

# Alexandra Lodge Care Centre Limited

# Alexandra Lodge Care Centre

## Inspection report

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Date of inspection visit:  
25 January 2022  
26 January 2022

Date of publication:  
20 September 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Alexandra Lodge Care Centre is a care home registered to provide accommodation with nursing and personal care. The home can accommodate up to 38 people in a large, adapted house. At the time of our inspection there were 34 people living at the service.

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

Following our last inspection, the provider has made improvements around managing medicines safely. However, we continued to identify concerns in this area. For example, there were occasions where people did not receive their medications as they were out of stock. There was a lack of guidance around supporting people with diabetes.

Necessary improvements to the environment had not been completed in a timely way. The home requires further refurbishment works, due to the wear of some of the carpets and the water damage caused by leaks. There were appropriate risk assessments in place for people using the service. People were supported to eat and drink in line with their abilities. Staff received appropriate training to meet the needs of the people living at the home.

Staff knew people well. We observed kind and caring exchanges between staff and people living at Alexandra Lodge Care Centre. People gave positive feedback about staff at the home. People were supported with dignity and respect.

Staff regularly engaged people in activities which they enjoyed. Staff supported people in activities, within groups and on a one to one basis. People knew how to make a complaint and any complaints received were appropriately responded to by the registered manager. Person centred care plans had been developed for people living at the service. Care plans included people's preferences relating to their care, food and activities they engaged in. Staff knew people well and were able to communicate effectively with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager maintained an accurate log of people who had a deprivation of liberties safeguarding in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating of this service was requires improvement (published 5 August 2021) and there were breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, although some improvements had been made, the provider remained in breach of

regulation. This service has been rated requires improvement on the last three consecutive inspections under this provider.

#### Why we inspected

This inspection was carried out in response to the concerns previously identified and to review if improvements had been made, to assist with capacity in the local area. We also followed up on action we told the provider to take at the last inspection. Following the previous focused inspection, this comprehensive inspection was carried out to see if there had been an improvement to change the overall rating of the service.

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 included checking the provider was meeting COVID-19 vaccination requirements.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the service.

We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

Details are in our effective findings below.

**Good** ●

### Is the service caring?

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

Details are in our responsive findings below.

**Good** ●

### Is the service 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 consisted of two inspectors and one medicines inspector.

#### 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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We reviewed the information we had received from the service, such as notifications, since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke to 10 people who worked at the service including the registered manager, senior carer, carers, the cook, activities coordinator, registered nurse and the clinical lead. We spoke to four people using the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed five care plans, three staff files and the medication administration records of 14 people living at the home. We also reviewed records relating to health and safety and training.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training information and information relating to updates to the service submitted by the registered manager.

# Is the service safe?

## Our findings

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

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

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

### Using medicines safely

At our last inspection, the provider had 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 many improvements but remained in breach of regulations.

- People missed some doses of their prescribed medicines because there was no stock available in the home for them. One person had not got all the medicines they had been prescribed when they were discharged from hospital.
- ❑ Some medicines which must be given at specific times were not always given properly, especially with regard to food.
- ❑ Creams were not managed safely because there was no information for care staff to follow, to show them where or under what circumstances to apply each cream.
- ❑ Written guidance was not always in place to make sure people were given their medicines prescribed to be given 'when required' or with a choice of dose, consistently and safely.
- ❑ Critical information about people's diabetes, for example safe blood sugar ranges, was missing which meant it was difficult to tell if people had their diabetes managed and treated safely.
- ❑ Some people had swallowing difficulties. No advice had been taken to make sure all their medicines were supplied in a suitable form, so they were protected from the risk of choking
- ❑ One person was prescribed a number of eyedrops but there was no information recorded to show that these had been given in accordance with best practice guidance.

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 of the Health and Social Care Act 2008 (Regulated Activities).

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

- Staff had completed training in safeguarding and were aware of how to raise safeguarding concerns. The registered manager maintained records of concerns and took appropriate action.
- Safeguarding records showed that when concerns were raised, these were escalated quickly and relevant professionals and staff were consulted.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people using the service including risks around choking, moving and handling and falls. Risk assessments were also completed in relation to people's behaviour.
- Appropriate checks were carried out throughout the home to ensure the safety of the home, such as emergency lighting and electrical checks.
- Personal Emergency Evacuation Plans (PEEPS) were in place for everyone and had been recently updated. Staff were aware of what to do in case of a fire.
- There was a window restrictor which had become loose on one of the landings; this window was also obstructed by a door. The provider told us they would re-check all the window restrictors and replace any, if required.
- There were some trip hazards identified around the building, mainly on the central staircase where the carpet had become threadbare. This carpet was removed during the inspection and the provider told us it would be replaced that day. This staircase was not used by people living at the home.
- There was insufficient storage available around the home. As a result some equipment, such as walking aids and hoists, was stored on the landing and in an unused bathroom. The provider had identified this and had ordered additional storage for the home.

#### Staffing and recruitment

- The home had a stable staff team and had also recruited new staff since the last inspection.
- The provider recruited staff safely. Staff records showed that all necessary employment checks had been completed prior to them starting their employment.
- The service also used agency staff. People told us that the same agency staff were regularly used and they knew people well.

#### 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 show a negative Covid-19 test on arrival and wear PPE.
- The care home had good standards of cleanliness and hygiene in most of the areas that people used. However, we found a wall in the dining room stained with splashes of food and drink. The provider told us that the wall had been cleaned and painted twice since our last inspection but there had been delays in doing this again because their maintenance worker had left. During the inspection, the provider ordered a Perspex screen to address this problem.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- Following the previous inspection the service have made some improvements. At the last inspection, we observed thickener was left unattended. At this inspection, there was a secure lockable box on the drinks



trolley for safety.

- The registered manager completed a monthly analysis of accidents and incidents at the service. Where necessary referrals, such as to the falls team, were completed.

# 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 we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed a pre-admission assessment for people moving into the home. They explained there had been some challenges gaining accurate information during the pandemic. The registered manager was proactive in contacting the hospitals and local authority to gather additional information.
- The service reviewed people's care at regular intervals and responded quickly when people's needs changed.
- Staff told us they received a handover from the nurse when people were admitted to the service.

Staff support: induction, training, skills and experience

- Staff completed training in essential topics as part of their induction and ongoing learning. Newly recruited staff also completed shadowing days to become familiar with the home and the people living there.
- Practical assessments of moving and handling techniques were completed by staff.
- Staff told us they felt supported by the management team.

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

- People were supported to eat and drink in line with their needs. People were observed eating meals at times which suited them, depending on appointments they had attended. The cook was aware of the needs and dietary requirements of people at the service.
- We observed lunch time in the dining room. There were enough staff available to support people with their eating and drinking. Drinks were also offered throughout the day. The home also had a water machine which we saw people use independently during the inspection.
- One person told us, 'The food is very good.'
- Food and fluid charts were in place for people living at the service. The layout of this form did not enable staff to be prescriptive. Following the inspection, the registered manager shared an updated version of the form which is now being used.

Staff working with other agencies to provide consistent, effective, timely care

- People who had difficulties with swallowing had been referred to the speech and language therapy team (SALT). Guidance from SALT was available in people's care plans and there was an overview list available by the kitchen.

- The registered manager was proactive in contacting the GP following a change in a person's behaviour. The locum GP attended the following day to review if this change was due to medication.

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

- The service required a programme of refurbishment due to the age of the building and maintenance concerns the home had experienced.
- Some of the carpets within the home were worn. The registered manager and nominated individual explained there had been delays with the company who were awarded the contract to update the carpets. Following the inspection, the registered manager provided photographs showing carpets in communal areas had all been replaced with more suitable flooring.
- There was dementia friendly signage around the home.
- There was public health signage around the home in English, Arabic and Mandarin.
- People's rooms were personalised with their own items.

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

- Staff supported people with their healthcare needs. Staff supported people to attend relevant healthcare appointments.
- Staff arranged for the GP and other professionals to attend the home when needed.
- People had oral hygiene care plans in place.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans included information about their capacity for making decisions in different circumstances. We observed staff asking people for their consent when providing care.
- The registered manager maintained a log of DoLS applications to ensure that applications were made in the appropriate timeframe.

# 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 we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The care home had a warm, friendly and relaxed atmosphere. We observed good rapport and interactions between people and staff. Staff showed kindness and compassion to the people they supported. The people we spoke with praised the service and expressed trust and confidence in the care staff.
- The home tailored the care they provided to meet 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. Staff arranged for one person to receive an Urdu language newspaper.

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

- Staff held meetings with people every two months. At these meetings, staff updated people on the COVID-19 pandemic, about any changes in the home and consulted people about their care and activities.
- Staff consulted people, their relatives and the professionals involved to assess people's needs comprehensively and agree care plans. The people we spoke with told us they were actively involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and supported them based on their needs, preferences and choices. Staff encouraged people's independence.
- The service asked people if they had any gender, language or other preferences that would promote their privacy and dignity. For example, people whose first language was not English received care from staff members who spoke their language where possible.
- 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.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff developed personalised care plans for people living at the home. Care plans showed staff learned about the person's needs and their history, background, preferences, interests and key relationships in order to plan genuinely person-centred care.
- Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- Staff had the time to support people effectively. People received the care they needed at appropriate times during the day and night.
- The care plans described in detail how people wanted their care provided. People confirmed that staff got to know them as individuals and took the time to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service considered people's communication needs and preferences when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care.
- We observed staff communicating with a person who did not communicate verbally. Staff knew how to interpret and respond to their hand signals and behaviours.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had an activities worker who offered people a range of activities that met their individual preferences, for example, games, music, Indian films, arts and crafts.
- The activities worker ensured that all residents received some social interaction. For example, they spent time engaging with people who preferred to stay in their bedrooms or were nursed in bed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and were confident to do so. Noticeboards displayed information about how to complain and who to complain to. Staff went through the complaints procedure

at every residents' meeting.

- The provider logged all complaints in a register and investigated them fully.
- The manager held a monthly surgery for any residents or their relatives who wished to raise any issues or concerns.

End of life care and support

- Staff received training in end of life care.
- The service asked people about their wishes for the end of their lives. The care plans we reviewed documented showed discussions about people's preferences.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the for this key question has remained requires improvement.

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

### Continuous learning and improving care

At our last inspection the provider had failed to ensure robust systems were in place to ensure safety was effectively managed and that findings from audits improved the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had completed informal audits of the service in regard to the environment and the improvement work which was required. These audits had driven some improvement at the service however these had been slow to implement and there were still concerns around the flooring at the start of the inspection and the tired look of the home.
- The provider explained there had been delays due to contractors. The provider did not explore alternative action that could be taken whilst waiting for this work to be done. Following the inspection, the registered manager showed improvements had been made to the flooring.
- This is the third consecutive requires improvement rating of this service and the third consecutive inspection where breaches of regulation were identified.
- The home was tired in areas, with visible scuffs to some walls and doors and carpets which were threadbare. The provider stated that following the unexpected departure of the maintenance person they had had difficulty in recruiting to this role. Staff we spoke to also felt there was 'some improvement' needed to the environment
- The systems in place failed to drive sufficient improvements at the service in relation to medicines and the environment.
- Following the last inspection, the provider shared a plan of refurbishment works at the service. There had been delays in the implementation of this plan. The main areas of refurbishment included updating the flooring throughout the home, particularly in the communal corridors on the first and second floor. Following this inspection, the registered manager provided photographs to show the communal flooring had been upgraded to a more suitable flooring.
- During the inspection, there was a maintenance person working on an ad hoc basis before commencing work on a full-time basis after the inspection. The maintenance records showed that where issues were identified these were now being promptly resolved. This included updating the batteries on door guards

around the home.

At the last inspection care notes were not being completed contemporaneously. At this inspection we found an improvement in the completion of care notes following providing people with support.

- Staff felt the daily care record document could be improved to help ensure that information was logged more accurately. We brought this to the attention of the registered manager. Following the inspection, the registered manager shared an updated care record for the service which was being discussed with staff and implemented.

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

- The staff we spoke with understood the values of the service and spoke positively about their role in providing people with person-centred care.
- Staff spoke highly of the managers and described them as supportive, open and honest. Staff described good morale and good team working and told us, "We all work as a team and get along well."

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

- Since the last inspection, a clinical lead had been appointed at the service. The newly appointed clinical lead had started to make improvements around the management of medicines and was aware of the ongoing improvements required.
- Management were aware of their regulatory responsibilities. Notifications to the commission had been completed in a timely way. The most recent CQC rating was clearly displayed at the entrance to the home.

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

- The registered manager held regular meetings with staff. This gave staff the opportunity to discuss any concerns.
- The registered manager also held regular meetings with the residents. Records showed people contributed well to this meeting.
- Staff supported people to complete resident satisfaction surveys. The responses to these surveys were positive. Comments included, 'Staff are very polite and welcoming.' 'Rooms are kept clean.'

Working in partnership with others

- The service was supporting the local authority with their discharge to assess process. A number of beds were commissioned for people discharged from hospital who required further assessments to determine the level of long term support they required.
- District nurses supported people in receipt of residential care at the home, with their nursing needs.



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
Treatment of disease, disorder or injury	Medicines were not managed safely.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to drive improvements to the home's environment in a timely way. This is the third consecutive inspection where the service was rated requires improvement.

### **The enforcement action we took:**

WN to be served