

Alston Lodge Residential Home and Community Care Limited

Alston Lodge Residential Home Limited

Inspection report

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Preston
Lancashire
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Tel: 01772783248

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17 November 2016

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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 

Summary of findings

Overall summary

This comprehensive inspection was carried out on the 17 November 2016. Alston Lodge Residential Home Limited is registered to provide care and accommodation for up to 16 people who require assistance with personal care. There are fourteen single bedrooms and one double bedroom; six of the single bedrooms have ensuite facilities. Communal facilities consist of two lounges, a dining room and a conservatory. Car parking space is available at the home.

At the time of inspection there was a manager who was registered with the Care Quality Commission. 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 last inspected Alston Lodge Residential Home Limited on the 07 December 2015. We identified several breaches of regulation. We found person centred approaches were not in place when people had behaviours which may challenge, risks to people who lives at the home were not always identified and action taken to minimise these risks. We also found people were not safeguarded from potential abuse as incidents were not always reported to the local safeguarding authorities and quality assurance systems had not identified the need to ensure referrals to safeguarding authorities were made promptly when required.

At the last inspection on the 07 December 2015 we asked the registered provider to take action to make improvements. We were provided with an action plan which detailed how the registered provider intended to ensure improvements were made.

We undertook this comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alston Lodge Residential Home Limited on our website at www.cqc.org.uk.

During this inspection carried out on the 17 November 2016 we found some improvements had been made. Staff told us they had received training in person centred care to enable them to support people with individual needs. We viewed care documentation which recorded the support people required and people told us they were involved in the planning of their care. We saw evidence referrals were made to the Lancashire safeguarding authorities if these were required and these were documented to ensure accurate records were kept.

We found improvements were required to ensure medicines were managed safely. We have made a recommendation regarding this. We also identified concerns with some of the safety checks carried out at the home. The gas safety certificate had not been completed annually and there was no Legionella risk assessment in place to minimise the risk of legionella developing in the water system at the home. We discussed this with the registered provider who took action. Prior to the inspection concluding the

registered provider wrote to us. They informed us they were in the process of ensuring a legionella assessment was carried out. They also provided documentation to evidence the gas equipment had been checked for safety. It was a concern to us these issues had not been actioned prior to the inspection. We considered improvements were required to ensure an effective quality monitoring system was in place which assessed, monitored and mitigated risks. This was a continued breach of Regulation 17 (Good Governance.)

Recruitment checks were carried out prior to a staff member starting work at the home. We found sufficient staff were available to meet peoples' needs and training and development activities were available to ensure staff skills remained up to date. Staff told us they received supervision from the registered manager. We saw documentation which confirmed this. We noted this did not allow for the recording of any further actions. We have made a recommendation regarding this.

During the inspection we saw people were supported promptly and with patience and kindness. Care records reviewed contained sufficient information to enable staff to deliver care and support which met peoples' needs and wishes.

People told us they were happy with the meals at Alston Lodge Residential Home Limited. Comments we received included, "The food's lovely. I get a second helping if I want one." We saw documentation which evidenced people's weight was monitored. Staff told us if they had any concerns regarding a persons' weight management they would seek further medical advice.

We saw individual risk assessments were in place and written plans were developed to manage associated risks. Staff were knowledgeable of peoples' assessed needs. We noted one risk assessment had not been reviewed since August 2016. We have made a recommendation regarding this. People who received care and support and their relatives told us they were happy with the care provision from Alston Lodge Residential Home Limited.

We viewed documentation which showed people were supported to access other health professionals if this was required and this was confirmed by speaking with staff and their relatives.

People told us they were supported to take part on activities at Alston Lodge Residential Home Limited. One person commented, "Singers come in sometimes, that's always a good time."

There was a complaints policy available to people who received care and support. People told us they were confident any complaints would be addressed.

You can see the action we told the provider to take on the full version of the report.

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 always safe.

Medicines were not always managed safely.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Recruitment checks were carried out to help ensure suitable people were employed by Alston Lodge Residential Home Limited.

Is the service effective?

Good 

The service was effective.

People were supported to eat and drink sufficient to meet their needs.

Staff received training and support to enable them to deliver care which met peoples' needs.

The management and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Is the service caring?

Good 

The service was caring.

People told us they considered staff to be caring and they were involved in making decisions about their care and the support they received.

Staff were able to describe the likes, dislikes and preferences of people who received care and support and this was individualised to meet people's needs.

Is the service responsive?

Good 

The service was responsive.

People received care and support in accordance with their

assessed needs.

There was a complaints policy to address complaints made regarding the service provided.

Is the service well-led?

The service was not always well-led.

Staff were observed to be speaking negatively and this required intervention from the deputy manager.

Quality assurance systems required improvement to ensure areas of improvement were identified and actioned.

The registered provider consulted with people they supported and relatives for their input on how the service could continually improve.

Requires Improvement 

Alston Lodge Residential Home Limited

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 was planned to check 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.

This comprehensive inspection was carried out on the 17 November 2016 by one adult social care inspector and was unannounced. At the time of the inspection Alston Lodge Residential Home Limited provided care and support to 16 people.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Alston Lodge Residential Home Limited. This included any statutory notifications, adult safeguarding information and comments and concerns. In addition we contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection we spoke with five people who received care and support from Alston Lodge Residential Home Limited and two relatives. We spoke with the registered manager of Alston Lodge Residential Home Limited, the registered provider, a deputy manager and four care staff. We also walked around the home and spent time in communal areas. This allowed us to observe interactions between people who lived at the home and the staff.

We looked at a range of documentation which included three care records and two staff files. We also looked at a training matrix and staff rotas. As part of the inspection we viewed a sample of medication and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "Yes, I'm kept safe. Staff check on me and make sure I'm alright." And, "Everyone here is very nice to me and I've never felt scared." Also, "I've nothing to worry about here, all the staff look after me so yes. I'm safe." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative commented, "Most definitely, [family member] is safe."

At the last inspection carried out in December 2015 we found risks to people were not always identified and risk strategies were not implemented to reduce such risks. For example we found records which evidenced people had fallen on a step. There was no evidence to demonstrate the registered provider had taken action to minimise the risk of reoccurrence. During this inspection we found action had been taken. We saw the carpet had been replaced with a contrasting colour. This helped people identify a step was present and minimised the risk of falls. We also saw the registered provider carried out checks on the environment. We noted a further area of carpet had been identified as worn. We saw the carpet had been replaced. This evidenced an area of risk had been identified and action taken to minimise risk. However we found other areas of risk had not been identified. We asked to see the legionella risk assessment for the home. This is a risk assessment which identifies the risk of legionella bacteria developing in the water system. We were told by the registered manager there was no risk assessment in place. We also asked to see the gas safety certificate. We were told this had not been completed as required. We discussed this with the registered provider. Prior to the inspection concluding we were provided with documentation which evidenced the gas appliances had been checked. The registered provider also wrote to us and told us they were commissioning an external contractor to complete the required legionella risk assessment.

At the last inspection carried out in December 2015 we found incidents which raised concerns were not always reported to the Lancashire safeguarding authorities or to the Care Quality Commission. During this inspection we found improvements had been made. We saw evidence referrals had been made to the Lancashire safeguarding authorities to allow investigations to be carried out if these were required. In addition we saw notifications were made to the Care Quality Commission.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. Staff said they would immediately report any concerns they had to the registered provider, the registered manager, or to the local safeguarding authorities if this was required.

During this inspection carried out in November 2016, we found improvements were required to ensure medicines were managed safely. We visited three rooms and in all three rooms we saw prescribed creams were not stored securely. We noted the prescribed creams were placed on furniture in the room. In one of the rooms we found the label on the cream was unreadable and there were gaps on the cream chart. We spoke with a member of staff who confirmed the cream chart should be signed when cream was administered to the person. They also confirmed the label was unreadable and as such could not confirm the cream belonged to the person. In another person's room we saw gaps on the cream chart. The chart did

not evidence the person had received the cream daily as directed by the label. In a third room we saw cream had been prescribed for the person, but there was no cream chart in place to evidence the cream had been administered. We spoke with a person who received support who confirmed staff had administered their cream. We discussed this with a staff member. They were knowledgeable of the persons needs and confirmed they applied cream as directed by the cream chart. They also said they sometimes omitted to fill in the cream chart.

We recommend the registered provider seeks and implements best practice in relation to the safe management of medicines.

We reviewed a sample of medicine administration records (MARS). We checked a sample of MAR records and medicines and found the quantities of medicines and the MAR records matched. This indicated people received their medicines as prescribed. We observed medicines being administered. We saw the staff member concentrated on their duties and checked the MAR and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. This helped minimise the risk of a medicine error occurring. The staff member we spoke with was knowledgeable of the processes for the ordering and disposal of medicines and told us they had received training to enable them to administer medicines safely.

At the last inspection in 2015 we found person centred approaches were not in place to support people who had behaviours which may challenge. At this inspection we found improvements had been made. We saw documentation which evidenced people were supported in a person centred way. We discussed this with one person who received support. They described their experiences to us. They told us they had been consulted as part of the care planning process and regularly discussed their care with staff. We viewed the persons care file and saw a risk assessment and care plan was in place to communicate the support the person required. We also saw evidence a meeting had been held to discuss measures in place to control the risk. On viewing the care plan we noted this did not contain the amount of detail contained in the minutes of the meeting. We discussed the person's needs with staff. They were knowledgeable of the person's support needs as agreed at the meeting.

We recommend the registered provider seeks and implements best practice in relation to multi agency working and documentation of agreed actions to ensure information is consistently documented.

We viewed three care records and saw individualised risk assessments were carried out and evaluated appropriate to peoples' needs. We saw risks to peoples' health and wellbeing were assessed and risk reduction methods were used to ensure peoples' safety was maintained. For example we saw care plans documented the equipment staff should use to support people and the way people had agreed to be supported. People we spoke with confirmed these had been discussed with them. One person explained how they had been consulted regarding their mobility. They told us, "Staff explained they wanted to make sure I didn't fall and get hurt so I ask for help now." We discussed the risk assessments with the registered manager. The registered manager told us these were updated as people's needs changed. In one file we saw no evidence an oral health assessment had been completed since August 2016. We were informed the person's needs had not changed.

We recommend the registered provider seeks and implements best practice in relation to the consistent review and documentation of risk assessments.

We viewed documentation which showed suitable recruitment checks were carried out before a person started to work at the service. The staff we spoke with told us they had completed a disclosure and barring

check (DBS) prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and two references were sought for each new employee.

We asked the registered manager of Alston Lodge Residential Home Limited how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples' needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed four week's rotas and saw staffing levels were consistent with the registered provider's explanation and the assessed needs of people who received care and support.

We asked people their opinion of the staffing provision. Everyone we spoke with told us they were satisfied with the arrangements in place. They told us staff came quickly if they required assistance. Comments we received included, "I've no concerns with the staff numbers here. I haven't had to wait an excessive amount of time for help." And, "I can ring my bell night or day and staff come to me quickly." Relatives we spoke with expressed no concerns with the availability of staff. One relative commented, "There always seems to be enough staff." And, "I've never been worried about the staffing."

Is the service effective?

Our findings

The feedback we received from people who received care and support was positive. One person told us, "I would consider it to be good care here." A further person said, "I'm looked after extremely well." Relatives we spoke with also made positive comments. One relative described the way in which their family member had been supported. They told us, "The care's very good." A further relative commented, "The general standard of personal care is good."

Care files contained contact details of people who were important to those who received care and support from Alston Lodge Residential Home Limited. We saw details of doctors and relatives were recorded to enable contact to be made as required. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the registered manager and other health professionals as required. This demonstrated staff were aware of the action to take if a person became unwell. We saw documentation which evidenced people were referred to other health professionals if the need arose. For example we saw evidence of involvement with doctors and community nurses were recorded in the care records.

Documentation we viewed also evidenced people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs were considered as part of the care planning process. We noted preferences were taken into consideration. For example, in one care file we saw recorded that a person preferred small portions at mealtimes. During the inspection we observed lunch being served and noted smaller portions were provided to the person, as they had requested. During the lunchtime meal we saw people were offered the meal of their choice. One person had requested a salad as an alternative. We noted this was provided to them and they appeared to enjoy it. Drinks were available throughout lunch and were replenished when required. We asked people their opinion on the food provided and were told, "The food's lovely. I get a second helping if I want one." And, "You never go short of good food here. There's always something nice to have." Also, "Staff are always offering cups of tea and there's more to eat if you want it." We saw a menu was in place with a variety of hot meals and the cook told us people could request alternatives if they preferred. We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods were also available. The cook told us they had no concerns with the resources available.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We discussed the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. They told us they were aware of the legislation in place and the importance of ensuring the correct processes were followed. Staff we spoke with demonstrated an

awareness of the importance of gaining people's consent and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered manager. They told us this would help ensure peoples' rights were protected and their safety maintained.

We asked the registered manager to explain the training staff received at Alston Lodge Residential Home Limited. We were told staff received an induction prior to starting to work with people who received care and support. We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff we spoke with told us they had received training in areas such as medicines management, safeguarding and moving and handling. Staff also told us they had received training in person centred care.

In addition staff explained they received supervisions with their line manager. These are one to one meetings where staff discuss their performance and any training needs. Staff explained these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We saw documentation which evidenced these took place. However we noted the documentation did not allow for the setting of objectives if further actions were required.

We recommend the registered provider seeks and implements best practice in relation to the supervision of staff.

Is the service caring?

Our findings

People who received care and support from Alston Lodge Residential Home Limited told us they felt staff were caring. Comments we received included, "This is a lovely home, everyone's so kind." And, "All the staff are extremely polite and very nice to me." Also, "I like all the staff here. They're very good to me." Relatives voiced no concerns with staff at the home. One relative commented, "I'd give 10 on caring. They're tactile in a positive way." A further relative described the staff as, "satisfactory."

We saw staff were caring. For example we noted one person had their jumper on inside out. Staff approached the person and spoke discreetly to them, explaining they would help them. We saw touch was used appropriately to reassure the person and the person agreed to be helped.

We observed staff sitting with people and having cups of tea. One person told us, "I like to chat to the staff. They come to me and we have a chin wag." Staff were seen to be relaxed and friendly with the people they helped. For example we saw one person lying on the settee. Staff sat next to the person and spoke with them about their day. From the person's response we could see this was valued by the person.

Records we viewed held person centred information about people who received care and support. We saw whenever possible, peoples' social histories, preferences and wishes were included. This demonstrated people were encouraged to express what was important to them in order to enable care to be delivered in a person centred way. We were informed a new system of care records was being introduced and the new documentation allowed for more information to be added. Staff we spoke with were able to describe people's likes and dislikes. One staff member described a person's social history and their television preference. They said, "We often chat about television. We both like the same programmes and [person] loves a good chat."

People we spoke with told us they had been involved in the development of their care plans. One person told us how they decided the care and support they required and how this had been documented. They told us, "I get everything like I decided. Even down to my tea and toast in bed in the morning. We reviewed the persons care record and saw the information recorded matched the expectations of the person. Relatives we spoke with also told us they were consulted regarding the care of their family member. One relative described their involvement. They said, "I'm very involved. Totally. We don't have to ask for information, it's volunteered."

During our walk round of the home we observed staff knocking on doors and waiting for a response before entering. We found when care and support was provided to people, doors were closed to protect peoples' privacy and dignity. When supporting people who lived at Alston Lodge Residential Home Limited staff were seen to be discreet and spoke with them quietly so their privacy was maintained.

We discussed advocacy with the registered manager. We were told there was no-one who received care and support from Alston Lodge Residential Home Limited accessing an external advocacy service. The registered manager told us this was available to people and information could be provided as required.

Is the service responsive?

Our findings

People who received care and support told us Alston Lodge Residential Home Limited responded to their individual wishes as appropriate. One person described how they had a preference regarding their daily routine. They said, "Everything I need or want is at a time I want it." A further person said, "I have to have blood tests done. The staff never miss an appointment, they always make sure it's arranged." We spoke with one relative who told us their family member had been consulted to enable care to be delivered in accordance with their wishes. They told us as a result, the person received the help they needed when they wanted it.

Care records we viewed recorded people's routines and preferences. Care plans contained information on how and when people wished to be supported. For example one care record described the hot drink the person preferred. During the inspection we observed the person was given this drink. They told us, "I'm well known for liking a cup of tea." People told us they received care and support as they wished and staff knew their preferences. One person told us, "Everyone knows me. This is a small home that's friendly and staff go out of their way to get to know you." One relative we spoke with commented, "Staff know [my family member] and what's important to [my family member]." A further relative told us, "They know [my family member] pretty well. They know [my family member's] personality."

We discussed the provision of activities with the registered manager. We were informed staff carried out activities with people who lived at the home. This was confirmed by speaking with people who lived at Alston Lodge Residential Home Limited. Everyone we spoke with told us there were activities to take part in if they wished to do so. For example one person told us, "There was a bonfire here. I really enjoyed that." A further person said, "Singers come in sometimes, that's always a good time." Another person told us, "I enjoy a game of dominoes, so I play that quite a bit." One relative we spoke with told us their family member was supported to engage in activities of their choice. A further relative told us they felt the provision of activities could be improved upon.

During the inspection visit we did not see any organised activities taking place. However we did observe staff interacting with people and supporting them to pursue their own preferred activities. For example we saw one person was supported to choose some music to listen to. A further person was helped to read a newspaper and another person was helped to find a television programme they wanted to watch. We also noted staff spoke with people about their lives and memories. We heard conversations about the best way to cook meals, places people had travelled to and family members. We saw these conversations were enjoyed by people who lived at Alston Lodge Residential Home Limited.

There was a complaints procedure available which described the response people could expect if they made a complaint. People who lived at Alston Lodge Residential Home Limited and relatives told us they had no complaints. We discussed this with the registered manager who told us no formal complaints had been received. People who lived at Alston Lodge Residential Home Limited told us if they had any complaints they would speak to staff or the registered manager. We were told, "I'm happy here and I've no reason to complain. If I did I'd speak to [registered manager.]" And, "If I wasn't happy I would complain."

Also, "There's no reason for me to complain. I like it here."

Is the service well-led?

Our findings

People told us they considered Alston Lodge Residential Home Limited to be well-led. Comments we received included, "It's well organised, everyone knows what they're doing." And, "It seems to be run very well." Relatives told us they were happy with the way Alston Lodge Residential Home Limited was managed. One relative told us, "Everyone seems to know and understand who's in charge." A further relative commented, "It's not a chaotic home. It appears well run."

At the last inspection carried out in December 2015 we found quality assurance systems had not identified the need to ensure referrals to safeguarding authorities were made promptly when required. During this inspection we found some improvements had been made. We saw a file was kept of all safeguarding referrals and the action which had been taken. For example we saw the registered manager had recorded who the referral had been made to and any outcomes. These evidenced referrals were made as required to safeguarding authorities and the Care Quality Commission.

However we noted other quality systems in place were ineffective as we identified improvements were required during the inspection. We found there was no legionella risk assessment in place and gas safety checks had not been carried out annually as required. In addition we looked at the medicines audits in place. These had been completed in June 2015 and April 2016. We discussed this with the registered manager. The registered manager explained they had completed other checks, but these were not documented. They explained they had reminded staff to complete the creams charts. However on the day of the inspection we found improvements were required to the management of medicines. We noted gaps still remained in a creams chart, one chart was not in a person's room and the label on one cream was unreadable. In addition we looked at the incidents and accidents audit. The registered manager told us this should be completed every 3 months. The last audit was completed in April 2016. This was a continued breach of regulation 17 (Good Governance) as the quality assurance systems in place were not effectively operated to assess, monitor and mitigate risks.

We spoke with staff and asked them their opinion of the leadership at Alston Lodge Residential Home Limited. Staff told us they found the registered manager to be approachable and supportive. Staff commented, "[Registered manager] is very good. Very ready to listen and change things if that's what people want." And, "[Registered manager] is only a phone call away if I need any help at all."

We viewed documentation which evidenced staff meetings took place to enable information to be shared and any changes discussed. Staff confirmed they were aware of these and had the opportunity to attend. One staff member said, "We're a really small team but we do have staff meetings."

During the inspection we observed staff behaving in an unprofessional manner. We heard staff speaking in raised voices regarding an internal issue at the home. We heard the deputy manager asked staff to refrain from their behaviour. We noted the staff voices became raised again, after the deputy manager had left the area and continued until the deputy manager returned and intervened. We fed this back to the registered manager and the registered provider for further exploration on their part.

We asked the registered manager how they enabled people to give feedback regarding the quality of the service provided. We were told that in addition to verbal feedback, surveys were provided to obtain the views of people who received care and support and their relatives. We saw evidence this took place. The registered manager told us they did not hold formal meetings with people who lived at the home or their relatives. They explained these had been provided but were not attended. The registered manager told us they would reintroduce these if people requested this.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems in place were not effectively operated to assess, monitor and mitigate risks. 17 (1) (2) (b)

The enforcement action we took:

Warning Notice