

Raycare Limited

Alsley Lodge

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

Alsley Lodge is a residential care home registered to provide accommodation and personal care for up to 33 people. At the time of the inspection 31 people were living in the service.

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

We found the provider had not implemented systems to ensure risks to people's health and safety were adequately promoted and the management of medicines could have been better. We have made a recommendation about staff competencies in relation to the management of medicines.

In general recruitment practices adopted by the home were satisfactory. However, the employment process for one member of staff could have been better. Therefore, we have made a recommendation about thorough employment checks being conducted for all new staff before they are appointed.

The approach of staff towards people was not always consistent and people were not always involved in the decision-making process. People were not always supported to have maximum control of their lives. Some daily routines did not support people's choices and the policies of the home and these were not always followed in day to day practice. For example, some practices did not support people to have maximum choice of when they got up or when they had a bath or shower.

The governance of the service was not effective, as issues identified by the inspection team had not been recognised by the internal auditing systems and therefore the assessing and monitoring of the service was not robust.

Care plans varied in quality. Some needed to provide the staff team with clearer guidance about people's current needs and how these needs were to be best met. However, others were well written and provided more detailed information.

The management of medicines could have been better. We made a recommendation about this.

Enough staff were on duty to meet the assessed needs of people who lived at the home. People looked relaxed in the company of staff and relatives confirmed they felt people were safe living at Alsley Lodge. A good range of training had been provided for the staff team. New employees were guided through an in-depth induction programme and processes were in place to ensure staff were supervised regularly. Community health and social care professionals had been involved in the care and support of people who lived at the home.

A range of activities were provided, which included visiting musicians and outings during the warmer weather. Some person-centred activities were also evident, such as visits to places of interest, based on individual preferences. There was confirmation of community engagement taking place.

We received positive feedback about the manager of the home and the staff team from people we spoke with and their relatives.

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

Rating at last inspection: The service was rated overall good at the last inspection (Published on 10 May 2017). However, the area of well-led was rated as requires improvement. We did not find any breaches of regulations and did not make any recommendations at that time. This was because the provider assured us they would implement a more robust auditing system and would display the CQC rating from the previous inspection more clearly within the home. At this inspection we found the CQC rating from the last inspection to be prominently displayed within the home. However, improvements to the auditing system were not evident.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Enforcement: We have identified breaches in relation to safety, person centred care and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

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 ●

Alsley Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has experience of the type of service being inspected.

Service and service type

Alsley Lodge 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on duty and she assisted us throughout the inspection process in a helpful manner.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any notifications the service is required to send to us by law, any allegations of abuse or feedback about the service. We used all this information to plan our inspection.

The provider sent us a provider information return. A provider information return is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

To understand the experiences of those who used the service we spoke with eight people who lived at the home and observed interactions between staff and people. We also spoke with five relatives and six members of staff, including the registered manager. We looked at several records. These included three care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

After the inspection

We received a response and some clarification from the registered manager following our verbal and written feedback at the end of the inspection.

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 now 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; Learning lessons when things go wrong

- The provider did not have effective systems in place to properly assess and manage risks.
- Risk assessments provided limited details only and the Personal Emergency Evacuation Plan (PEEP) for one person provided inaccurate information, which placed them at risk of potential harm.
- The provider had not ensured robust systems had been implemented to ensure accidents and incidents were properly managed. A potential serious incident had not been adequately responded to, medical assessments had not been sought when needed and the review of records did not always reflect people's current health care needs.

We found no evidence that people had been harmed. However, the provider had failed to adequately assess and manage risks and serious incidents. This placed people at the risk of harm. This is a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

- The registered manager told us one person was being cared for in bed and was unable to change their position without assistance. The care plan for this person did not clearly demonstrate how and when the individual should be assisted with positional changes. However, the daily notes did confirm a 'turn chart' had been introduced to reduce the possibility of tissue damage.
- The provider sent us evidence of lessons being learned by the staff team, although these could be recorded in a more detailed and structured way.
- A fire officer had conducted a recent inspection of the premises. A fire risk assessment was in place and room spot checks were conducted regularly.

Staffing and recruitment

- In general recruitment practices adopted by the home were satisfactory. However, the employment process for one member of staff could have been better.
- A full employment history, together with a satisfactory written explanation of any gaps in employment had not been obtained for one employee.
- Another staff personnel file we looked at was satisfactory.
- We received mixed views about staffing levels. Comments included, "There are enough staff on duty. Every time I visit I see the same faces all the time and I know all the girls"; "There's always someone around"; "There are sometimes not enough staff on duty. Sometimes there are no staff in the main lounge" and "I think they are stretched at times, but I never see anything lacking."

We recommend the provider reviews their recruitment practices to ensure new staff are thoroughly checked before being appointed.

Using medicines safely

- The management of medicines could have been better.
- People who were prescribed 'as and when required' medicines did not have clear protocols in place to ensure staff were aware of when these medicines were needed. However, the registered manager subsequently informed us these protocols have been implemented since the inspection in line with the home's medicine policies and procedures and in accordance with NICE guidelines.
- The medicines prescribed for end of life care had not been recorded in the controlled drugs register and these had not been signed for on the Medication Administration Records. The provider has told us action was taken to address this recording issue immediately.
- We were told that on the night prior to our inspection there was no-one on duty between 11pm and 7am who could administer medicines. Following the inspection, the provider told us this was inaccurate, as two staff on duty that night were able to administer medicines. However, we did not receive evidence to demonstrate they had been assessed as being competent to administer medicines to those who lived at Alsley Lodge.

We recommend the provider ensures all staff members, who are involved in the management of medicines are assessed as being competent to do so safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse.
- Staff understood how to deal with allegations of abuse and training in safeguarding vulnerable people had been provided.

Preventing and controlling infection

- The provider had effective infection control policies and procedures in place.
- Records showed and staff confirmed they had received regular training in relation to infection control and prevention.
- We observed staff members wearing appropriate protective clothing, particularly during the meal service and whilst assisting with personal care.
- The premises were clean and hygienic throughout at the time of our inspection.

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.

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.

- The provider did not have effective systems in place to establish if people living with dementia had the capacity to make decisions.
- On the first day of our inspection we found the provider had not completed mental capacity assessments for those living with dementia. On the second day of our inspection the management team had commenced work to improve assessments around mental capacity.

We recommend the provider ensures progress continues to be made to identify areas in which people lack capacity to make particular decisions, so that people's needs are accurately reflected and decisions are made in their best interests.

- Records showed people had given their consent to the taking of photographs, the sharing of information and the provision of care and support. We saw some staff members asking for verbal consent before providing care and support. A Deprivation of Liberty Safeguard application had been submitted for one person whose records we looked at. However, approval had not been granted at the time of our inspection.

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

- The provider had not always ensured people's dietary needs were recorded in enough detail.
- Two of the three care records we looked at did not provide sufficient detail about people's dietary needs and these also provided conflicting information for the staff team.

- One person whose records we viewed had diabetes, but this was not recorded in the plan of care in enough detail.
- One member of the inspection team sampled some of the dishes being served, which were satisfactory. However, the meals served did not always correspond with the menu displayed. One person expressed they did not like the main course, but they were not offered an alternative. People we spoke with were complimentary about the food served. One person told us, "The food is good."

We recommend the registered manager assesses and monitors the meal service to ensure people's dietary needs are fully recorded and always met.

- The dining tables were well laid and menus were available in picture format to help people select their choice of meal.

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

- The needs of people and their preferences had been assessed before a placement at the home was arranged.
- Staff members were aware of what people needed and were confident in providing the care and support required by each individual.
- A policy was in place around the delivery of good oral hygiene and mandatory training for staff had been arranged in this area. The importance of good oral care was also discussed during meetings with those who lived at the home and the staff team. A publication entitled 'Smiling Matters' was available for people to read.

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

- A number of community professionals visited the home during our inspection who were involved in the care and support of those who lived at Alsley Lodge.
- People had access to community health care services, such as GP's, dentists, opticians and mental health services.

Staff support: induction, training, skills and experience

- The provider ensured the staff team received a good level of support in relation to induction, training and supervision.
- Thorough induction programmes had been completed by new staff.
- Systems were in place, which helped to ensure the staff team were well trained and regularly supervised. People we spoke with felt the staff team was well trained. One person said, "The staff are extremely good and very knowledgeable."
- Staff members told us they received enough training and supervision to help them to do the job for which they were employed. Training records we saw supported this information and staff training was in progress at the time of our inspection.
- Evidence was available to show new staff shadowed more experienced team members and spot checks were periodically conducted.

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

- The provider had ensured a suitable environment was provided for those who lived at Alsley Lodge.
- The premises were well maintained and people we spoke with felt the environment was warm and comfortable.
- During our tour of the premises we noted a step in the communal area of the home, which was a potential

trip hazard. However, the edge of the step was highlighted with bright coloured tape and LED lighting. A risk assessment was in place. We discussed this with the registered manager who confirmed she does a monthly assessment of the environment and the tape is changed regularly for easy visibility. To date there have been no accidents involving this step.

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. This meant people were not always 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

- Overall, the staff team were seen to approach those who lived at the home in a respectful manner, although at times there was limited interaction and little verbal communication from some staff.
- The policies and procedures of the home supported staff to promote equality and diversity and to respect people's human rights. One person told us, "It is lovely here. The girls are amazing."
- The staff team had completed training in relation to equality and diversity.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider had policies in place to promote people's choice, privacy, dignity, independence and human rights. However, these were not always being followed in day to day practice.
- There was evidence of practices within the home which did not always promote choice, independence or a person-centred approach to care and support, such as choices and preferences in relation to people getting up in the morning and bathing routines. This was discussed with the registered manager, who said the night staff routines were for guidance only but she would review the records.
- We found that how people were treated was at times inconsistent. While we received favourable comments from people, we observed interactions that were not as positive as they might have been. We judged this to be a training issue for some staff. We did however also observe some lovely interactions by staff towards those who lived at the home, which supported people to maintain their independence and which promoted their privacy. One person said, "The staff are quick and very, very polite. They can't do enough for you."

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.

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

- The provider had not always ensured people's care was planned in a person-centred way and people were not always supported to make choices and decisions.
- Some of the daily routines were task orientated and therefore did not allow freedom of choice. Some people told us routines of the home were flexible. However, one person said they were not involved in making decisions about care and support and another told us they were happy to fall in line with what the staff preferred.
- The plans of care outlined people's choices and preferences, although these were not always followed in day to day practice. People we spoke with and their relatives were not aware of the care plans. The care plans were not consistently person-centred. Those we saw on the first day of our inspection did not always provide the staff team with enough guidance about how people's current needs were to be best met.

We found no evidence that people had been harmed. However, systems were not robust enough to ensure people received person-centred care. This placed people at risk of receiving care and treatment that did not meet their needs and preferences. This is a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2014

- On the second day of our inspection we found some care plans to be more informative, providing staff with clearer guidance about people's needs and how these were to be best met. One we looked at was well written and contained more person-centred details. One person told us that although they had not seen their care plan, "I know if anything happened, they (the staff) would look after me."

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 care plans we saw highlighted people's communication needs, although the information provided was brief. We discussed this with the registered manager, who assured us this area of need would be expanded to provide staff with clearer guidance.
- Technology was seen to be in use. Electronic systems were used to develop and record care planning and aspects of the operation and management of the service.

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 employed an activities co-ordinator, who was responsible for arranging a variety of leisure activities to avoid isolation and to help people to maintain their interests.
- During our inspection an external musician visited the home, which people seemed to like. Some people participated in carpet bowls, whilst others enjoyed individual pampering sessions.
- People spoke positively about the activities provided and we saw evidence of outings being arranged in the better weather. One person told us, "The activities are brilliant. They couldn't be any better. There's always something going on in the main lounge." A family member told us their relative had recently been supported to attend an awards ceremony at a premier league football club.

Improving care quality in response to complaints or concerns

- The provider had systems in place which ensured complaints were well managed.
- A clear complaints policy was prominently displayed within the home.
- A system was in place for the recording of complaints received, which showed investigations had been conducted.
- Staff we spoke with were aware of what action they needed to take, should someone wish to make a complaint.
- People who lived at the home said they would not know how to make a formal complaint but would be happy to speak with any member of staff about their concerns. One person told us, "I can't complain about anything they (the staff) do. Relatives we spoke with told us they would also be happy to raise any concerns with the manager of the home, or any staff member, if this was necessary.
- New service users were provided with a complaints procedure on admission to the home, which enabled them and their families to refer to if they wished to make a complaint.'

End of life care and support

- The provider had policies in place to support people on end of life care. The records of one person who was receiving end of life care had been developed to provide staff with clear guidance around their wishes for advanced care and support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had implemented systems to assess and monitor quality within the home. However, these had not identified shortfalls in areas such as assessing of risk, assessing people's mental capacity, recruitment practices, seeking urgent medical advice, person-centred care planning and promoting choice. Therefore, oversight and overall governance of the service was not always effective.
- Risk assessments were not sufficiently detailed and some areas of risk were not covered by robust assessments to show what strategies had been implemented to reduce the element of risk.

We found no evidence that people had been harmed. However, systems were not robust enough to ensure the home was adequately assessed and monitored in order to improve the quality of service provided. This is a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

- The provider had a business continuity plan in place, which outlined action to be taken in the event of an environmental emergency.
- Accident records were kept in line with data protection guidelines, so that people's personal details were maintained in a confidential way.
- Feedback we received from relatives we spoke with confirmed the managers of the home were approachable, open and honest with them. Staff were described as 'excellent' and 'very dedicated'. Relatives spoke highly about the registered manager and commented positively about her friendliness and caring approach to them and their loved ones.
- We received positive feedback from staff we spoke with about the management team and the support they provided. Relatives were, in general positive about the service. One person described the atmosphere at Alsley Lodge as, 'happy' and 'relaxed.'

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

- People who lived at the home, their families and staff members were encouraged to be involved in the care and support people received. Family members, in general told us they were kept well informed about

any changes in the needs of their loved ones.

- Feedback was sought from people who used the service, their relatives and the staff team. We saw a range of positive comments had been received by the home in which the staff team were described as 'lovely', 'pleasant', 'caring' and 'one big family'.
- We established one relative had recently suggested an intercom system be installed for added security. The registered manager told us this was being considered.
- A range of information was provided and meetings with people who lived at the home, their relatives and the staff team were taking place. Records had been completed on the topics discussed.
- Records were maintained in a safe manner and a policy was available for the staff team around data management and the security of confidential records.

Continuous learning and improving care

- The staff team received a wide range of mandatory training, regular supervision and practice observations, which helped with personal development and continuous learning.

Working in partnership with others

- The provider ensured the home had developed a good working relationship with partner organisations.
- We asked for feedback from a range of community professionals and where a response was received the feedback was positive.
- Records showed that community health and social care professionals had been regularly involved in the care and support of those who lived at the home.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Systems were not robust enough to ensure people were supported to make individual choices.</p> <p>The planning of people's care was not always person centred.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to properly assess and manage risks and to adequately respond to a serious incident.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough to ensure the home was adequately assessed and monitored in order to improve the quality of service provided.</p> <p>There was evidence of institutionalised practices taking place, which had not been identified through internal monitoring systems.</p>