

Care Homes of Kent Limited

Alma Lodge

Inspection report

15-17 Alma Road
Sheerness
Kent
ME12 2NZ

Tel: 01795669824

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24 August 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 August 2017 and was unannounced.

Alma Lodge offers accommodation, care and support for up to 10 people with learning disabilities. People's needs varied; some people required support to mobilise around the home, some were not able to verbally communicate their needs and one person was more independent, so required less support. At the time of the inspection there were six people living at the service.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection, the service was rated Good overall and Requires Improvement in the 'Safe' domain.

We carried out an announced comprehensive inspection of this service on 09 August 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014, Safe care and treatment. The provider told us they had met the regulation by 28 August 2016. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alma Lodge on our website at www.cqc.org.uk.

At this inspection we found that the service still required improvement in the 'Safe' domain.

Fire safety had not been effectively managed, which meant people were at risk if a fire broke out. Some areas of the home required additional cleaning and maintenance. The kitchen units were damaged and worn; because of this they could not be effectively cleaned to promote good hygiene practice. Flooring outside a bathroom was damaged which was a trip hazard at the top of the stairs.

Medicines practice had improved. Medicines were well managed; they had been stored and administered appropriately.

Effective recruitment procedures were in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles. There were suitable numbers of staff on shift to meet people's needs.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

Risks to people's safety and wellbeing were managed effectively to make sure they were protected from harm.

We found a breach 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 managed fire safety in the home effectively. Personal emergency evacuation plans did not detail how to safely evacuate the home at night. Equipment was not in place to aid evacuation.

Infection control was not always well managed in the home. Kitchen units were damaged which prevented them from being effectively cleaned.

Risks to people's safety and welfare were well managed to make sure they were protected from harm.

Effective recruitment procedures were in place. There were enough staff deployed in the home to meet people's needs.

Medicines were administered safely following the prescribers instructions.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Requires Improvement 

Alma Lodge

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 checked 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.

We undertook an unannounced focused inspection of Alma Lodge on 24 August 2017.

This inspection was carried out to check that the provider had made improvements to meet legal requirements since the last inspection to the service on 09 August 2016. We inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was previously not meeting legal requirements. This inspection was carried out by one inspector.

Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report, the provider's action plan following the last inspection and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed two people's records and a variety of documents. These included people's risk assessments, daily records and staff training records. We also requested information by email from local authority care managers.

Five people were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with one person who lived in the service. We also spoke with one relative who visited the service and three staff including, support workers and the registered manager.

We asked the registered manager to send us some policies. These documents were sent through in a timely manner.

Is the service safe?

Our findings

At our last comprehensive inspection on 09 August 2016 we found that the provider had failed to manage medicines effectively which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to meet the regulations. The provider sent us an action plan which showed they had met the regulations by 28 August 2016.

At this inspection we found that medicines were managed safely.

Some people were unable to verbally tell us about their experiences. We observed that staff supported people to maintain their safety within the service. One person told us, "I feel safe and secure. Staff help me with my medication". A relative told us, "It's the best we can do for her. She's safe and happy that's the main thing".

Fire safety had not been effectively managed. Fire drills had taken place regularly. Weekly fire testing had taken place on a regular basis, however the fire tests hadn't been carried out for over three weeks. The last weekly test was recorded on 02 August 2017. Fire risk assessments and personal emergency evacuation plans (PEEPs) had not been reviewed and amended to reflect how people would be evacuated from the home in the event of a fire at night. PEEPs and fire action plans detailed that people would be remain in their bedrooms. There was no emergency evacuation equipment available in the home to enable staff to evacuate people with mobility difficulties down the stairs. We spoke with the registered manager about this and they told us that people would be supported to exit the building using the lift. We advised the registered manager that lifts could not be used in the event of a fire. We reported our concerns to the fire service.

Some areas of the home required additional cleaning and maintenance. The kitchen units were damaged and worn; because of this they could not be effectively cleaned to promote good hygiene practice. This increased the risk of infection. This had also been identified by the local council in September 2016 when they carried out a food hygiene inspection. One shower room had mould growing around the tiles. Some areas of the home required redecoration; walls and doors were chipped and scruffy. Some door frames had been damaged by wheelchairs which left pieces of wood sticking out which could cause people injury. Flooring outside a bathroom was damaged which was a trip hazard at the top of the stairs. We reported this to the registered manager who agreed and logged this repair in the maintenance book.

The failure to ensure that the premises and equipment was clean, maintained, suitable for the purpose for which they are being used and appropriately located was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular checks of equipment and utilities had taken place. This ensured equipment and supplies were safe for the people who lived and worked at the service. This included moving and handling equipment such as wheelchairs, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity. There were suitable supplies of personal protective equipment available and these were used appropriately by staff.

People continued to be protected from abuse and mistreatment. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

Medicines practice had improved. The medicines round was carried out by a staff member who had undergone relevant training. Staff who were trained to administer medicines had been checked to ensure they were competent. These checks had been carried out every three months. Medicines records (MAR) were clear and accurate. We checked the medicines records for the month and found that people had received the medicines they had been prescribed. Each person's MAR included a photograph. Staff only signed the MAR once the medicine had been administered.

Protocols were in place to provide information and guidance for staff in relation to 'as and when required' (PRN) medicines. This guidance detailed how each person communicated pain, why PRN medicines were needed, the reason for administration, the frequency, and the maximum dose that could be given over a set period of time. The protocols were not kept in the same place as the medicines records. We spoke with the registered manager about this and they agreed that these would be moved to ensure staff administering medicines had all the information to hand.

The medicines storage areas and medicines refrigerator had been temperature checked by staff daily to check that medicines were stored within suitable temperatures.

We observed that staff administering medicines did so in a planned and methodical way. The staff member wore a tabard which told others that they were administering medicines and they should not be disturbed. The staff member checked the MAR and the medicines container to check that the correct medicine was being given. When they gave each person their medicines they clearly told the person what medicine it was and why they needed it, they encouraged people to drink plenty of water. After they had administered the medicines and completed the relevant records they cleaned the medicines storage area and surfaces with antibacterial cleaner.

Medicines audits were carried out frequently. Medicines stock counts were carried out regularly. One person's medicines had been checked and audited 22 times in July 2017. Another person's had been checked 16 times in July 2017. This meant that the management team had a good understanding of medicines practice.

Individual incidents and accidents were fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose. For example, one person had been found outside on the fire escape. Additional monitoring had taken place to ensure this person was safe and a small gate was fitted to the garden area to prevent the person climbing the fire escape steps the following day.

People were protected from the risks of harm within their home and the local community. Action had been taken to ensure all risks associated with people's care and support were assessed and steps were recorded of action staff should take in order to keep people safe and in good health. For example, risk assessments were in place relating to maintaining skin integrity, diabetes, maintaining safety when accessing the

community, epilepsy, choking and use of specific equipment such as wheelchairs.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

There were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff. On the day we inspected the registered manager was working a shift. Staff told us that the staffing levels were appropriate to meet people's 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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider has failed to ensure that the premises and equipment was clean, maintained, suitable for the purpose for which they are being used and appropriately located. Regulation 15 (1)(a)(c)(d)(e)(f)(2)</p>