

Alpine Health Care Limited

# Alpine Lodge

## Inspection report

Alpine Road  
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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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Alpine Lodge is a care home providing accommodation, personal and nursing care to older people, including people living with dementia. The service can support up to 67 people over 2 floors and 4 units. At the time of our inspection there were 45 people using the service.

The home is purpose built with ensuite 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

Overall, the feedback from people, relatives and external stakeholders was positive.

It was clear that although improvements had been made since the last inspection there were still some areas that required embedding or further improvement.

We have made a recommendation about records. Care records for people needed to be clearer and recordings more consistent.

We have made a recommendation about the oversight of medicines where are self-administered. More robust checks needed to be in place to ensure that people were receiving treatment as prescribed.

Incidents and accidents were recorded appropriately to ensure lessons were learnt. Staff understood safeguarding and whistleblowing procedures and stated they would report any issues immediately.

We observed staff interacting with people and found they responded to them in a timely way.

Effective systems were now in place to monitor and improve the quality of the service provided, to address cultural issues, and to expand on the involvement of people, relatives, and staff in how the service was run. However, we needed to see these embedded to show improvements developed and sustained.

The registered manager and senior management team were responsive to our inspection findings. We received updates on the day and following our inspection about what action they were taking to address any issues we had identified.

### Recommendations

We have made recommendations about care records and record keeping and self-management of some medicines.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider keep staffing levels and staff deployment under review. At this inspection we found staffing levels were sufficient to meet people's needs and keep them safe.

The last rating for this service was requires improvement (published 5 December 2022). The service remains rated requires improvement. The service has been rated requires improvement or inadequate for the last 4 consecutive inspections.

This service has been in Special Measures since December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

### 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

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](http://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.

## 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Alpine Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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 2 inspectors, a Specialist Advisor 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alpine Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 9 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the deputy manager, a senior carer, a chef and 3 care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around the building and observed staff supporting and interacting with people.

We reviewed a range of records including 4 people's care records, medication records and daily care records. We looked at 4 staff files in relation to recruitment and staff supervision. We also reviewed a variety of management documents relating to the management of the service, including policies and procedures.

# 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 requires improvement. The rating for this key question has remained 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 assess all risks to the health and safety of service users receiving care or treatment. This was a breach of regulation 12 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. However, some action was still needed to ensure changes implemented were embedded and sustained.

- Risks in relation to people's care had been assessed and kept under review. However, records used to monitor risk were not always consistent or showed follow up action taken where a risk had been identified. For example, there were some gaps in the recording of fluid and nutrition intake and pressure care repositioning for those identified at risk.
- Care plans were in place and reviewed regularly. However, some people's care records had not been consistently updated to reflect the care they needed.

We recommend the provider follows current guidance when reviewing care plans and the recording of information, so staff have clear, accessible information and records reflect support offered.

- Accidents and incidents were recorded and reviewed with actions recorded.
- The service had a staff member dedicated to maintenance and routine safety and environmental checks had taken place.

### Using medicines safely

- Staff involved in the handling of medicines had received medicines training and completed competency checks.
- Medicines were received, stored, administered and disposed of safely.
- Audits and checks were completed, and actions taken where issues had been identified.
- Some people were prescribed medicines to be given 'as and when' required, known as PRN. Staff were not always following the providers policy for recording the administration of PRN medication. Issues we found on the day were actioned by the registered manager.
- Where applicable, systems were in place to support people to administer their own medication/treatment. However, more robust checks were required to monitor that people were receiving treatment/medication as

prescribed and to identify any additional support they may need.

We recommend that the provider consider current guidance for the monitoring of self-administered medicines and take action to update their practice.

### Staffing and recruitment

At the last inspection we recommended the provider continued to keep staffing levels and staff deployment under review to ensure people receive safe, timely and person-centred care. Our checks evidenced that this recommendation had been actioned.

- Safe recruitment processes were followed to ensure staff employed were suitable to work with vulnerable people. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager used a dependency tool to identify the number of staff required each day. We looked at this in line with the rota and found staffing levels were sufficient to meet people's needs and keep them safe. This was also reflected in observations on the day.
- There were mixed views from both staff and relatives about staffing levels. One relative commented, "There always seems to be enough staff whatever time of day I visit and there are always plenty of staff at mealtimes." Another said, "The carers are lovely, will do anything for [relative] but there are not enough of them. At weekends they are particularly short staffed."

We discussed comments received with the registered manager and nominated individual. They told us staffing levels and staff deployment were reviewed regularly as the occupancy levels within the home increased to ensure people received safe and timely support.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to safeguard people from abuse.
- People and relatives felt the care provided was safe. One relative said, "I go at different times of the day, I never get a feeling of concern about [relative] care, [relative] is always well looked after." Another commented, "[Relative] is cared for very well and [relative] is very safe there."
- Staff received safeguarding training and knew the procedures to follow if they had concerns about people's safety. One staff member said, "I would report straight to the manager."
- The provider had a safeguarding and whistleblowing policy which was accessible to staff.

### Preventing and controlling infection

- 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 could 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's approach to visitors in the care home was in line with current government guidance and people were supported to have visitors.

### Learning lessons when things go wrong

- Action had been taken to learn lessons following the last inspection. Measures had been taken to respond to the findings from our last inspection to implement improvements. However, we found further improvement was still required in some areas.
- There were systems in place to ensure incidents were reported, investigated, reviewed and monitored to prevent further occurrences.

# 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. At this inspection 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

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 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. However, some action was still needed to ensure changes implemented were embedded and sustained.

- Menus in alternative formats for people with dementia were not available. Following the inspection pictorial menus were made available to support people living with dementia around meal choices.
- People's lunchtime experience was positive with kind and caring social interactions between staff and people. We noted one agency staff member did not interact with the person they were supporting or offer any verbal prompts. This information was shared with the registered manager and they took appropriate action in response to this concern.

We discussed this with the registered manager and they assured us they would act upon it.

- Tables were laid out nicely with tablecloths, flowers, condiments and napkins. Alternative meal options were available and offered to people.
- Drinks and snacks were available in-between main meals.
- People and their relatives were positive about the food provided. One relative commented, "[Relative] eats well and they have a choice of meals and desserts and fresh vegetables. They have plenty to drink, there is a jug of drink in their room. They also have tea or coffee and biscuits at suppertime."

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

- People's need were assessed, and care plans were in place to guide staff in how people liked to be supported.
- The provider used an electronic care planning system which recorded the care and support people received. However, some people did not have an accurate and up to date care plan in place.

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff received regular supervision. Overall, staff told us they felt supported in their job roles and could approach the management team if they required any additional support outside of supervision sessions. One commented, "[Registered Manager] is good, you can discuss your problems with [registered manager] and [registered manager] will try to resolve them."
- The registered manager had a training matrix in place to ensure all staff received regular and updated training. Staff spoken to confirmed they had received all mandatory training and that they had received an induction when starting in post.
- One visiting professional thought that it would be beneficial to have more staff trained in the taking of blood samples. The registered manager confirmed that plans were in place to address this.

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

- People's care plans reflected involvement with healthcare professionals. This included support from GP's, district nurses, speech and language therapists and chiropodists. The registered manager said that they would benefit from support from a dietician, but this was not currently available.
- Referrals were made to other health and social care professionals as required to make sure people received effective care that met their care and support needs.
- Feedback from professionals was positive. One commented, "I have found that the staff have been managing wound care well and they have followed the plan of care put in place by myself."

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

- The building was purpose built and well maintained with a secure garden accessible from the ground floor.
- People's rooms were personalised. Prior to moving in people could view the 'show room' and discuss how they wanted to personalise their own room.
- Dementia friendly signage to assist people with navigation around the building was missing in some areas. Following the inspection, the provider took immediate action to put temporary signage in place.

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.

- Staff received training in MCA and associated codes of practice. They understood their responsibilities and knew what they needed to do to make sure decisions were taken in people's best interest.
- DoLS applications were made for people in line with the MCA and DoLS authorisations were kept under review.
- People told us they were given a choice about how they wanted their care and treatment to be provided

and we observed this throughout the inspection.

- A visiting professional commented, "The staff members I approached spoke very positively of the people they were supporting and seemed to have good knowledge of the current situation which I thought was positive."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were involved in planning their care and how they wished for it to be provided.
- Care plans detailed and included information regarding how people liked to receive their care.

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 carers, 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 set out in their care plans.
- Staff were knowledgeable about people's communication needs and communicated effectively with them. However, there continued to be a lack of dementia friendly signage around the service to assist people with orientation around the building and accessible information in different formats. The registered manager agreed to prioritise this area.

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

- People were supported to maintain relationships with their family and friends who were welcomed at the service.
- Since the last inspection the range and frequency of activities offered had increased. The registered manager also informed us that another activities coordinator was due to start work at the service which will further expand the choice of activities available.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was used to support people, their relatives, and others to raise concerns.
- Complaints were investigated and responded to appropriately. A 'you said we did board' was displayed to show improvements made in response to people's feedback.
- Relatives spoken to said they had not made a formal complaint but had raised concerns. One commented, "I have not had to make a complaint, but if I did, I would go to the manager." Another said, "If you suggest anything, they are responsive."

#### End of life care and support

- The provider involved people in planning their end of life care and others were involved where this was appropriate.
- End of life care plans were in place and guided staff in how to support people to fulfil their end of life care wishes.

# 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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

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. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 17. However, some action was still needed to ensure changes implemented were embedded and sustained.

- Care records had improved, however they still required attention so that peoples care and support needs are accurately reflected and that they are receiving care in accordance with their assessed need.
- Governance systems to assess, monitor and improve the service had been further embedded since the last inspection. However, some improvements were still required to evidence their effectiveness as well as to demonstrate clear oversight and scrutiny of the service to support continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider were responsive to issues raised and supportive throughout the inspection process.
- There was a clear commitment to addressing issues around culture and improving quality for everyone at Alpine Lodge.
- The registered manager had systems in place to gain feedback from people and relatives and these had recently been extended with fortnightly coffee mornings introduced for relatives.
- Overall, the relatives we spoke to were happy with the support their family member received. One relative said, "My mind is at ease, and I can go to bed and sleep. I have peace of mind."

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

- Managers understood their roles and responsibilities, including duty of candour.
- The registered manager was aware of their obligations for submitting notifications in line with the Health

and Social Care Act 2008 and had sent statutory notifications to CQC as required.

Continuous learning and improving care; Working in partnership with others

- There was evidence of learning, reflective practice, and service improvement.
- We saw evidence of improvements in people's quality of life and overall, people's feedback was positive. One person said, "couldn't find a better place."
- The provider and registered manager could evidence they had worked with other professionals to improve the service.
- This included working with the local authority, safeguarding and other professionals to ensure people received a good standard of care. One professional commented, "The management team were very engaging and there was a clear commitment to driving improvement and sustaining better practice."