Raycare Limited

Alsley Lodge

Inspection report

21 Station Road
Rufford
L40 1TB
Tel: 01704 821713
Website: www.alselylodge.co.uk

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

Alsley Lodge provides care and support for a maximum of 33 older people. At the time of our visit there were 29 people who lived at the home. Alsley Lodge is in the village of Rufford, near Ormskirk and Burscough. The home, formerly a public house, has been developed to provide accommodation for older people who need assistance with personal care. The property is on one level within, its own grounds. Bedrooms are mainly single occupancy but shared accommodation can be offered if required. Many of the rooms have en-suite facilities.

We last inspected Alsley Lodge on 17 December 2013 and found the service to have met all five of the regulations inspected.

There was no registered manager in place at the time of our inspection. 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. We had been informed prior to our inspection that the previous registered manager had

Summary of findings

resigned as they had found alternative employment. An interim manager from a neighbouring home within the 'Raycare Ltd' group was temporarily in charge, she visited the service on a daily basis. A new manager had been recruited and was due to take up their post in approximately four weeks following our inspection visit.

People told us they felt safe at the home and with the staff who supported them. One person told us, "I definitely feel safe, there is always someone around, we get checked on regularly during the night." Another person told us, "I like living here, the staff are very good and very caring, all of them. I feel safe and feel that I have a voice."

However, people were not protected against the risks associated with medicines. This was because we found errors in the recording of medicines administered to people who used the service. We observed errors whilst shadowing a medication round and found evidence that staff who are responsible for administering medication were not suitably trained.

We raised these issues with the interim manager who told us they shared our concerns regarding the inexperience of some staff who were administering medication. They had introduced medication audits, which had started the day previous to our inspection visit. This consisted of looking at one person's medication records in detail. Issues had been found regarding this person's medication. During our inspection a meeting was set up with the local pharmacy who would undertake an audit of the medication at the home. Training sessions had also been booked with a recognised training provider, so suitable training could be given to staff who had responsibility for administering medication.

People told us they were informed daily about their meals and choices were given to them. When speaking to people in their rooms, we saw that the cook came and asked people what they would like for lunch and dinner. We spoke with the cook on the first day of our inspection who told us that the home catered for any specialist diets, whether that is for health or religious needs.

Staff were very knowledgeable when speaking about the individuals they cared for and it was evident during our observations that people knew the staff caring for them well. Staff showed warmth and compassion when speaking to people and were very attentive when dealing with any requests.

People we spoke with and visiting relatives told us that they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, "I know who to go to if I have any problems, in fact it could be any member of staff here as they are all so caring. This is a kind home and a good home and the staff reflect that."

We found some evidence of audits taking place. Examples included a catering/cleaning schedule and audit in September 2014. There was evidence that this had been taking place on a monthly basis. We also found an administration audit and action plan which included checks on the accident book, complaints, petty cash and daily logs. However we could not find evidence of any other recent audits taking place. The last full audit for the home we could find evidence of was from 2010.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to arrangements for safe keeping and administration of medicines and not monitoring the quality of the service well enough. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. People were not protected against the risks associated with medicines because there were errors in the recording of medicines administered to people who used the service and not all staff who were responsible for administering medicines were appropriately trained.

On both days of our visit we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this. However some staff members we spoke to felt that some staff could be deployed more efficiently at key times throughout the day.

Safeguards were in place to ensure people were not at risk from abuse or discrimination.

No safeguarding referrals had been submitted to the Local Authority or notifications sent to the Care Quality Commission (CQC) since the last inspection took place in December 2013 however we found that notifiable incidents had taken place during the inspection.

Is the service effective?

Good

The service was effective. People were assessed to identify the risks associated with poor nutrition and hydration. People spoke favourably about the quality and choice of food.

The management and staff at the home worked well with other agencies and services to make sure people's health needs were managed.

Is the service caring?

Good

The service was caring. People were supported to express their views and wishes about how their care was delivered.

Staff treated people with patience, warmth and compassion and respected people’s rights to privacy, dignity and independence. People we spoke with confirmed this always happened.

Is the service responsive?

Good

The service was responsive. There was an established programme of activities. We observed people participating in a range of activities during the day. People told us they were asked about their preferences with regards to activities and always asked if they would like to take part before they took place.

Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People’s likes and dislikes were recorded clearly within care records.

Summary of findings

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

Is the service well-led?

Requires Improvement

The service was not well-led. There was no registered manager at the service at the time of our inspection as they had left their post approximately two weeks prior to our visit. The Care Quality Commissions had been notified appropriately prior to our visit and correct procedures had been followed by the provider in doing so.

Systems to monitor, identify, assess and manage risks to the health, safety and welfare of people were not effective. We found a high number of medication errors had not been identified. This meant that people were not protected against the risks of unsafe medication practice.

Alsley 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.

The inspection visit at Alsley Lodge took place on 16th & 17th October 2014 and was unannounced.

The inspection was carried out by the lead inspector for the service.

Prior to the inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service. Prior to leaving their post the registered manager had completed a provider information return (PIR). The PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five questions; Is the service safe, effective, caring, responsive and well-led. We used the PIR and other information held by the Commission to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the interim manager, seven staff members, nine people who used the service and one visiting family member. Following the inspection we spoke to one of the district nurses who visited the home on a regular basis, the local GP practice and one of the directors of 'Raycare Ltd'. Prior to the inspection we contacted the contracts unit at the local authority in order to ascertain if there were any issues from their perspective.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records, staff training records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I definitely feel safe, there is always someone around, we get checked on regularly during the night." Another person told us, "I like living here, the staff are very good and very caring, all of them. I feel safe and feel that I have a voice."

The service had procedures in place for dealing with allegations of abuse. Since our last inspection in December 2013, no safeguarding alerts had been raised by the home to the local authority, or any areas of concerns notified to the Care Quality Commission (CQC). We saw accidents and incidents were investigated. In some instances action plans had been put in place to prevent recurrence but we found that some incidents and accidents were not recorded adequately. One incident, which had resulted in one person sustaining a head injury and attending accident and emergency services, did not have a completed body map of the incident. Neither was the incident reported via safeguarding or notified to the CQC as a serious injury.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. However when we checked staff training records, it was difficult to ascertain which staff had recently attended safeguarding training. As the previous manager had left at short notice and with little time for a detailed handover, the interim manager was not able to produce documentation to prove that all staff had recently had safeguarding training.

On both days of our visit we saw staffing levels were sufficient to provide a good level of care. We spoke with staff members about staffing levels at the home. They agreed that levels were fine but raised some issues around staff cover as a number of people had left recently. Some members of staff raised issues regarding how workers were deployed during key times such as lunchtime. We discussed this with the interim manager who was aware that some staff felt they were under pressure at certain times in the day. We were told that staffing levels were continuously reviewed and that discussions had been held with staff during a recent staff meeting.

People were not protected against the risks associated with medicines. We found errors in the recording of medicines administered to people who used the service. We observed errors whilst shadowing a medicines round and found evidence that not all staff who were responsible for administering medicines were suitably trained. We discussed medication training with the senior carer on duty who was responsible for administering medication during the first day of our inspection and they confirmed to us that they had received no formal training. They had been observed by the previous manager of the service as part of their induction and we saw signed competency sheets in place to verify this.

We saw instances where people were given prescribed medicines but then left to take them unobserved. This happened during the medication round and during the day when we were talking to people. The member of staff who prepares the medicine and signs the record should also observe that the person has taken their medicines.

Unused and out of date drugs were not being disposed of because staff were unaware of how to do this. There were several boxes of medicines within the medicines storage room that needed to be disposed of. No temperatures were recorded within the medicines storage room or for the fridge where medicines that needed to be refrigerated was kept. We were informed by a member of staff that the fridge had not been switched on for at least some part of the weekend previous to our visit.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke to people about the management of their medicines. They told us they were happy for staff to administer their medication. All except one person told us they had no issues or concerns. One person told us that some of their medication had not been available for a few days as it had not arrived from the pharmacy but this had now been sorted out. They also told us that when they requested paracetamol they found the tablets were too big to swallow, so they could not always take them.

We raised these issues with the interim manager who told us they shared our concerns regarding the inexperience of some staff who were administering medication. They had introduced medication audits which had started the day previous to our inspection visit. This consisted of looking at one person's medication records in detail. Issues had been

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Is the service safe?

found regarding this person's medication. During our inspection a meeting was set up with the local pharmacy who would undertake an audit of the medication at the home. Training sessions had also been booked with a recognised training provider, so suitable training could be given to staff who had a responsibility for administering medication.

Good

Is the service effective?

Our findings

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One staff member told us, "We get the necessary support and training needed to do the job." Another member of staff told us, "We can ask for additional training if we feel it is needed, it's never a problem. Sometimes we feel like we do too much training."

We were unable to access detailed staff training records from the home's computer system or paper records. This was partly due to the previous manager leaving at short notice and the lack of a detailed handover taking place. We did find some training certification within staff files however some of this was not dated. We found recent evidence of training in areas such as fire awareness, mental health and first aid. It was evident that staff files had not been consistently updated, therefore it was difficult to ascertain which staff had undertaken training in which areas, with any certainty other than by asking them and looking at supervision records which did not contain a full record of training undertaken. People we spoke with had no issues with the competency of staff at the home.

Staff told us that they had received regular supervision sessions and they were able to raise issues within this forum, including personal development and additional training they felt they needed. We could not find evidence of staff supervisions being recorded with any consistency when looking at staff files.

The majority of people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. One person told us, "The food is very good, people help us if we need help to eat." Other positive comments included, "The food is great here", "I'm fussy with food, they do try and cater for me" and "We always get a choice of good food." However one person did tell us, "The food is just ok".

People told us they were informed daily about their meals and the choices available to them. When speaking to people in their rooms, we saw that the cook came and asked people what they would like for lunch and dinner. We spoke with the cook on the first day of our inspection who told us that the home catered for any specialist diets, whether that be for health or religious needs. An example was given of catering for one person on a kosher diet and how ordering and preparing meals for that individual was done. Kosher foods are those that conform to the regulations of kashrut (Jewish dietary law).

We observed lunch being served in a relaxed and unhurried manner. Tables were set appropriately and people were offered a choice of hot and cold drinks. Most people had their lunch in the dining room but some people, mainly those who needed assistance, ate in their own rooms. Staff members were attentive to the needs of people who required assistance or who wanted to ask questions regarding the food that was being served.

A small number of people were assessed as needing their food and fluid intakes monitored. Food and fluid charts were kept in people's rooms and completed by care staff throughout the day. We looked at two people's food and fluid charts over a two week period. Information was entered sporadically, including days when no entries were made at all. On other days only one entry was made. When entries had been made the information was only basic, and didn't include measurements of food or fluids take, only comments such as 'eaten all' or 'eaten half'. None of the forms were signed or dated by staff completing them. Food and fluid charts should be completed with more detail and should include measurements of food and fluid intake in order for people to be monitored effectively.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We saw that timely referrals had been made to other professionals as appropriate such as GPs, dietitians and district nurses. We spoke to the local district nurse team following our inspection and their feedback was extremely positive. We were told, "It's one of the best care homes for miles. The staff are very caring. We are there twice a week and they have always done what we have asked of them."

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Some care staff we spoke to were unaware of what was meant by both the MCA and DoLS. We informed the interim manager of this as part of our feedback as one person did have a DoLS authorisation at the service.

Good

Is the service effective?

We looked at the person's record where a Deprivation of Liberty Safeguards Authorisation had been requested and granted. The application showed that mental capacity and best interest meetings had taken place, when decisions needed to be taken on behalf of the person who lacked capacity to make the decision themselves. There was evidence that the family and the local authority had been involved as part of the best interest decisions.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff. We did not observe any potential restrictions or deprivations of liberty during our visit.

We spoke with the local GP surgery who also provided positive feedback. They had no concerns regarding staff competency or how early intervention was sought for people. One GP told us that they had recently placed a family member in the home.

We observed throughout the day that people's consent was sought by staff at all times, either before entering people's rooms, when assisting people to mobilise or when assisting people with their medication. The home had policies and procedures for consent and staff understood the principles of these when we spoke to them.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received at the home and that they had positive relationships with staff. One person told us, “People always ask me if I’m ok and how I’m doing, everyone is very friendly, I can’t find fault with anything.” Another person told us, “I was a wreck when I came here and I was in trouble. I now feel as though I could do anything, even start dancing again.”

Staff were very knowledgeable when speaking about the individuals they cared for and it was evident during our observations that people knew the staff caring for them well. Staff showed warmth and compassion when speaking to people and were very attentive when dealing with any requests.

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked in detail at six people’s care plans and other associated documents. Care plans were kept electronically but were also printed off so staff could access them easily. We saw that people were involved with, and were at the centre of, developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with confirmed they had been involved with the care planning process as did a visiting relative.

The home had policies in place in relation to privacy and dignity. Staff we spoke with were aware of the homes policies, they signed to state they understood them and were aware how to access them. All the staff we spoke with, regardless of their role, understood the key principles of privacy and dignity. Our observations of staff interactions and discussions with people confirmed that this was the case.

People told us they felt their privacy, dignity and independence were respected by the staff at the home. People were able to move independently around the home, if able to, and could access all areas of the home, including the garden area outside. We saw that activities took place and people were asked if they wanted to join in. Whilst people were encouraged to do so by the activities co-ordinator, people’s wishes were respected if they did not want to take part. People told us they could spend time in their room if they wished to and were not pressured to move into one of the lounge areas. People told us they could get up or go to bed at a time that suited them and did not have to fit in with staffing rotas.

We spoke to the activities co-ordinator who told us that they always gained people’s consent prior to any activities taking place. An example was given of one person who if asked well in advance, would always state they did not wish to take part in activities. If asked as the activity was about to start, they would usually say yes. This proved that staff did work with people to get to know how they liked to be treated.

Good

Is the service responsive?

Our findings

The service had a complaints procedure which was made available to people they supported and their family members. We saw that the service had received 13 complaints during the previous 12 month period. All of these had been recorded, investigated and resolved. Each complaint was recorded on the home's electronic care planning system, with outcomes and actions noted as appropriate.

Information packs were available in each person's room which described the home's philosophy of care and included sections on privacy, confidentiality, dignity and personal choice. The pack also contained details of how people could raise concerns, comments or complaints about the service. Details were available for the home's internal process as well as details on how to raise issues to external organisations such as the Care Quality Commission (CQC) and Local Government Ombudsman (LGO). However only postal addresses were given for both the CQC and LGO, people and visitors to the home may benefit from having telephone numbers and e-mail addresses so they can pass comments or concerns on to these organisations without having to write formally.

The home employed an activities co-ordinator who regularly met with people to discuss the activity programme and how this met each person's needs. We saw evidence of this during our inspection. We saw the agenda and minutes from the last 'residents' meeting' which took place at the end of August 2014. This covered items such as the activities the home offered, entertainment, and menus and meals. People who were not able to attend were asked for their input separately if they wished to give it. It was evident from the minutes of the meeting that people felt comfortable raising suggestions and issues for each subject discussed.

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, "I know who to go to if I have any problems, in fact it could be any member of staff here as they are all so caring. This is a kind home and a good home and the staff reflect that."

People were able to access advocacy services if they needed to. We saw that information was available on notice boards and within the reception/entrance area of the home with regards to the local advocacy service. No-one at the home at the time of our visit needed support from an external advocate. However it was important that each person had the opportunity to access the support if they needed to.

The relative we spoke with told us that they felt the communication within the home was very good and they were kept up to date with any changes to their loved one's health needs. During our visit we saw that the ambulance service was called as one person felt very unwell. The member of staff we spoke with said that the person's family had been informed and that this was the usual practice.

The home operated a key-worker system, which meant that people had two named members of staff who knew their care needs in detail. Staff were able to tell us who they were a named key-worker for. Key-workers names were on display within each person's room so they, relatives and visitors were aware. Some of this information was incorrect as names of staff who had recently left were still included. The interim manager was aware of this when we discussed this issue with her.

We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People's likes and dislikes were recorded clearly within care records. We saw that people's care plans were reviewed on a regular basis. The electronic care planning system flagged up when care plans needed reviewing. We saw that some people's care plans were overdue being reviewed but this was only by a few days and was as a result of the changes to the management structure at the home.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the service at the time of our inspection as they had left their post approximately two weeks prior to our visit. The Care Quality Commissions had been notified appropriately prior to our visit and correct procedures had been followed by the provider in doing so. The provider had arranged interim management cover by bringing in a registered manager from one of their other homes. They were present in the home on a daily basis and had brought in support from senior care workers from the home they permanently managed during their time as interim manager at Alsley Lodge.

We discussed management arrangements with one of the home's proprietors following our inspection visit, as well as the interim manager and staff during our inspection. A new manager had been appointed and had already visited the home and met with staff. We were told that the home would be without a permanent manager for approximately six weeks.

We discussed the issues raised with one of the registered providers of the home who informed us that the previous manager had left at short notice, as they had found another job and they had allowed them to take this position with immediate effect. Interim management arrangements had been put in place quickly. However, there was little in the way of a detailed handover, which had consisted of one meeting between the interim manager and the previous manager. The interim manager was the registered manager from one of the provider's other homes and was not familiar with the systems at Alsley Lodge, and it was evident from our visit that the interim manager and staff at the home struggled to access some information from the system when we requested it. The interim manager did tell us that they were able to contact the previous manager if they felt it was necessary.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift.

Staff told us that regular staff meetings took place. We found notes of the last team meeting which had taken place in August 2014. This had covered areas such as Quality Assurance, training and development and rotas. Within the minutes it was evident that staff were able to talk freely, as a number of questions were asked and recorded within meeting notes. Staff we spoke with told us that they felt able to raise issues at staff meetings and found them useful to attend.

The service had a current 'Residential Domiciliary Care (RDB) Benchmarking' certificate in place. RDB is an independent accreditation company specialising in the assessment of care homes. A reaccreditation visit had been planned shortly following our inspection; however this had been cancelled due to the previous manager leaving the service. The current certificate was valid for another six months at the time of our inspection and we were told once the new manager was in post, another visit would be arranged. As the RDB accreditation visit had not taken place since the last inspection in December 2013 this meant that no formal questionnaires had been sent to people and families to seek their views on the service for over twelve months. However, when speaking to people they did tell us that they were able to raise issues informally and if issues were raised they were dealt with accordingly.

We found some evidence of audits taking place. Examples included a catering/cleaning schedule and audit in September 2014. There was evidence that this had been taking place on a monthly basis. We also found an administration audit and action plan which included checks on the accident book, complaints, petty cash and daily logs. However we could not find evidence of any other recent audits taking place. The last comprehensive audit for the home we could find evidence of was from 2010. This audit was very detailed and was a good template to use going forward.

These matters were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The provider did not protect service users against the risks associated with the unsafe management of medicines by means of making the appropriate arrangements for the recording and administration of medicines used for the purpose of regulated activities.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **People were not protected against the risks of inappropriate or unsafe care or treatment. Regulation 10 (1) (a) (b)**