like the singer when they come, I do not get bored and I am looking forward to getting out and about more in the better weather." Another said, "I am busy, what with my visitors, books and the television." Staff spent time with people on an individual basis chatting and discussing areas of interest including daily news.

The managers had a close relationship with people and their relatives and promoted a homely family environment. Relatives told us the interaction promoted at all levels was therapeutic and supportive. They said, "The Christmas celebrations were wonderful. Both the managers were there all day and gave each resident an individual Christmas present. It was a lovely day." Another said, "It feels like a home and family here." Birthdays and other important days for people were recognised and celebrated. A relative told us how staff supported them when taking a person out to visit a relative. They recognised it as an important event

and that it was important to the person.

There was a complaints policy at the service which was displayed. People and relatives said they did not have any complaints but they were always able to speak to the registered and deputy manager or other staff if they needed to. They told us they felt they would be listened to and any worries would be taken seriously and addressed. Staff had received letters of thanks and compliments; these were displayed and shared with all staff which meant they were aware of feedback about the care and support provided.

Whenever possible people were offered a 'home for life' at Alma Lodge. Staff supported people at the end of their lives appropriately with the support of community health care professionals. The managers had established strong links with the local hospice who had and continue to work with them in supporting people who were receiving palliative care. People's wishes around end of life care were discussed and recorded and staff worked with each other to ensure these were respected.

Is the service well-led?

Our findings

People were positive about the management of the service. People told us they liked the registered and deputy manager and they were always around, approachable and would listen to them. Relatives were also very positive about the management of the service. They told us they were confident that their relatives were well cared for and the service was well run.

Despite positive feedback about the management and the service we found areas where the leadership of the service did not ensure safe, effective care in all areas.

We found management systems, that included quality monitoring, did not ensure that safe and best practice was followed in all areas. For example, the monitoring of accidents and incidents did not identify appropriate responses and actions that had been taken following falls. The managers had not reviewed all falls and accidents in the service. This did not ensure all risks had been reviewed and minimised. Quality monitoring systems had not identified when records were not completed consistently. For example, incomplete accident reports and the lack of medicine records relating to topical creams. The duty rotas were not full or accurate to reflect who was working in the service, and the list of people living in the service was not accurate. This meant incorrect information may have been used in an emergency situation. The quality systems had also not identified that new staff had not received training to ensure they had the required skills and competency to look after people effectively.

The provider had not established systems to ensure the service's policies and procedures were all up to date and adhered to. For example, the complaints procedure did not include contact details for the local authority or the ombudsman. There was no written policy on the control of legionella disease or infection control that reflected best practice in all areas. In addition information in the service was not always accurate. For example, information displayed about the registering authority was out of date and referenced the previous authority along with the wrong contact details. Other documentation was not dated or signed for example, satisfaction surveys were not dated. There was a lack of accurate information and records to support the management of the service. There was no evidence that staff had terms and conditions of employment. This meant that the provider could not be assured staff had a solid understanding of their roles and responsibilities or a clear understanding of what was expected of them. The registered manager told us new policies and procedures were being sourced and were to be tailored to Alma Lodge Care Home. The registered provider had established some systems to monitor the quality of the service, however these had not ensured the service was compliant with the statutory regulations.

The lack of effective quality review and monitoring is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In some areas quality monitoring systems had been established and had been used to improve the service. This included an auditing system, for example, health and safety and infection control audits. Feedback was sought from people and those who mattered to them in order to enhance the service. This was facilitated through satisfaction surveys and regular contact with people and their relatives. Satisfaction surveys had

been completed this year and were waiting to be audited. Last years had been completed and audited and where people had asked or suggested changes these had been progressed. For example, where people had given feedback about improving the redecoration of the service, the registered manager had listened and started to take action.

Alma Lodge Care Home is owned and managed by members of the same family. Their approach was to run the service as a small family business, promoting a homely environment. People knew the managers and owners well. People and relatives commented on the homely and friendly atmosphere in the service. One relative said, "The front door looks like a home and inside its run like a home." A staff member told us, "It's a small home, we are like a family here."

Staff told us they felt very well supported by the registered and deputy manager and support systems including supervision, team meetings and appraisals were used to guide and support staff. Staff were able to contact one of the managers at any time and at least one of them was in the service most of the time. The managers were committed to providing person centred care to people and worked inclusively with people, their families and health and social care professionals.

They recognised the importance of promoting independence and meaningful activity ensuring people enjoyed their lives. The managers encouraged staff to work with people in the same way as they did, promoting the same values and demonstrating these through their daily contact with people and staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events appropriately. The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong. The Duty of Candour is a regulation that all providers must adhere to.

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 handled safely, that all equipment was safe and that all fire safety regulations had been fully addressed.
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.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that all staff were suitably trained to ensure people received effective and safe care.