

Alexandra Lodge Care Centre Limited

Alexandra Lodge Care Centre

Inspection report

355-357 Wilbraham Road
Chorlton
Manchester
Greater Manchester
M16 8NP

Tel: 01618605400

Date of inspection visit:
14 October 2019
15 October 2019

Date of publication:
06 December 2019

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

Alexandra Lodge Care Centre is a care home providing personal and nursing care for up to 37 older people and younger adults. At the time of inspection, there were 33 people living at the home.

Alexandra Lodge Care Centre is a large detached house. There are three floors with 35 bedrooms. Two bedrooms are shared rooms with single occupancy. There is a passenger lift to enable access to each floor.

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

The management of medicines was not always safe. Further work was needed ensure staff were administering medicines competently. Food and fluid thickener was left in the communal areas. People who received medicines via a tube into their stomach, did not have clear guidance for staff to administer medicines. The lifting equipment had not received a thorough examination for over two years by a competent person. People had the risks they presented assessed and reviewed. Staff were aware of how to report any safeguarding concerns.

Audits to monitor and improve the service had not identified the concerns found with medicines and the missing checks on the lifting equipment. Although there was a new provider, there had been failings to improve the service to at least good over the last three inspections. Staff told us, they had seen some improvements since the new provider took over, including redecoration of the home.

We observed some caring interactions, however staff had little time to spend with people. We observed a nurse made little communication when administering medicines to someone who could not speak English. Staff told us they didn't have the time to spend with people.

People were left for long periods of time without stimulation. The activities coordinator was off sick and assistance had been sought to support people, one afternoon per week. Care plans were not always updated when there was a change, staff needed to read through the reviews to be aware of the change. People were supported to remain at the home, should that be their wish, at the end of their life.

People were supported to eat a healthy and nutritious diet. However, one person who required a particular amount of fluid, didn't have the amount totalled and the records were not reviewed. People received support from health and social care professionals when they required it. The provider had began a period of redecoration to improve the décor of the home.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 March 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the new providers registration.

Follow up

We will request an action plan and meet with the provider to understand what they will do to improve the standards of quality and safety. 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 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 ●

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.

Inspection team

The inspection team consisted of two inspectors on the first day of inspection, a medicines inspector and an Expert by Experience. One inspector returned for the second day of inspection.

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

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 and professionals who work with the service. We received information from

Healthwatch and used all of this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We 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 with us.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, clinical lead, two nurses, a senior care worker, one care worker, a house keeper and the chef. We also spoke with a visiting health professional.

We reviewed a range of records. This included five people's care records and ten medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, health and safety, staff training and records to monitor and improve the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found in regards to the safety of the lifting equipment.

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 not ensured the proper and safe management of medicines. 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 not enough improvement had been made and the provider was still in breach of regulation 12

- The nurse on duty administering medicines did not follow the National Institute of Clinical Excellence guidelines by making a record of the administration of medicines as soon as possible. We observed eye drops and an inhaler being administered incorrectly by the same nurse.
- Some medicines hadn't been signed for making it unclear if the dose had been given or not.
- People who were given medicines through a percutaneous endoscopic gastrostomy (PEG) did not have the information of how to administer the medicines and this was not recorded in the care plan.
- Where people received variable dose medicines, for example, one or two tablets. The quantity given was not always recorded. Time specific medicines were not always given at the correct times.
- Some medicines could not be administered as they were out of stock.
- Fluid thickening powder to thicken fluids for people with swallowing difficulties was left unattended in the dining area. The home had not risk assessed whether this was safe to be left out. Staff were using fluid thickener from one person's prescribed box rather than each individual's box.
- One person's prescribed medicines had been wrongly recorded on the medication administration chart by the pharmacist and no action had been taken to remedy the recording issue.

Assessing risk, safety monitoring and management

- Qualified professionals completed safety checks of equipment, such as fire fighting equipment, nurse alarm and gas and electrical checks. The passenger lift and hoists used to move and handle people had not received a thorough examination check since July 2017. Under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), the equipment should receive a thorough examination at six monthly intervals to ensure the equipment remained safe to use.
- The passenger lift had received servicing from a lift company. We saw on the second day of inspection, the lifting equipment was being tested under LOLER regulations.
- Throughout the first day of inspection, we found the sluice rooms were unlocked. This put people at risk of wandering in and accessing equipment.

We found no evidence that people had been harmed however, risks to people's safety was not always effectively managed by the service. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments in place support any known risks. Staff could describe risks people presented.
- Where people were at high risk of malnutrition, falls, choking and concerns with skin integrity. This was recorded in the care plan and risk assessment and concerns were promptly reported to the appropriate professional.

Staffing and recruitment

At the last inspection, there was also a breach of regulation 18 (staffing) as there were high use of agency staff and excessive hours worked by permanent staff which indicated a lack of staff. At this inspection, the home was now fully recruited. Although agency staff were still being used to cover at times.

- We found the use of agency staff sometimes impacted on the quality of support people received. For example, we observed one agency worker move and handle a person inappropriately. The worker had received training in moving and handling and an induction into the service, but we could not be assured they had been fully informed of the persons moving and handling needs. We reported the concern to the local authority safeguarding team.

This was a breach of regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were busy but visible throughout the inspection. Agency staff were used to cover staff sickness. People told us, "Staff are pleasant, they are helpful but they are busy." and "It's difficult to get attention at times."
- One person told us, "I don't know some of the agency staff, I know they are agency as I may need to explain things a bit more. They are pleasant enough but not always experienced as other staff."
- The rota showed a regular number of staff on duty throughout the day and night.
- We received mixed comments from people about response times when using the nurse call alarm for assistance. Responses ranged from a few minutes to 15 minutes, however, calls times were not monitored so we were unable to confirm this.
- Staff were recruited safely and had the appropriate pre-employment checks in place.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable people from abuse.
- Staff were confident they could raise concerns and they would be acted upon.
- People told us they would speak to the registered manager, the staff or their family if they were concerned. Comments included, "They look after me well, I feel safe." A relative told us, "She has come on well, I am 100% happy with this place."
- Any safeguarding concerns had been reported as appropriate.

Preventing and controlling infection

- The home was clean and a programme of refurbishment was underway to improve the décor.
- Staff received training in infection prevention control.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to ensure any further occurrences could be reduced.
- Staff were aware of how to report any accidents and incidents.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were supported to eat and drink a diet of their choice. Likes and dislikes were recorded in care files.
- Where required, those who required their food and fluid intake recorded, this was done. However, one person who required a particular amount of fluids per day, did not have this totalled up on the recording sheet and records were being archived rather than reviewed. This meant potential issues with people's eating and drinking were at risk of not being identified or acted on.
- A relative told us, people received food and drink, but usually there was no staff around to ensure the fluids were taken. The relative said if they could improve anything, it would be for staff to give more support and encouragement to people to drink fluids.
- Where people required a cultural diet, this was offered. We spoke with the cook who told us the meat was Halal.
- The cook was knowledgeable on people's dietary requirements and provided the correct meals for those who needed a pureed or soft diet.
- People told us the food was good and they were able to choose what they ate. One person told us the food was "Absolutely lovely."

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

- People received an assessment of their needs prior to moving into the home. Staff told us they were able to read the assessment to gain information about the person.
- The assessment process captured people's likes and dislikes and personal preferences.

Staff support: induction, training, skills and experience

- Permanent staff received an induction into the service. The induction included training and shadowing more experienced staff.
- Staff received training to enable them to carry out their role. Staff told us the training was good. Nurses received clinical training from the care home team which supported the home.
- Staff received regular supervision and appraisal, one staff member told us, "A supervision tends to be a list of what we are doing wrong."
- A handover between shifts was observed. One person told us the communication between day and night staff had improved and "We all work as one team."
- The staff team had a mixture of paid and life experience of caring for people.

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

- The home was part of a care home team which included GP's, advanced practitioners and nurses. This meant people were reviewed weekly and any concerns were quickly identified and treated.
- People told us they could see a GP when they needed to. Information from health professionals was recorded in people's daily notes.
- A health professional told us, "The home has improved, they take on board what we say."

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

- There had been a number of improvements to the home's environment since the new provider took over. The ground floor dining room and lounges had been moved around to ensure easier access.
- New non slip flooring was used throughout the ground floor and decoration to the communal living areas had taken place.
- 18 bedrooms had been decorated and new wardrobes and drawers had been purchased.
- People had been involved in choosing the new décor and were able to furnish their room with personal items.
- Signage was used to highlight areas of the home such as bedrooms and bathrooms.
- The refurbishment plan was to continue throughout the home. We will review the progress at the next inspection.

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

People can only be deprived of their liberty 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 received an assessment of their capacity.
- Where people didn't have the capacity to consent to their care and support arrangements, appropriate DoLS referrals were made.
- Staff received training in mental capacity and were aware of who had DoLS in place.

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us they were treated well and felt cared for.
- We observed some caring interactions between staff and people living at the home but also observed some areas for improvement.
- On one occasion, we observed a nurse administering medicine to a people whose first language was not English. There was no attempt made to communicate with the person or use any signs or symbols about the medicines process. Another staff member awoke a person who was sleeping with their head on a table, they asked if the person wanted water and after the persons response, they walked away with no further conversation.
- People and relatives told us, they were treated with respect. A relative said, "The care is top class, the majority of the staff are very good indeed."

Respecting and promoting people's privacy, dignity and independence

- We observed one person in bed had been left a drink but it was out of reach of the bed. Also, the nurse alarm was out of reach of the person to summon assistance.
- Two people told us, they felt staff protected their privacy when bathing or showering.
- We observed people being encouraged to use equipment to enable them to remain as mobile and independent as possible.

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

- People told us they could make decisions about their day to day care. We observed people choosing where to sit, what to eat and who to engage with.
- Care plans had some evidence of involvement of people and their families. Family members told us, they were happy to be involved in the day to day life of their relatives care and they were updated with any changes.

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 needs were not always met.

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 employed an activities co-ordinator but they had been off sick for a number of weeks. Another staff member completed some activities on a Wednesday afternoon but throughout our inspection, people were left for long periods of time without stimulation and with the TV on. One person told us, "I don't join in activities as I can't walk, I have made a couple of friends here and can talk to them." Another person said they play dominos or draughts.
- Staff told us, they didn't have the time to complete activities with people and the staff were very much task focussed. People told us exercises would be nice and a relative said, "Staff spend more time writing records, maybe they could spend less time writing and more time looking after people."
- The registered manager told us people were encouraged to follow their religion and priests and Imam's were visitors to the home. One person told us, "A Hindu priest comes to see me."
- There was no records of activities taken place at the home.
- Care files did not record specific details of people's hobbies or activities to avoid social isolation.

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

- People had care plans in place for staff to follow. It was evident people had been involved in their care planning and staff employed by the home were aware of people's current needs.
- Care plans were reviewed and any changes were recorded on the review record. However, the care plan wasn't always changed which meant staff needed to read through the review documentation rather than having an updated care plan. We were told care plans were updated annually.

We recommend people's care plans are updated as and when their care and support needs change. .

- Care plans recorded the personal care people required, however, the plan only offered a bath or shower once a week.

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.

- Some information about how to use the service was now available in other language formats.

- There were staff working in the home who could speak in different languages and communicate effectively where English wasn't a person's first language.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to in a timely manner.
- People and relatives told us, they know how to make a complaint.
- Information on how to make a complaint was available in the reception area of the home.

End of life care and support

- People were supported to remain at the home at the end of their life, if that was their wish.
- The home had worked with health professionals to support people to make decisions about resuscitated and where they would wish to spend their final days.
- Information was recorded in the care plan for peoples wishes and if they were to be resuscitated.
- Staff completed end of life training.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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.

Continuous learning and improving care

At our last inspection, audits to monitor and improve the service had not identified concerns we found with medicines. At this inspection, audits had not identified concerns with medicines or identified lifting equipment had not received the appropriate checks.

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

- Alexandra Lodge Care Centre has been rated overall requires improvement for the last three inspections with continued breaches in regulations 12 and 17. The service has failed to improve its overall ratings of requires improvement to at least good.
- There were audits in place to monitor and improve the service, however the audits did not identify concerns with the management of medicines and the missing checks on the lifting equipment.
- All feedback we received during the inspection was positive with the exception of one person asking for more choice of food, which the registered manager actioned immediately.
- The home had been receiving support from the local authority and care home team to improve outcomes for people living at the home. The local authority told us, the home was working towards a good inspection outcome.

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

- Care staff explained their role and how their training supported them. Nurses understood their role but one of the nurses were not following National Institute of Clinical Excellence guidelines by making a record of the administration of medicines as soon as possible after the task had been completed.
- Agency staff were still used across the home, which we saw sometimes negatively impacted on the quality and safety of services people received.
- Staff received the opportunity to attend regular staff meetings and received supervision and appraisal. Staff said they found the registered manager to be supportive.
- The registered manager told us they received support from the provider and the improvements made since the new provider took over had been positive and boosted staff morale.

- The senior staff team had been supported to complete qualifications in management and nurses were updated with clinical skills.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were meetings held with people living at the home and feedback has been sought on the decoration of the home.
- We received mixed reviews on relatives being invited to meetings with two relatives saying, they had not been informed of any.

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

- All safeguarding concerns had been reported to the local authority as appropriate.
- Notifications which required reporting to the Care Quality Commission had been done so in a timely manner.
- People and relatives told us, they were aware of who the manager was and felt they were well informed of any concerning information.

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 safely administered and managed. and The lifting equipment had not received a thorough examination for over two years.

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	<p>Alexandra Lodge Care Centre has been rated overall requires improvement for the last three inspections with continued breaches in regulation 12 and regulation 17. The service has failed to improve its overall ratings of requires improvement to at least good.</p> <p>Audits in place to monitor and improve the service, however the audits did not identify concerns with the management of medicines and the missing checks on the lifting equipment.</p>

The enforcement action we took:

Warning notice