

# Alexandra Lodge Care Centre Limited

# Alexandra Lodge Care Centre

## Inspection report

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Date of inspection visit:  
15 June 2021

Date of publication:  
05 August 2021

## 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

Alexandra Lodge Care Centre provides accommodation, nursing and personal care for up to 37 adults living with age-related health problems or dementia. At the time of our inspection, Alexandra Lodge Care Centre accommodated 33 people over three floors, each of which had separate adapted facilities.

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

Although the provider had made some improvements to medicines management since our last inspection, people did not always receive their medicines safely. The provider had systems and processes in place to record care given in real time but staff did not always follow them.

People received the care and support they needed to keep them safe and well. Staff used risk assessments and care plans to support people with their individual care needs. The home had a full staff team who knew people well. The care home had good standards of cleanliness and hygiene.

People looked well. The home offered them a good choice of healthy food and drink. They received the healthcare they needed from other professionals such as GPs, dieticians, speech and language therapists and district nurses. Staff received the appropriate training and supervision to help them support people effectively.

People received support that gave them maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff showed a strong commitment to keeping people safe and well. People and their visitors gave positive feedback about their experiences. They spoke highly of the staff describing them as dedicated, caring and attentive. Managers used a range of governance systems, tools and processes to assess the quality of the service and identify areas that needed attention.

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection some improvements had been made but the provider was still in breach of some regulations. The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14-15 October 2019. We found

breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. We carried out this focused inspection to follow up on action we told the provider to take at the last inspection and check they had followed their action plan.

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.

This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Lodge Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management and good governance. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider after this report is published to discuss how they will make changes to ensure they improve their rating to at least Good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Alexandra Lodge Care Centre

## 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 Care Act 2014.

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 team comprised two inspectors, a member of the Medicines Team 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.

#### Service and service type

Alexandra Lodge Care Centre 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because of the Covid-19 pandemic and the need to ensure the safety of inspectors, care staff and people.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at information on the local Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We observed interactions between staff and people throughout the day. We spoke with ten members of staff including the registered manager, nurses, care workers, laundry and kitchen staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records that included six people's care records and 11 people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

### After the inspection

We sought feedback from the local authority and professionals who work with the service. We continued to seek clarification from the provider to validate the evidence we found.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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 failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements but remained in breach of regulations.

- People did not always receive their medicines safely and as prescribed, which put their health and wellbeing at risk. Some records indicated that paracetamol had been given too close together. Some 'when required' medicines did not have protocols and others did not contain enough detail to guide staff on which medicine to use, when to use it and how much to administer. Staff administered thickeners and creams but did not always complete the associated daily care records while they were administering them. We saw no records that showed the safe rotation of patches and insulin injection sites on an ongoing basis. Some fridge temperature charts showed readings of under 2°C but records did not show what action staff took to check that medicines remained safe for use.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made some improvements to manage medicines safely since our last inspection. After our last inspection, all staff received refresher training. The provider had improved systems and processes for managing medicines safely. The home had enough stock of people's medicines. Staff had detailed guidance on how to administer medicines via percutaneous endoscopic gastrostomy (PEG).

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure that the home's lifting equipment received the necessary safety checks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in respect of safety checks on lifting equipment.

- The provider addressed this immediately during our last inspection and continued to ensure all safety checks, servicing and remedial work of the premises and equipment took place at the appropriate time.
- People had the appropriate equipment to support their individual needs safely, for example, hoists, walking frames and sensor mats. People had access to call alarms in case of emergencies.
- Staff had easy access to up-to-date, accurate and detailed care files that helped them keep people safe. People's care files had assessments and care plans for each risk identified, for example, diabetes, repositioning, choking, dehydration and falls. Staff used daily monitoring charts to record the care they provided at the time they provided it, for example, repositioning, personal care, food and fluids. However, staff did not always complete these charts in real time.
- Staff knew people's needs and risks associated with eating and drinking. Kitchen staff had a list of each person's dietary requirements, for example, low sugar, soft diet, pureed food, halal diet, level 2 fluids.
- Most of the relatives we spoke with said their loved ones were safe and well cared for. They expressed a lot of trust in the care staff, nurses and managers. One relative said, "We selected his home carefully. We feel he is very safe here as it is a small unit with plenty of staff to care for him. ....we have had no health or safety concerns since he went there." Another said, "I am impressed with the standard of care and attention to detail she receives."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. The registered manager reported any concerns to the appropriate agencies such as the local authority. All staff received training in safeguarding and knew how to recognise and report safeguarding concerns and incidents.
- The provider analysed their data on incidents, accidents and complaints to identify any themes, patterns and learning. The provider shared the learning and any changes made with all staff.

Staffing and recruitment

- The home had a stable staff team with a mix of skills, experience and knowledge to meet people's individual needs effectively. One relative told us, "They appear to know exactly what they are doing for [person] and I can't think of anything they could do better. .... she is so well looked after. I am happy and the staff are easy to talk to."
- The home had enough staff to provide safe care. The registered manager arranged extra help when needed using bank staff or regular agency staff. One relative told us, "There never seemingly appears to be a lack of staff. On our visits we always see lots of people around and they are the same people each time..."
- The provider recruited staff safely. The personnel records we reviewed contained the appropriate information and showed the provider had completed the necessary checks.

Preventing and controlling infection

- The provider had good infection prevention and control policies and practice in place. The provider completed monthly audits on infection control and hand hygiene supplies. Staff used personal protective equipment (PPE) effectively and safely. Staff and residents took part in the regular Covid-19 testing programme.
- The provider welcomed visitors such as relatives into the home in line with current government guidance, for example, they had to take a Covid-19 test on arrival and wear PPE. The relatives we spoke with said the home recognised how important it was for people and their relatives to stay in touch during the pandemic, and staff had gone out of their way to facilitate contact via telephone, video calls and window visits. One relative told us, "It was difficult to begin with especially the cut off of all visiting in the beginning but I rang 4 to 5 times a week, the home were really nice, they would chat to me and take the phone to [person] so I could talk to him and even when he touched the buttons and cut us off accidentally they would always phone



me back immediately. They are so accommodating."

- The care home had good standards of cleanliness and hygiene in most of the areas that people used. All the relatives we spoke with commented on the cleanliness of the home and the lack of unpleasant odours. A relative told us "The home is clean and like all old houses is in need of some improvements. It never smells..." Another relative said, "We placed [person] in Alexandra Lodge as it was warm, we liked the attitude of the carers and there was lack of obnoxious smells..."

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection, the provider had failed to ensure that findings from audits improved the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made some improvements but remained in breach of regulations.

- The provider had a range of governance systems, tools and processes in place to monitor the safety and effectiveness of the service provided. For example, managers and senior staff carried out audits on infection control, hand hygiene, care records, medicines management and safety checks on equipment, and the manager completed random spot checks on daily monitoring records. However, these did not always identify safety and quality issues such as unsafe medicines administration practices and gaps in daily care records.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, the new provider had developed a major refurbishment programme for the home, and the home had received many improvements. For example, 26 bedrooms had new flooring, some bedrooms had been redecorated and many old chairs and tables had been replaced. The provider consulted people on the home's refurbishment plan. In each phase, staff asked people for their ideas and preferences on décor, colour schemes, furniture and facilities.

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

- The care home had a warm, friendly and relaxed atmosphere and promoted a positive, person-centred culture. We observed good rapport and interactions between people and staff. People confirmed that staff took the time to get to know them as individuals and provide person-centred care. Relatives we spoke with said the home was calm and welcoming. For example, "The home has a family feel to it and is

accommodating. ....the personal care residents receive makes for a better life." "My [person] has been in the home just six months. He likes it a lot, is well cared for and has made quite a lot of friends there."

- Staff understood the values of the service to keep people safe and well and give them the best care they could. Staff spoke highly of their managers and described them as supportive, open and honest. Staff described good morale and team working.
- Most relatives we spoke with described the home as well managed and complimented the staff. "In fact, all the staff are very nice, and the Lodge is a very nice place. The home is definitely well managed." "...I do think the home is well managed with lots of well-trained staff." "I think the care [person] receives is very well managed."
- People spoke positively about the staff and the support they received. People knew the staff well and we observed good, inclusive care that valued people's differences and supported their independence. As one relative told us, "They have taught him how to walk since he has been at the home. Prior to going into the home six months ago he used a Zimmer frame or stick but, on most days, now he uses neither." Another said, "They are really good at interactions with her, even the laundry lady and the tea trolley lady are quite familiar with her and always chat to her."

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

- The provider understood its responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. The service informed people if something went wrong and acted to rectify the issue where possible.
- Most relatives described the home as well managed and found the staff and managers open and honest and trustworthy. They confirmed they received regular contact from the service about their loved ones. Staff notified them of any incidents and kept them updated on people's health and wellbeing.

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

- Managers engaged with their staff on an ongoing basis. For example, the registered manager held weekly departmental meetings with nurses, senior carers, kitchen, housekeeping and maintenance staff. The group discussed news, updates, changes and issues, which they then shared with the rest of the staff. The staff we spoke with commented on good information sharing via daily handovers and regular team meetings.
- Staff and managers actively engaged with people and their relatives. For example, they held house meetings at which staff updated people on Covid-19 and changes in the home, and consulted people about the environment, their care and activities. Staff contacted people's relatives regularly to provide news and share information. The relatives we spoke with commented on how staff had helped them to maintain contact with their loved ones during the pandemic.
- The home met the cultural needs of people. The home had a diverse range of staff some of whom spoke the same language as some of the people. The home supported people's dietary preferences such as a halal diet. We saw notices displayed in the home about Covid-19 in other languages. We observed a person reading an Urdu language newspaper. A relative told us "...we selected his home carefully. We feel he is very safe here as it is a small unit with plenty of staff to care for him and it was culturally appropriate, the staff can converse with him in his own language and we have had no health or safety concerns since he went there."

Working in partnership with others

- The service liaised with key stakeholders and agencies including the local authority, the local clinical commissioning group and GP practice. The service worked closely with other health and social care professionals to meet the needs of people, for example, physiotherapists, dieticians, speech and language therapists, social workers and GPs. GPs held weekly clinics at the home.

- The local agencies we spoke with gave positive feedback about the nursing home. They experienced good and regular two-way communication with the service; the service shared information with them appropriately and responded to their queries in a timely way.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Staff did not always complete daily care records contemporaneously.</p> <p>Management systems and processes did not always identify unsafe medicines administration practices.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always administered safely.

**The enforcement action we took:**

Issued Warning Notice