

Flying Angel Limited

Alvina Lodge

Inspection report

22 Hoppner Road
Hayes
Middlesex
UB4 8PY

Tel: 02085815760

Date of inspection visit:
05 April 2023

Date of publication:
04 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alvina Lodge is run by a small private organisation. The provider owns and manages one other care home. One of the owners is also the registered manager for Alvina Lodge. Alvina Lodge is a care home providing personal care to up to 5 people with mental health needs. At the time of our inspection there were 4 people using the service.

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

The staff had not always received a thorough induction into Alvina Lodge when they had worked at the provider's other service. Staff did not always receive regular appraisals. Some staff told us they did not always feel supported or valued by the management team.

The staff received online training but had not received specific training in techniques to deal with people who had difficulty managing their emotions and anxiety.

People's medicines were managed safely to help ensure people received their medicines as prescribed and in line with national guidance. However, a person's medicine to be given as required was not included on their medicines administration record. This was addressed with the pharmacist following our inspection.

The provider relied on temporary (agency) staff on most shifts. However, there was evidence agency staff were regular and had received an induction into the service or training appropriate to the needs of people who used it.

Staff were recruited appropriately.

The staff undertook regular daily safety checks. Lessons were learned when things went wrong. The management team had systems in place to manage incidents and accidents and prevent re-occurrence of these.

Risk assessments contained guidelines and plans for staff on how to minimise risks for people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were recorded in their care plans and met. Staff knew people's needs and how to meet these in line with their care plans.

People told us they felt safe when receiving care. The provider had processes in place for the recording and

investigation of complaints and incidents and accidents.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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 Alvina Lodge on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 5 December 2017).

Why we inspected

The inspection was carried out based on the date of the last comprehensive inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

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 

Alvina 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 1 inspector.

Service and service type

Alvina 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. Alvina Lodge is a care home without 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

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

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager, a manager and a support worker. We reviewed a range of records. This included 4 people's care records and the medicines records for all the people who used the service. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, records of complaints, quality audits, meeting minutes and improvement plans were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at the rota and training records. We received feedback by email from 1 member of staff. We emailed 4 healthcare professionals but did not receive a response.

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 good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were processes in place to protect people from the risk of avoidable harm.
- People's mental health needs meant they sometimes became upset, agitated or anxious. Although the staff received training in mental health, this was online and did not include in depth information for staff to have a deeper understanding of people's needs. For example it did not provide training in breakaway techniques. These comprise a set of physical skills to help separate or breakaway from an aggressor in a safe manner and not involving the use of restraint. This meant staff may not have the necessary skills to deal with a situation where someone showed a level of aggression.
- We discussed this with the registered manager who assured us they were looking into this and planned to introduce face to face in depth mental health training.
- Risks to people's safety and wellbeing had been assessed, managed and mitigated. These included the risk of self-neglect, malnutrition, the use of appliances, medicines, mental health, self-harm and communication. There were management plans in place for each area of risk, so staff would understand and meet the person's needs in the best way possible.
- There were contingency plans in place in the event a person would not return to the home when they went out. This included staff observing the person's mental state prior to them leaving the home, ensuring the staff were aware of where the person was going, and what to do in the event of them not returning. This was regularly reviewed and updated.
- People had personal emergency evacuation plans in place and these were up to date. They included details about the person, their ability to understand and the support they required to safely evacuate the building in the event of a fire or other emergency.
- There were regular health and safety checks which included gas and electricity, water systems, and equipment such as fire extinguishers and fire doors. All fire checks were undertaken, and included fire drills, and weekly tests of fire alarms and equipment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People who used the service told us they felt safe. One person stated, "I am safe here. The staff are good." We observed people to be relaxed and calm and enjoying positive interactions with the staff.
- The provider had a safeguarding policy and procedure, and staff were aware of these. We saw evidence they referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

- The staff received training in safeguarding adults and knew what to do if they had any concerns about people being abused.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Following successful recruitment, the staff underwent training and were assessed as part of an induction before they were able to work independently.
- Although there were always enough staff to meet the needs of people who used the service, the provider relied on agency staff to cover staff shortages, as they were having difficulties covering staff vacancies. However, we saw evidence agency staff were regular, had been suitably trained and were inducted into the service.

Using medicines safely

- People received their medicines safely and as prescribed. However, we saw that one person's medicines, to be given 'as required' (PRN) was not recorded on the medicines administration record (MAR) provided by the pharmacist. We saw the staff recorded on their own devised chart when this was given, by whom and at what time and this was correct and in line with the number of tablets left in the pack.
- We discussed this with the registered manager who explained that because it was PRN, the pharmacy did not record this on the MAR chart. We explained that if it was not on the MAR, there was no evidence it was prescribed as the date on the pack was November 2022. They told us they would contact the pharmacy straight away to request for this to be included on the MAR. They sent this evidence to us following the inspection.
- Two people were self-medicating. We saw evidence they were taking their medicines as prescribed, and the provider ensured they carried out regular checks on this. There were risk assessments in place which were regularly reviewed.
- We saw evidence there were regular medicines audits undertaken and any shortfalls were addressed without delay. For example, where a discrepancy with medicines was identified, we saw the member of staff responsible was interviewed, a full investigation was undertaken, and action taken in line with the provider's disciplinary procedures were used. The staff member's medicines competencies were assessed to help ensure they were able to continue administering medicines safely.

Preventing and controlling infection

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

People who used the service were able to receive visitors as they wished.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider kept a log of all incidents, accidents and near misses that occurred at the service.
- Incidents, accidents and near misses were analysed and reviewed by the management so they could identify any triggers and trends and put appropriate systems in place to prevent re-occurrence.

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 good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supervised. However, some staff had worked at the provider's other service and had not received a separate induction when they started working at Alvina Lodge.
- We discussed this with the registered manager who told us, "The work at both homes is the same, so it was just about getting to know this home and the residents." However, this meant the staff may not have received the required support to fulfil their role and meet the needs of the people who used the service.

We recommend the provider introduces a more robust induction process to support new staff.

- Staff received training the provider identified as mandatory although all training was online and not all staff found this useful. One staff member told us, "There is no training in place except online training."
- Training included, fire safety, health and safety, first aid, food hygiene, infection control, medicines and safeguarding. They also received training specific to the needs of people who used the service, such as positive behaviour, equality and diversity, drug misuse and care and confidentiality.
- New staff were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- The layout of the home met people's needs but there was not a homely feel. The lounge was dark and uninviting. There were no pictures or objects of interest, and the view from the bare window was a brick wall. There was a large desk/table where staff sat which gave the impression of a waiting room rather than a lounge. We raised this with the registered manager who told us they would discuss this with people and involve them in improving the room as they wished.
- People had their own bedrooms with ensuite shower and toilet. The staff supported them to keep these clean and tidy. We saw one person's shower room needed updating. The person told us, "They [Managers] know it needs doing but I would not like to have this done at the moment. It would make too much mess in my room. I am leaving soon anyway so they can do it then."
- People were able personalise their bedrooms with their belongings and personal items. For example, one

person had their music equipment displayed and spent time creating music.

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

- People's needs were assessed prior to them moving into the home, to help ensure their needs could be met.
- People were referred by the local authority who provided information about the person's needs. People's care plans were developed from the initial assessment and over time with the person.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were recorded in their care plans and met.
- People were able to store their food in a well-equipped kitchen, in lockable cupboards, which they had access to whenever they wished.
- People were supported and encouraged to have a healthy diet. They shopped for their food of choice and cooked for themselves when they wanted. If they required the support of the staff they received this. People told us they were happy to be independent with their meals.

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

- People's healthcare needs were recorded and met.
- People were supported to access healthcare professionals as needed and were supported to attend appointments. There were records of all appointments people attended and any instructions from healthcare professionals were recorded. The management team ensured staff followed these instructions.

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.

- The provider understood their responsibilities under the MCA.
- Consent was obtained from people in all areas of their care and support. There were consent forms in place which people had signed to indicate they were happy with these, for example, consent to use a photograph in care records.
- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. All the people using the service had capacity to make decisions and these were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and provided with support. One person told us, "Yes, they do respect us here. We can live our lives."
- We observed people to be happy and relaxed in the company of the staff, who supported them in a respectful way.
- People's diverse needs were recorded and respected by staff. They were able to choose the food they liked and go places they chose to go to.
- Staff received online training in equality and diversity and training in lesbian, gay, bisexual and transsexual (LGBT+). At the time of our inspection, they were not supporting anyone from this community.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted and involved in decisions about their care through regular meetings and one to one chat. We saw they were encouraged to participate and make suggestions, such as planned activities or outings they would like.
- Each care record included a profile, which highlighted the person's likes, dislikes and personal wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent and make their own decisions and planning. Two people who used the service had made good progress and were planning to leave the service to live independently. They both told us living at the service had helped them understand how to support themselves.
- People's privacy and dignity were respected. We saw during our inspection that staff knocked on people's doors before entering, and sought consent in all aspects of the day, for example, speaking with us.
- During meetings, people who used the service were reminded about the need to respect each other and each other's space. People we spoke with told us they all got on well. One person said, "We all just get on. The other guys are fine, there is no problem."
- People were encouraged to take responsibility to keep the kitchen clean and tidy and to clean up after they used it.

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 good. At this inspection the rating has remained 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's needs were recorded in their care plans and met.
- People's care and support plans were developed from the initial assessments and over time as they settled in. Care plans included a 'Key information' document. This outlined a summary of the person, their individual needs, diagnosis, risk factors, medical conditions and prescribed medicines.
- There were also details about the person's presenting symptoms, likes and dislikes, dietary requirements and skills. This was regularly reviewed and updated to reflect any changes.
- Based on this information, the staff created a 'Pen diagram'. This outlined every aspect of the person's life, their preferences in relation to their daily routines, activities and meals, and their wellbeing. There were regular reviews and monitoring of people's progress and this was recorded. Areas reviewed included mental health, physical health, medicines, social activities, nutrition and finances.

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 recorded in their care plans and met.
- All the people using the service were able to express themselves verbally and in English and did not have specific communication needs.
- Some people were prescribed glasses but chose not to wear these.

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's care plans identified their preferences in terms of activities. The registered manager told us people used to enjoy a range of activities before the COVID-19 pandemic, but following lockdown, they had somewhat lost interest and needed prompting to keep active.
- People told us they enjoyed going out by themselves and meeting friends or going shopping. There was a range of games in the home which people used. Some people had hobbies which they engaged in. For example, one person like playing a recording music in their room and spent quite long periods of time there.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure and this was available to people and their relatives. We saw complaints were recorded and included the date, nature of the complaint and action taken.
- There had been few complaints with only one recorded in January 2023. We saw evidence this was taken seriously and addressed in a timely manner.

End of life care and support

- People's end of life wishes were sought and recorded in their care plans. However, most people were still young and reluctant to discuss these. This was regularly reviewed and updated. Nobody was receiving end of life care at the time of our inspection.

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 good. 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.

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

- People were positive about the service and the management team. One person told us, "Yes I am happy here. It's a nice place. They are good to us."
- However, some of the staff were not always positive about the management. One staff member told us, "I have never had any appraisal so far since I have been working with them." They explained they did not always feel supported or valued and added, "Staff don't feel free to share their views, problems, ideas and then it becomes only one way communication."
- We noticed some staff had not received an appraisal and raised this with the registered manager who explained they were aware of this and planned to start these soon.
- The staff were not always consulted about their views of the service and the provider. There had not been any staff surveys undertaken in the last year. This meant the staff were not always able to share their opinion and feel listened to.
- There were regular supervision meetings where any shortfalls were identified and discussed. We saw evidence of staff stating they felt supported to learn and improve. One staff member had stated, "They make sure I am doing the job properly, according to set protocols." However, another staff member told us, "They make staff feel incompetent and good for nothing, not a single word of appreciation."
- We discussed these issues with the registered manager who assured us they valued their staff but had experienced some difficulties in relation to some staff's work performance. They assured us they would look at ways to show their appreciation and would involve their staff more in future.

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 managers were transparent and told us they understood how important it is to be honest and open when mistakes were made or incidents happened. They told us, "We have to be transparent about everything and own up when things happen. We have to inform the relevant professionals."

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

- There were regular audits and checks of the service. The provider had auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines.

- A local authority quality assurance officer had recently completed an inspection of the service. We saw the provider had communicated areas that required improvement to the staff in a memo. For example, labelling of fridge items and storage of food, ensuring they completed the required training, recording spot checks and ensuring they always carried a phone and keys with them. These areas had been addressed at the time of our inspection.
- There were contingency plans available in the event of adverse situation which may affect the smooth running of the service, for example, first aid emergency, injury, lighting or electrical failure or gas leak.

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

- There were regular meetings for people and keyworker sessions with each person who used the service. These were to review how the person felt, if they were happy and feeling safe, if their needs were met and anything they wanted to share. We saw evidence that areas of concerns were gently addressed with the person, and a solution sought with them. For example, one person was reluctant to engage in their personal care, and we saw this was discussed sensitively.
- There were regular staff meetings where a number of areas were discussed such as training, supervision, spot checks and people who used the service. The managers discussed the outcome of any inspections including checks undertaken by the local authority's quality assurance team. Areas for improvements were discussed and actions taken to make the necessary improvements.
- People who used the service were consulted via yearly questionnaires. We viewed the outcome of the most recent survey and saw people were overall satisfied with the service. One person had commented, "Great Job!" Where people had recorded they were less satisfied, we saw the provider had put an action plan in place to speak with them and involve them in finding ways to improve.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked well with the healthcare and social care professionals involved in the care of the people who used the service. This included care coordinators, psychiatrist, dentist, GP, social services and pharmacists.
- The needs of all the people using the service were regularly reviewed, to help ensure their needs were being met appropriately.
- The registered manager told us they had not recently attended provider forums organised by the local authority but were planning to do this in the future. They told us, "It has been a difficult year especially with the shortage of staff, and it is sometimes difficult to take part in meetings."
- The managers liaised with other professionals to obtain advice and gain knowledge. Relevant information was shared with staff during meetings to help them develop their skills and meet people's needs.