

Alpine Lodge RCH Limited

# Alpine Lodge RCH Limited

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Alpine Lodge RCH Limited is a residential care home providing personal care, rehabilitation and support to adults with mental health needs. 15 people lived in the service at the time of the inspection. The service can support up to 20 people.

The service is over four floors, with access to the upper floors via stairs. Each person has a single bedroom with shared bathroom facilities. There is a garden and outside shared patio area.

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

People who lived in the service told us they were happy.

Risks in relation to people's care and the environment were not assessed, understood and managed in a way that kept them safe. People told us they felt safe and appeared comfortable when staff were with them.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People told us staff knew how to meet their needs. Staff told us they were happy with the training they had completed. However, there was no specialised training in supporting people with mental health needs. People told us they enjoyed the food at the service.

People told us staff were kind and caring. Comments included, "Staff are so friendly" and "Staff are marvellous." People's dignity was not always upheld as some of the language used in records was not respectful.

People's care plans did not evidence how they were involved in their care and support. Care plans contained limited information on how staff should meet people's individual needs, preferences, goals, and social activities. Staff knew people well and were able to tell us about their preferences. Records relating to complaints were not well organised.

Quality assurance and governance systems were not in place to assess, monitor and improve the quality and safety of the service. Staff told us they felt listened to by the registered manager and enjoyed working at the service.

We have identified breaches in regulation relating to person centred care, need for consent, safe care and treatment, staff training and governance at this inspection. We also made recommendations in relation to the refurbishment of the environment and meeting people's communication needs.

Please see the action we have told the provider to take at the end of the report. 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

The last rating for this service was good (published 2 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Alpine Lodge RCH Limited

## 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.

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

Alpine Lodge RCH Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care provided and met several other people. We spoke with three members of staff including the registered manager, assistant

manager and senior care assistant.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested information and received some of the records but not others. We asked four healthcare professionals for feedback and received one response.

# 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 good. At this inspection this key question has deteriorated to 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.

### Assessing risk, safety monitoring and management

- People's care plans were not always in place to identify how risks would be managed, reduced or mitigated. For example, one person had climbed onto a roof on at least two occasions and the registered manager told us they were concerned the person may jump. They contacted healthcare professionals with their concerns and put in two nights' one to one support. At the time of the inspection, the person was receiving treatment at another location and returning to the service for overnight stays. However, risk assessments had not been updated since the incident, so staff knew what actions to take to minimise risk. We observed window restrictors that could be easily removed with a tool. Following our inspection, the registered manager sent us evidence that showed us window restrictors were being replaced.
- Some people could at times display behaviours that could put themselves or others at risk. One person's care plan stated one person could be aggressive towards staff. There were no possible triggers for the behaviour and there were no suggestions as to how staff could de-escalate the situation. A second person had thrown a hot drink over another person. This person's behavioural risk assessment had not been updated since the incident. The action staff said they would take in relation to one person's behaviour was not reflected in their care plan. This meant staff may not be supporting people consistently or in a way that safeguarded and protected them or others.
- People who had known risks associated with health conditions did not always have their needs identified, assessed and acted on to keep them safe. For example, one person was a diabetic. There was no description of what staff should look for in relation to high and low blood sugar levels, whether the person's blood sugar levels needed monitoring and what a safe level was. Staff knew this person took medicine for their diabetes but this was not recorded in the care plan. Another person had a known history of epilepsy. Staff told us the person had not had any seizures since living in the service but there was no robust care plan in place in the event they did. Staff had not completed specialised training in relation to epilepsy.
- Some people at the service smoked. Although people were encouraged to do this outside of the service, some people smoked in the building. There were individual smoking risk assessments in place to check people were safe with their lighters and were extinguishing cigarettes safely. Staff told us some people had fire retardant bedding and mats. Some people had paraffin-based skin creams and were smokers but there were no risk assessments in place. When people are being treated with a paraffin-based cream that is covered by clothing, there is a danger that smoking or using a naked flame could cause clothing to catch fire. Staff started completing these risk assessments during our inspection.
- Each person had a personal emergency evacuation plan. However, fire procedure notices to tell people what to do in the event of a fire were blank. Staff filled in a couple of notices on the first day of our inspection. On the second day of our inspection, we saw a blank fire procedure on the wall upstairs. We shared this information with the fire service.

- Some areas of the environment did not protect people from risk of possible harm. When it was dark outside, the driveway was very dark. This may pose a risk for people coming home in the evening. Following our inspection, the registered manager told us they had installed a new light. Throughout our inspection the front door was left unlocked which meant anyone could access the building.
- We sampled maintenance records and saw routine checks for fire equipment, gas safety and legionella had been completed. The service had recently achieved a five star food hygiene rating.

#### Preventing and controlling infection

- Some areas of the house smelt of smoke. Although, some areas of the home had been redecorated and re-carpeted, other areas of the home were in need of redecoration and refurbishment.
- On the first day of inspection, we identified a stained shower curtain, and lack of liquid soap for hand washing. This had been resolved by the second day.

#### Using medicines safely

- Medicines were managed safely. Records were fully completed to show people had received their medicines as they should. However, people did not have care plans detailing the medicines they took and any possible risks or side effects.
- Where people were given pain relief medicines on as 'as required' basis, staff had not recorded the reason for administering them for monitoring purposes. Staff added this to the form during the inspection.

Risks associated with people's care were not always managed. Some risks were known but not documented. People were not protected from the risk of spread of infection. This placed people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were on mental health medicines that required special monitoring and had potential risks. People went for regular monitoring checks at their GP surgery.
- Medicines were stored at a safe temperature and in accordance with best practice guidance to ensure they remained effective. The temperature of the medicine's storage area was monitored.
- One person was encouraged to take their own night time medicines. This had been risk assessed and staff regularly checked the person had taken their medicines.

#### Learning lessons when things go wrong

- The provider told us they monitored accidents and incidents by looking at paperwork but did not undertake trend analysis of incidents.

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

- People told us they felt safe and appeared comfortable when staff were with them.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- The registered manager worked with other relevant authorities to make sure people were protected from abuse and avoidable harm.

#### Staffing and recruitment

- People told us there were enough staff to meet their needs. On the days of our inspection, there were less staff on duty than usual due to absence. Staff told us they had enough time to meet people's needs. Staff responded to people's requests during the inspection.
- Staff recruitment practices were safe. Checks such as a disclosure and barring service (police) checks had



been carried out before staff were employed. This made sure they were suitable to work with people.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed specialised training in supporting people with mental health needs or epilepsy. For example, staff had completed a workbook relating to mental health but had not completed any specialised training in managing behaviours that created risks or de-escalation techniques.

Staff had not received appropriate training to enable them to carry out their role effectively. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff knew how to meet their needs.
- Staff told us they were happy with their training and had completed a range of training.
- Staff had opportunities for regular supervision and appraisal. Staff told us they felt well supported in their role. They said the management team were always there to give help and support if needed.

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

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The Mental Capacity Act provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. (DoLS).

- Staff told us people were able to consent to their care and treatment. However, following the inspection the registered manager told us there had recently been a best interest meeting for one person. When we had looked at this person's record there was no evidence of a mental capacity assessment.

Staff had not acted in accordance with the Mental Capacity Act 2005 and associated code of practice. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had not had to make any DoLS applications.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager was not aware of the NICE guidance on oral health in care homes. Care plans referred to people having 'poor oral hygiene'. There were no detailed oral health care plans in place.
- The service kept a record of people's healthcare appointments. However, records did not state the outcomes of these appointments.
- People told us they were able to go to appointments, for example, to see the GP when they needed to. Staff had attended a review with one person to give feedback.

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

- The service did not carry out their own assessment to ensure they were able to meet people's needs before they moved into the home. The registered manager relied on referral information and risk assessments from professionals. Although, the registered manager did meet with people before they moved in.

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

- The provider had made some improvements to the environment. Some bedrooms had been redecorated and re-carpeted.
- Some areas of the service were in need of redecoration. We asked the registered manager to send us the service's plan relating to redecoration and refurbishment, but we did not receive this.

We recommend the service seek advice and guidance from a reputable source about ways of improving the environment and implement a redecoration and refurbishment schedule.

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

- People told us they enjoyed the food at the service.
- People told us they had a good choice of what they wanted to eat. People's specific dietary needs were known and catered for.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. People were not always involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Peoples' dignity was not always considered and upheld by staff. Some of the language used in care plans lacked dignity and was not respectful. For example, there was reference to "bad" behaviour.
- People were only able to make themselves hot drinks in a small kitchen in the afternoon. We asked why people were not able to access the kitchen at other times. The registered manager told us people were drinking too much in the morning and then not eating their lunch. If people wanted a hot drink at this time they had to ask staff.
- We observed one person ask for a drink. A staff member raised their voice and told the person to come to the hatch. This was not very respectful, the staff member expected people to come to them rather than providing them with a caring service.
- A health professional said, "I have heard people being referred to as being "just [them]" when actually they are continuing to suffer significant symptoms of mental distress and illness."

People were not always treated with dignity and respect. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person held a key to their bedroom and could choose to lock it for privacy. Staff knocked on doors and waited for a response before entering.
- One person showed us around their home. Several people showed us their bedrooms. Some people were encouraged to attend medical appointments on their own. People were supported to do their own laundry, clean their bedrooms and make sandwiches.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People's support plans did not evidence how they were involved in the service or their care. For example, a number of care planning documents were not signed by the person or staff. There was a section to tick whether people were involved in creating the care plan but these were blank.
- When looking at one person's information before they moved into the service, there was no reference to their likes and dislikes or spiritual or cultural needs. There was some basic information about people's spiritual needs but care plans did not contain information on how these needs were met.

Ensuring people are well treated and supported

- Each person told us staff were kind and caring. People told us "Staff are so friendly" and "Staff are marvellous."

- People told us how staff did little things that made a difference for them. For example, one person loved Christmas and told us a staff member had brought them a Christmas tree for their bedroom. Another person told us staff supported them to order new books which was important to them.
- Some people had formed friendships with others who lived at the service. They enjoyed spending time together and clearly cared for each other. During the inspection, one person returned from hospital and people welcomed them back.
- People knew staff well. Staff showed an interest in what people were doing and chatted with them.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's care was not always planned and delivered to ensure their needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 provider's policy stated, "The care and support plan is drawn up with people's involvement after a thorough assessment of the prospective or new service user's needs, abilities and aspirations." However, we found care and support plans contained limited information about people's needs. For example, one person's care plan said being asked to wash upset them and they would wash at their own pace in their room by the sink when they wanted to. Staff were instructed to 'encourage daily' but there was no detailed description for staff on what works well or how to encourage them.
- Staff had introduced an additional care planning document called 'My care plan'. For example, this contained some more person-centred information about what people's interests were. However, it did not explain how people were supported to pursue these interests. There was limited information about people's goals and life-skills they wanted or needed to develop or progress. A health professional told us, "They know their folk well, but perhaps don't go out of their way to really drive the package of activities".
- Staff completed daily notes for each person. However, these were task focussed and did not refer to the individual's mood or wellbeing. For example, 'ate lunch'. This meant it was difficult to monitor how each person was.
- Care plans were reviewed every six months. However, some information in care plans was out of date. For example, one person had been bereaved. Their care plan had not been updated to reflect this.

People's care and support had not been designed to achieve their preferences and meet their needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people were independent and went out to pursue their interests. Some people went into the local town. One person worked and was a volunteer at the local hospital. Several people told us they liked to go out to the local disco and bingo together.
- During our inspection, some people went out with staff for coffee which they enjoyed. People told us they were looking forward to going to see the Christmas pantomime at the theatre. People had enjoyed the barbecues which had been held in the garden in the Summer.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was not aware of the Accessible Information Standard.
- The registered manager had met with a person before they moved into the service. However, their communication needs were not fully assessed as part of a need's assessment.

We recommend the provider familiarises themselves with the Accessible Information Standard to ensure people's communication needs are fully met.

- People living at the service were able to communicate verbally.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns.
- Records relating to complaints were not well organised.

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection.
- Staff told us one person had made some decisions relating to their end of life care.
- People's wishes, and preferences were not recorded in their care plans. Staff told us they would address this.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance and governance systems were not in place to assess, monitor and improve the quality and safety of the service. Issues found during our inspection had not been identified or actioned. For example, relating to risk assessments, care plans, the culture of the service and the environment.
- Records, including those, relating to people's care and support were not always up-to-date or easily accessible.
- The registered manager was on annual leave during our inspection. They met with us at the service on the second day. We asked the registered manager to send us records following the inspection. We received some records. However, we did not receive the service's quality assurance policy or refurbishment plans.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The latest CQC inspection rating was not on display in the service. Staff told us people kept taking it down. By the second day of our inspection, the rating was displayed on the wall in the entrance hall. The latest inspection rating was not on the provider's website. The registered manager suspended the website after our inspection.
- The registered manager was supported by senior care staff and care staff. There was a stable staff team.

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

- People told us the service was well managed. However, the culture was not empowering, people were not fully involved in achieving their potential and there was a lack of meaningful activities.
- The language used within the service was not always appropriate. We discussed the service's website with the registered manager. For example, this referred to people living in the service as follows, "Care of the mentally ill is demanding with generally difficult clients that require more input than normal."
- Staff told us they felt listened to by the registered manager and enjoyed working at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they read developments on the CQC website. However, they were not



aware of guidance relating to communication and oral health.

- The registered manager worked with other professionals and agencies involved in people's care.

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

- People were asked for their views about the service via individual meetings.
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates.

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 had sent us notifications. These included information, so we knew what was happening in the service.

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 9 HSCA RA Regulations 2014 Person-centred care  People's care and support had not been designed to achieve their preferences and meet their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Staff had not acted in accordance with the Mental Capacity Act 2005 and associated code of practice
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's care were not always managed. Some risks were known but not documented. People were not protected from the risk of spread of infection.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems were either not in place or robust enough to demonstrate good governance.

## Regulated activity

## Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received appropriate training to enable them to carry out their role effectively.