

Alpine Health Care Limited

Alpine Lodge

Inspection report

Alpine Road
Stocksbridge
Sheffield
South Yorkshire
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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 responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Alpine Lodge is a nursing home. It was providing personal and nursing care to 40 people at the time of the inspection. The service can support up to 67 people across four units. One of these units specialises in supporting people who live with dementia.

The home is purpose-built with en-suite bedrooms and communal areas. The home has a secure garden accessible from the ground floor.

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

There were clear signs of improvement at the service, which was reflected in feedback from people and external stakeholders. However, further improvements were still required.

Risk assessments had not always been updated to reflect significant changes in people's care and support needs. People's care records did not accurately reflect their needs. Some care plans had conflicting information and records were inconsistently kept.

People received their medicines safely and as prescribed. Systems and processes were in place to keep people safe.

The premises were clean and there was good infection control practice in place.

There was a friendly atmosphere at Alpine Lodge, and we saw people looked well cared for.

Staff were recruited safely. We identified some concerns about the staffing levels and deployment of staff during our inspection. We discussed this with the provider and an increase of staff was implemented so that people were kept safe and to meet their care needs.

Staff were receiving appropriate training, which was relevant to their role and people's needs.

Staff were supported by the management team and were receiving formal supervisions where they could discuss their on-going development needs. The provider had started to manage performance and poor cultural issues that was evident to ensure that improvements needed were not undermined.

People were supported to eat a healthy balanced diet.

Complaints and concerns were well managed. People were supported and encouraged to achieve positive outcomes.

The model of care helped to maximise people's choice, control and independence. People's bedrooms were

personalised. The care people received was more person-centred and promoted people's dignity.

We did find some improvements had been made since the last inspection, however the service continued to be in breach of regulations. Governance and assurance systems was not fully implemented or effective to support continued improvement and ensure the service is meeting the requirements of the Health and Social Care Act

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 inadequate (published 26 March 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

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 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Alpine Lodge

Detailed findings

Background to this 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.

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 3 inspectors and an Expert by Experience. 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

Alpine 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

The provider was not asked to complete a provider information return before this inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with 12 members of staff including a regional manager, the registered manager, 2 nurses, senior care staff, care staff, domestic staff, the administrator and the cook.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at agency staff files in relation to recruitment and induction. We looked governance systems relating to staff recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection, the rating has changed 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

At our last inspection the provider had failed to demonstrate they assessed all risks to the health and safety of service users receiving care or treatment. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments had not been updated to reflect significant changes in people's care and support needs. For example, one was assessed as needing a modified diet, but their care plan contained contradictory information. This placed them at risk of unsafe and inappropriate care.
- Care plans still contained some inconsistent, contradictory and missing information and further improvement was required to ensure they fully reflected people's physical and emotional needs.
- Where people were at risk of losing weight, records were in place to monitor their consumption of food and fluid. These records were inconsistently kept. This meant staff could not be sure whether those people were eating and drinking enough to improve their health or remained at risk.

We found no evidence that people had been harmed. However, systems were either not in place or were not robust enough to demonstrate risks to people were assessed and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager assured CQC they would address our concerns about risk assessments after the inspection.

Although we found repeated concerns, the provider had made improvements since the last inspection. The manager continued to hold daily flash meetings with all heads of departments to improve staff awareness of risks to people in the service. The manager also attended clinical risk meetings with nursing staff and completed daily walkarounds to monitor people's safety.

- Everyone living in the home had a personal emergency evacuation plan in place to advise staff and emergency personnel how to evacuate them safely in the event of a fire or other emergency.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Staffing and recruitment

- People gave us mixed feedback about staffing levels. Comments included, "There's not always enough staff, sometimes you have to wait such a long time when you buzz" and "There's not enough staff, they are run ragged."
- Staff also shared mixed views about staffing levels. Some care staff expressed concerns the service did not have enough permanent staff particularly for the night shifts. The service was relying on agency staff who were not familiar with people's needs to cover the shortfall as the service did not have enough bank staff available to cover
- The registered manager told us a dependency tool was used. However, staff appeared busy, and some people and relatives told us staff did not have time to engage with people.

We discussed our observations and people's feedback with the Nominated Individual and staffing levels were increased.

We recommend the provider continues to keep staffing levels and staff deployment under review to ensure people receive safe, timely and person-centred care.

Using medicines safely

- Staff involved in the handling of medicines had received training about medicines management. However not all staff had an assessment of their competency to administer medicines completed in line with the providers own policy.

We discussed this with the registered manager, and they said they would take immediate action to address this concern. Following the inspection, the registered manager assured us training and competency checks had been planned and scheduled.

- Medicines were received, stored, administered and disposed of safely.
- Audits and checks were completed, and actions taken where issues had been identified.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of, preventing, detecting and controlling the spread of infections. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current guidance. It was positive to see people, receiving visitors in the home again.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included, "I feel safe all the time, I couldn't do without them [staff]" and "Yes, I'm safe; it's the very nice staff, I can't fault any one of them [staff]."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Safeguarding concerns were recorded, and the manager had taken action when required.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- Staff were not always clear on who was on a special diet, and this was not clear in people's care records. This meant there was an increased risk people might not be supported in line with their recommended diets.

We found no evidence that people had been harmed. However, systems were either not in place or were not robust enough to demonstrate risks to people were assessed and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they enjoyed the food served at Alpine Lodge. Comments from people included, "The food is very good" and "Generally, the food is very good, you can request anything."
- People were offered cloth tabard style aprons and adapted crockery, such as plate guards where needed. We saw lunchtime was a relaxed and pleasant experience. The food looked and smelt appetizing to us. Tables were laid out nicely with clean tablecloths, condiments, and paper napkins.

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

At our last inspection the provider had failed to demonstrate people received care that was appropriate, met their needs or reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed before using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.

Staff support: induction, training, skills and experience

- Staff received training to be able to provide effective care.
- Staff told us the training was good. Some training was online whilst other was face to face which staff said they found beneficial.

- People we spoke with told us they thought the care staff were well trained and performed their jobs well.

Staff working with other agencies to provide consistent, effective, timely care

- People's care records contained details of the professionals involved in their care.

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

- People's rooms were personalised in the manner of their choosing, including any personal items from home.
- The premises and gardens were accessible to people with limited mobility.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy and social workers.
- Referrals were made as required to make sure people received effective care that met their care and support needs.
- There was communication between staff and visiting professionals, and staff followed guidance provided to ensure people's needs were met.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Improvements had been made to records relating to the MCA since the last inspection. Records showed mental capacity assessments and best interest decisions were appropriately made and documented.
- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were given a choice about how they wanted their care and treatment to be provided and we observed staff gave people choice.

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- People's care and support plans were detailed and enabled staff to work in a person-centred way. However, the service did not consistently review all areas of care or support people to identify and achieve goals and aspirations.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- A 'resident of the day' scheme had been introduced where each person and/or their representative were given a chance to meet with a member of staff and discuss day to day life in the care home. They were also able to meet with all heads of department to talk about anything that they would like to change.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and the service made sure steps were taken to communicate effectively with people.
- Information was available in formats people could easily understand, for example easy read, large print and pictorial documents. The registered manager was aware of the requirement to provide people with accessible information.

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

- During the inspection we did not observe any activities. Activity records showed there had been only 8 days of activities for people to join in October.
- People had access to a range of activities when they were scheduled. This included arts and crafts, knit and natter, musical memories, bingo and dominoes.

We discussed this with the management team who said they would take immediate action to address this concern.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints.
- People told us they did not have any concerns or complaints and if they did, they would speak with staff or

the manager. One person said, "I've no complaints about the staff, they are a great bunch."

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with families and people to assess and document their end of life wishes. These were recorded within care plans.

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 our last inspection we rated this key question inadequate. At this inspection, the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider's systems of governance were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had worked hard to improve the culture of the service to ensure a more person-centred approach. However, the systems and processes to assess, monitor and improve the quality and safety of the service had not addressed all the concerns found at the previous inspection and the service remains in breach of regulations.
- Audits did not identify all of the issues we found during the inspection, such as people's care records did not accurately reflect their care and support needs. Risk assessments had not always been updated to reflect significant changes in people's needs. Daily records did not always show people had received the care they needed. For example, intake monitoring to mitigate dehydration risks. This meant we could not be assured people had received care in accordance with their assessed need and supported them to maintain their health and well-being.
- Governance systems to assess, monitor and improve the service had been implemented. However, further improvements were required to evidence their effectiveness as well as demonstrate clear oversight and scrutiny of the service so continuous improvement is made and sustained. Whilst some recent improvements had started to be made, further progress was required, to ensure all necessary actions were completed.

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

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

- The culture of the service was open and transparent, and both the manager and the regional manager were supportive of the inspection process. They were committed to making any necessary improvements to

the service.

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

- The management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to CQC as required.
- Throughout the inspection the management team were honest and open. They acknowledged the shortfalls identified at previous inspections, and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People received support from a range of other health and social care professionals as and when required. For example, the Speech and Language Therapy Team, local GP's and dieticians.
- The service obtained views of people who used the service, their relatives and members of staff. Meetings with people who used the service were held and suggestions were acted upon. One relative said, "I know the manager, they are very helpful and a nice person. I think it's very well run. No, I don't think I'd change anything, it runs like clockwork."

Continuous learning and improving care

- The provider and management team were committed to continuous improvement of the service. The management team demonstrated their understanding of quality performance and regulatory requirements and had made good progress against the action plan formulated at the last inspection, to show what action would be taken to make improvements.
- The registered manager was open and transparent with the inspection team during the inspection. The provider and registered manager continued to work with the local authority quality monitoring teams who were involved in investigating concerns and driving improvements.
- The management team were keen to continue working with partners such as CQC and the local authority.

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 12 (1) The provider had failed to ensure people received care in a safe way. 12 (2) (b) The provider had failed to do all that is reasonably practicable to mitigate risks to
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) The provider had failed to ensure systems and processes were operated effectively to ensure people care was delivered safely.