

Alpine Health Care Limited

Alpine Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Alpine Lodge is a nursing home. It was providing personal and nursing care to 43 people at the time of the inspection. The service can support up to 67 people across four units. One of these units specialises in supporting people who live with dementia.

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

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

Aspects of the service placed people at significant risk. Since the last inspection the provider had improved governance systems relating to safeguarding, staff recruitment and the support staff received. However, not all issues from the previous inspection had been robustly addressed. Infection prevention and control continued to be inadequately managed and concerns around the lack of detail contained in people's assessments and support plans was an ongoing provider action. Staffing arrangements sometimes negatively impacted the quality of people's support. For example, during the inspection we observed delays to people's morning routine as a result of staffing disruptions. We have made a recommendation about staffing. Accidents and incidents had started to be analysed and new systems were implemented to ensure staff were fully involved in discussions about lessons learnt to prevent recurrence. Medicines were mostly well managed, and people received their medicines in line with the prescriber's instructions.

At the time of inspection there was a manager in place employed on a short-term basis, who had experience of working in services who needed to make improvements. The manager had made improvements to the provider's audit systems. Engagement practices had also improved and a regular schedule of meetings with staff, residents and relatives were planned. Staff survey results had been analysed since the last inspection, and these highlighted a number of recurring themes around low staffing and low staff morale. As the improvements to audit systems and engagement practices were in their infancy, more time was needed to demonstrate improvements made were sustained and embedded. The provider told us they had appointed a new manager who was due to start shortly after the inspection and they would continue to work with the new manager, regulator and external stakeholders, to ensure the service improved to the standard of good.

The provider had made improvements to ensure people received a choice of food, and dietary requirements were known by staff. However, the use of menus and plated meal options to help people choose their meal was not consistently practiced by staff. Staff training and support had improved, and training compliance remained an ongoing focus for the provider. Improvements had been made to the environment to ensure there was suitable signage to aide orientation for people living with dementia. The provider had plans in place to address areas of the environment in need of re-decoration, such as carpets, which were showing signs of wear and tear.

People received good access to health professionals. People's consent to care was recorded. 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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 31 December 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider had not made enough improvement and they remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's safety, the provision of person-centred care, and good governance.

Please see the action we have told the provider to take at the end of the full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

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.

The service was not caring.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Alpine Lodge

Detailed findings

Background to this inspection

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 Care Act 2014.

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

Inspection team

Three inspectors undertook the inspection.

Service and service type

Alpine Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had no manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with 12 members of staff including regional managers, manager, nurse, assistant nurse, senior care staff, care staff, domestic staff, activities staff, administrator and the cook.

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

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

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

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

- Management of health and safety risks remained inconsistent. For example, we saw a repeat issue with fire doors between units being propped open. The kitchen fire door was also propped open.
- Most people's risk assessments were regularly reviewed or as and when required. However, we found three people's risk assessments which had not been reviewed in over three months. We also saw one person had a fall at the service, but this did not lead to a review of their risk assessment.
- Risks relating to people's nutrition or weight were not always effectively managed. For example, one out of three care files we looked at contained gaps in eating and drinking monitoring records. The manager assured CQC this was a record keeping issue and they took immediate action to ensure records were updated.
- People's risk assessments sometimes lacked the detail necessary to clearly guide staff on how to manage risk effectively. For example, one person's risk assessment identified they were 'very high' risk of falls. However, their risk assessment contained limited information about risk and one section of the risk assessment was left blank. Another person was assessed as requiring a pureed diet, but they regularly chose meals which would increase their risk of choking. We saw no clear plans to guide staff on how to support this person to make safer decisions about their eating and drinking.

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

- The manager assured CQC they would address our concerns about risk assessments after the inspection
- Although we found repeated concerns, the provider had made some improvements since the last inspection. The manager had commenced daily flash meetings with all heads of departments to improve staff awareness of risks to people in the service. The manager also attended clinical risk meetings with nursing staff and completed daily walkarounds to monitor people's safety.

Preventing and controlling infection

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

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

- We were not assured the provider was preventing visitors from catching and spreading infections. Although the provider had a system in place to prevent visitors from spreading infections at the service, this was not always followed by staff. For example, the inspection team were not properly screened before entering the service and we also observed one visiting relative not wearing a mask during our visit.
- We were not assured the provider was using personal protective equipment (PPE) effectively and safely. We carried out two site visits to the service, and on both days we observed poor PPE practice from staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The standard of hygiene had improved since our last visit. However further improvements were expected to remove or reduce all cross-infection risks. For example, the manager told us they intended to replace stained carpets and fabric chairs with wipe cleanable surfaces. The home appeared visibly clean, but the domestic team were not always using the correct cleaning products in line with guidance.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider had processes in place for admitting people safely to the service. Since the previous inspection there had been no new admissions.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate effective infection prevention and control was in place. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection there was an outbreak of Covid-19 in the service. The provider followed external advice and guidance on how to manage the outbreak, including visits to the home.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to demonstrate they had effective governance systems in respect of safeguarding concerns. This was a breach of regulation 17 (Good governance) 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 17.

- Systems and processes to safeguard people were in place. Records about safeguarding concerns were accurate, with outcomes clearly recorded. Since the last inspection the provider had increased staff training on safeguarding adults, so staff were aware of how to identify and report suspected abuse.
- The provider used an electronic incident recording system, which both the provider and manager could access to review individual incidents or generate reports for the entire service. Since the last inspection the manager started a process of analysing incidents and clinical risks monthly. Incidents were also discussed daily at flash meetings, to ensure staff understood risk and actions to take to prevent repeat incidents.

Staffing and recruitment

At our last inspection the provider had failed to demonstrate they had effective governance systems in respect of staff recruitment. This was a breach of regulation 17 (Good governance) 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 17.

- Permanent staff were safely recruited. However, processes to employ agency staff did not promote safe or good quality care. For example, on the second inspection day we saw only one out three agency staff on duty had an agency profile in place, which meant the provider had no recorded information about their suitability to provide care. We also found agency staff profiles were not always used by staff to inform their employment decisions.
- Some staff commented the use of agency staff impacted on the continuity of people's care as they did not know people as well as permanent staff. For example, senior staff members said they would not allow agency staff to support people with any complex care tasks as they were not confident they knew people well enough to do it safely.
- On the second day of inspection staffing was not managed effectively, and we observed on the upstairs unit staff were rushing to support people with their breakfast and to complete the morning medicine round. People were also not offered baths or showers in the morning because staff did not have the time to support them.
- A dependency tool was used to calculate how many staff were needed on each shift and staffing rotas corresponded to the findings from this. Although we were satisfied staffing levels were safe, observations and mixed feedback from staff showed further improvements were needed in this area.

We recommend the provider seeks advice from a reputable source on how to ensure there are always enough competent staff on duty, with the right mix of skills to make sure that practice is safe, and they can respond to unforeseen events.

Using medicines safely

- People's medicines were mostly well-managed. Minor improvements were needed to record keeping and processes relating to the control of medicine stock. For example, staff did not consistently record medicine carrying forward amounts, which meant stock deficits or administration errors were less likely to be identified and acted on. We also observed staff did not consistently record on one person's body map where transdermal patches were being administered, to demonstrate they were alternating sites to reduce the risk of causing tissue damage.
- Despite these concerns, we were assured people received their medicines from trained staff. With the exception of body maps, records of administration were accurate, and the provider had appropriate systems

in place to dispose of people's medicines safely. On the day of inspection, we observed good practice when staff administered people's medicines.

- After the inspection the manager assured CQC action had been taken to address these concerns, such as planning in re-assessments of staff competency to administer medicines and re-fresher training for all staff who administer medicines.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

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

- Assessment processes continued to be an area of concern. Following the outcome of the last inspection where we identified people's assessments lacked detail, the provider told us they had halted admissions to the service whilst improvements were being made. This included supporting commissioners at the local authority to re-assess everyone's care and support needs to ensure placements at Alpine Lodge remained safe and appropriate. At the time of our visit re-assessments were ongoing and we saw some people's re-assessments lead to changes in the level of support they received or being moved to a more appropriate care setting.
- Whilst we were assured people living at Alpine Lodge were now receiving the correct level of support as a result of commissioner re-assessments, it demonstrated improvements to the provider's own assessment process had not yet been made or sustained.
- Care plans had started to improve, albeit slowly, to ensure they contained sufficient detail to provide clear guidance for staff to follow. The manager had commenced a programme of care plan audits to address any shortfalls. At the time of the inspection the manager had audited fewer than half of people's care plans.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate people received care that was appropriate, met their needs or reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

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

- People were encouraged and supported to eat and drink and maintain a healthy diet.
- Following the last inspection, the manager introduced new processes to promote choice of meals. However, we found further improvements were needed to ensure processes were well-embedded. For example, during the inspection meal options were not accurately displayed on the menu board, and we did not observe staff offering plated choices to people who may need more support deciding.
- Despite our concerns about people being offered a choice, feedback about the meal support people received was positive.
- The dining experience was inconsistent depending on time of day. In the morning we observed disruptions to people's breakfast routine as a result of staff calling in sick. Lunchtime observations were more positive, and meals were provided in a timely manner.
- The provider had implemented new systems to ensure people with diabetic needs were known and supported. Staff had access to guidance on diabetes, and the kitchen team had their own documentation to ensure they were aware of people's dietary requirements. Lists of people with specialist diets were shared with staff during weekly flash meetings and updated accordingly.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to operate effective governance systems to ensure staff were adequately supported. This was a breach of regulation 17 (Good governance) 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 17.

- Staff training had significantly improved since the last inspection. Although training compliance was ongoing, we were satisfied the provider had appropriate plans in place to address shortfalls.
- Induction processes for agency staff were not robust and did not prepare them to provide safe and effective care at Alpine Lodge. During the inspection we observed three agency staff on duty with no record of a completed induction. One agency staff member said they had never worked at the service before. Another said they could not be sure if they had worked at the service. We shared this concern to the provider.
- Staff told us they received supervisions and appraisals, which they found helpful and informative.

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

- People were supported to receive timely access to healthcare services.
- Records showed the home worked in partnership with other professionals involved in people's care, such as speech and language therapists and general practitioners.
- Staff gave examples of when they would seek input from health professionals and several people told us staff had contacted a doctor for them, when they needed to see one.

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

At our last inspection we recommended the provider consider current guidance about how to support people who live with dementia and take action to update their practice accordingly. The provider had made improvements.

- The building was adapted to meet people's individual needs. For example, appropriate adaptations had been made to ensure the needs of people living with dementia were met, such as clear signage around the building to aid orientation. Corridors were wide, well-lit and people's bedrooms were clearly marked.
- People were free to personalise and decorate their own rooms if they wanted to.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider followed the legal requirements when caring for people who were deprived of their liberty. The manager had robust monitoring processes in place for people who were subject to these additional safeguards.
- People were asked their consent before care was delivered. Assessments of people's capacity to make decisions about their care and support were completed where this was appropriate. Where people lacked capacity to make decisions about their care, staff consulted with appropriate individuals such as people's family members to ensure decisions were made in their best interests.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. 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

- There was a caring culture amongst all staff.
- Everyone we spoke with said the staff were kind and caring. However, sometimes interactions were a little task led.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed staff treated people with dignity and were respectful of people's privacy. We observed one occasion where staff did not support a person's dignity as they had used a commode instead of a chair when serving breakfast in their room. We spoke to a senior staff member on duty and they immediately addressed our concern.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Improvements to people's care plans was ongoing and the manager was working to address issues with limited personalisation in people's care plans. This included ongoing improvements to address the lack of detail in people's end of life care plans.
- Despite shortfalls in care records, discussions with permanent staff confirmed they knew people well and how they preferred to be supported. The home also worked closely with health professionals, and people who were at end of life had appropriate healthcare involvement.

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

- Activities provision continued to be an area for improvement. The provider employed an activities coordinator each day, but we observed limited activities taking place during the inspection. The activity coordinator told us their time was sometimes divided looking after the visitors booking system, and on occasions they would also be asked to provide care if the service was short staffed.
- The provider's system for recording activities had lapsed and the last entry was dated over a year ago.
- The provider had recently serviced the home's minibus and were actively looking to recruit a driver to start supporting trips to the community.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints.
- Information on how to complain was clearly displayed in the home. People who used the service told us they would feel able to raise any concerns with the management team if they needed to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and the service ensured that steps were taken to communicate effectively with people. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.
- The service ensured people had access to the information they needed in a way they could understand it.

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

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

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

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

- There were visible improvements at the service. However, further improvements were expected as not all feedback from the last inspection had been robustly addressed and aspects of the service were unsafe.
- The provider was broadly aware of the same issues we identified at inspection through their audit processes, and there were clear plans in place to address key areas of concern. The provider had made good strides in improving processes relating to safeguarding, recruitment and the support staff received. Processes to ensure people received personalised meal support had also improved. However, some actions were progressing slowly or not at all. For example, staffing, IPC practices and induction of agency staff remained poor. The quality of people's care records continued to be an area of concern as remedial action had been slow and there was no specified completion date.
- The manager had started several audit systems since the last inspection, such as daily charts and care plan audits. As audit processes had been operated for only a short period of time, we were not assured these systems had been embedded. We also saw some actions identified through audits processes with no recorded outcomes against them.
- There continued to be no consistent leader at the service. The manager was employed at the service on a temporary basis and had experience in managing and improving failing services.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate the provider's governance systems were effective. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told CQC a new manager was due to start after the inspection, and the current manager would oversee their transition. It was the provider's expectation the new manager would register with the

CQC.

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 manager had started to embed a more empowering and positive culture in the home by re-starting a regular programme of meetings. This gave people, relatives and staff a platform to share their views about the service and have them listened to by a person of authority. The manager said they had open door policy should anyone wish to speak with them.
- People spoken with said they received good care. One relative said they were happy with the care Alpine Lodge provided. Staff feedback about the service was mixed, with recurring themes around low staffing. We saw this was also a theme in the staff survey carried out in October 2021, which suggested actions to address feedback had not been effective.
- The provider said once staff training was up to date they would re-introduce a system of nominating staff to take on the role of 'champions' in their chosen specialism, such as IPC or safeguarding. This would help them promote best practice.

Working in partnership with others; 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 provider group had regular manager support groups and internal management meetings. These looked across each of the services and provided regular updates on best practice and care legislation.
- The manager had links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care 9 (1) (b) (c) People did not always receive care which met their needs or reflected their preferences. 9 (3) (a) The provider had failed to ensure a collaborative assessment of people's needs and preferences always took place.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) The provider had failed to ensure people received care in a safe way. 12 (2) (b) The provider had failed to do all that is reasonably practicable to mitigate risks to people. 12 (2) (h) The provider had failed to review the risk of, and take effective action, to prevent and control infection.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) The provider had failed to ensure systems and processes were operated effectively to ensure care was delivered safely.