

TN CARE LTD

Alphington Lodge Residential Home

Inspection report

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Alphington
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Alphington Lodge is a residential care home. The home is registered to provide accommodation and personal care for up to 28 older people. The home does not provide nursing care. At the time of this inspection there were 25 people living there.

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

The provider and management team were working to improve the management and culture at the service. Relatives, staff and external health and social care professionals spoke positively about the progress made since the current manager had come into post.

People were supported by sufficient numbers of suitably trained and competent staff. A virtually new staff team had been recruited with the values and commitment required to support people effectively. A review of job roles and responsibilities had improved monitoring and accountability. Staff received a comprehensive induction, training and supervision, with support to develop and progress if they wished. One member of staff told us, "They care about the staff and want to make sure you're well. They are really supportive."

There was an open and transparent culture at the service. The provider and management team were open about the previous failings, the work they were doing to address them and where improvements were still required.

There was a comprehensive quality assurance programme in place, which incorporated the views of people, relatives and staff. The management team spent time working alongside care staff observing practice and identifying where further improvements might be needed.

Relatives told us staff were kind and their family members were safe. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

People were supported to engage in a wide range of activities and maintain contact with their family members. This maximised their quality of life and was particularly important due to visiting restrictions and the need for people to isolate in their rooms during the pandemic.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

Staff worked effectively with external health and social care professionals to meet people's healthcare and nutritional needs.

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

Rating at last inspection

The last rating for this service was Good (published 14 March 2019).

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to check on specific concerns that had been raised about the safety and management of the service. The overall rating for the service has not changed following this targeted inspection and remains Good.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alphington Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was well-led.

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Alphington Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had received about risk management, keeping people safe; staffing and recruitment, medicines administration and the management of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Alphington 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 who was in the process of registering with the Care Quality Commission.

Notice of inspection

We gave a short period notice of the inspection so we could arrange infection control measures because of the Covid-19 pandemic.

What we did before 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 used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Due to infection control measures we were unable to speak face to face with people who used the service about their experience of the care provided. We briefly observed the support being provided during an activity in the communal area of the home. We spoke with the area manager and manager.

We reviewed a range of records. This included six people's care records and a sample of medication records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

Following the inspection visit and in order to minimise the time spent on site due to the pandemic, we spoke with five relatives by telephone. We emailed and telephoned the staff team to request feedback and received a response from just two members of staff. We received feedback from three health and social care professionals.

As part of the inspection, we requested and received copies of documentation connected to the running of the service and people's welfare. This included quality assurance records, training data, care plans, staff rotas, accident and incident records and the minutes of staff and residents meetings.

Following the inspection, we provided written feedback and met virtually with the provider and manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

We have not changed the rating of this key question, as we have only looked at the parts of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had received about risk management, keeping people safe; staffing and recruitment and medicines administration.

We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Relatives told us their family member was safe at Alphington Lodge. One relative said, "Mum is so safe there. When she gets upset in the middle of the night or wanders, they will do her hair for her."
- A comprehensive assessment of risks was completed when people moved to Alphington Lodge and reviewed regularly to ensure the information was up to date.
- Effective measures were in place to protect people from a range of risks, including those related to covid 19, social isolation, nutrition and hydration, falls, skin integrity and emergencies.
- Care plans contained clear guidance for staff about how to minimise the risks, and the information was easily accessible to them on the computerised care planning system. One member of staff told us, "It tells you what types of food they need, if it's mashable or pureed. It's really easy. If they are at high risk of falls, it's on there, or if they need a hoist or a stand aid."
- Staff were kept informed about any immediate changes to people's needs and risks via the computerised care planning system and at staff handovers. Monthly staff meetings also provided an opportunity for staff to be updated and discuss any concerns.
- Concerns about increased risks had been escalated promptly to external health and social care professionals, and guidance followed. This was confirmed in feedback from a visiting health professional, who told us "They will frequently alert me when patients are suffering with physical and mental health problems and in the main this always feels appropriate and timely. Once I have given advice this is always followed."
- Activity and mental stimulation helped to reduce anxiety and depression and maintain cognitive functioning. This was particularly important due to visiting restrictions and the need for people to isolate in their rooms during the pandemic. Staff meeting minutes reminded staff to, "Take the activity to the residents' room, once set up in the lounge area, to encourage participation and involvement"
- Regular health and safety checks were completed to ensure the premises were always safe and there were no hazards to people's health and wellbeing. Emergency plans were in place to ensure people were protected in the event of a fire.

Using medicines safely

- The management team had been proactively working with staff to improve medicines administration. This had led to a reduction in medicines errors, although further improvements were needed in recording the

administration of creams.

- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. There was clear guidance regarding the administration of PRN (as required) medicines, and medicines required at prescribed times,
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. A computerised medicines administration system was in place, to ensure efficiency and safety.
- Regular medicines audits were completed. These identified any necessary actions which were put in place to improve the way medicines were managed.
- Staff received comprehensive medicines training. Their competency was checked to make sure they gave medicines safely.

Systems and processes to safeguard people from the risk of abuse

- All staff undertook training in how to recognise and report abuse. They told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Safeguarding concerns had been escalated and managed appropriately. Staff had worked constructively with external agencies to ensure any concerns were investigated fully and action taken to keep people safe.

Staffing and recruitment.

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. The checks included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.
- The provider used a dependency tool to calculate the number of staff required to keep people safe and meet their needs. There were contingency plans in place to ensure staffing was covered in the event of staff absence due to covid. Relatives spoke highly of the level of support and engagement from staff to their family member. However, some staff were concerned this was only achievable with overtime.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had received about the management and culture of the service.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- Relatives, staff and health professionals spoke positively about the management team, their commitment, and the improvements made since the manager had been in post. One professional commented, "They have had significant management and staffing changes but have been far more stable since [manager] has joined."
- There was an open and transparent culture at the service. During the inspection the provider and management team were open about the previous failings at the service, the work they were doing to address them and where improvements were still required.
- Relatives and staff told us the management team were approachable and supportive. One member of staff commented, "Management are easier to talk to. They care about the staff and want to make sure you're well. They are both really supportive."

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

- The provider was working to create a well-trained and committed staff team. A recruitment project had focussed on the recruitment of staff with the values and commitment required to effectively meet the needs of people living at the home
- There was a virtually new staff team in post, with clear roles, responsibilities, and lines of accountability. A member of staff commented, "Everybody is pretty new. It's a nice team. Everybody is supporting each other. I love it. "
- The provider and management team ensured staff had the knowledge and skills they needed to provide safe and effective care. A comprehensive induction and training programme was in place, and staff competence regularly assessed through supervision and observation.
- The provider had created a pathway for care staff to progress and develop, through apprenticeships and other relevant vocational qualifications. There were initiatives to encourage and reward staff such as employee of the month and a compliments 'wonder wall' by the main entrance.
- The management team had been proactive in improving monitoring and accountability at the service. For example, they had worked shifts alongside care staff over a 24-hour period. This enabled them to build

relationships with people and staff, observe staff practice and identify where improvements were needed.

- There was a comprehensive quality assurance process, developed in line with the CQC rating system. It reviewed all aspects of the service with oversight from the area manager and provider. Any actions identified were added to the service improvement plan with clarity around timescales and responsibility.
- The management team analysed accidents, incidents and safeguarding concerns to identify any patterns, trends and further actions that might be needed to keep people safe.
- The service met its regulatory requirements to provide us with statutory notifications as required.

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

- The views of people and relatives were gathered via surveys, at meetings and informal feedback.
- Staff had a voice in the running of the service. They were asked for their views in a staff survey and at staff meetings. They told us, "Everyone puts their ideas in. Everybody has different perspectives, with different ideas and ways to help the residents."
- The provider ensured the manager had the support they needed to be effective in their role. with the area manager visiting the service weekly. The area manager described themselves as, "Someone for [manager] to sound off on the tough days. Making sure I am there if needed."
- The management team had worked closely with the community health teams and local authority safeguarding and quality improvement teams to improve communication and develop constructive working relationships.