

Alma Lodge Care Home

Alma Lodge Care Home

Inspection report

Staveley Road
Eastbourne
East Sussex
BN20 7LH

Tel: 01323734208

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

- Alma Lodge care home is a residential care home in the Meads area of Eastbourne. The home provides accommodation for up to 14 older people who may have some physical health needs but do not require nursing care. Some people are living with dementia. At the time of the inspection there were seven people living at the home.

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

People's experience of using this service:

- Medicines were not always given at the prescribed time. Some medicines were time specific and these were not always given at the correct time although staff were seen to record the time as if they had been. One person in receipt of time specific medicines had experienced several falls and any potential link between these falls and medicines had not been investigated by the registered manager. There were no protocols in place for medicines required now and again like pain relief. Staff were not consistently recruited safely.
- Mental capacity assessments had been completed for everyone despite only a few people lacking capacity. People were not supported to have maximum choice and control of their lives and staff did not support supported them in the least restrictive way possible; the policies and systems in the service did not support supported this practice.
- The assessments were not decision specific. The registered manager was not aware that people with capacity did not require an assessment or that assessments had to be decision specific.
- The provider had not notified CQC of some deaths and incidents as required.
- Care plans were disorganised, and it was not always easy to find important information and sometimes used language that was disrespectful. Some care plans lacked specific detail about important health or care needs that people had.
- Audits that were carried out contained some inconsistencies for example in relation to sensor mat use.
- No minutes had been recorded from meetings with people, staff or relatives so there was nothing to share with those who could not attend and no record of any actions. No questionnaires had been sent out to people and relatives to enable them to give their views and opinions.
- People told us they felt safe. Staff had knowledge of individual people and they were aware of what to do should a safeguarding situation arise. Staffing levels were sufficient to provide a good level of care and support for all people.
- There were regular health and safety checks of the environment and people had person centred evacuation plans. Staff had the skills and knowledge to meet people's needs in most areas. Staff received appropriate training and support to enable them to look after people. They received supervision to support them in their roles.
- People and their relatives thought that staff were caring, and that people were well cared for. Staff

interactions were observed throughout the inspection and it was clear that all were very attentive and understanding of people's needs. People's dignity and privacy was promoted. People were asked discreetly if they needed help with personal care. Staff would knock before entering people's rooms.

- Staff responded well to people's needs. Person centred care was evident and people were provided with choices throughout each day. There was an activity programme and the feedback from people was positive. Staff responded to people in a way that suited their needs. People's communication needs were met by talking to them in a way they understood and by taking time with people.
- The registered manager was very well thought of by staff, people and relatives. It was clear that they knew all the people well and that they spent time helping with day to day care and support when needed. Links with the local community had been established.

Rating at last inspection:

- At the last inspection the service was rated Requires Improvement (March 2018). This inspection rates the key questions for Safe and Effective as Requires Improvement for the second time and Well led as Requires Improvement for the fourth time. The service remains as Requires Improvement overall.

Why we inspected:

- We inspected the service as part of our inspection methodology for 'Requires Improvement' rated services.

Enforcement:

- We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and two breaches of the Registration Regulations 2009 Notifications. You can see what action we told the provider to take at the back of the full version of this report.

Follow up:

- The registered manager addressed some of the issues raised during the inspection straight away. We will ask the provider to send us an action plan to address the remaining issues. On 10 June 2019 we met with the provider and registered manager and they showed us their action plan and reassured us that steps had already been taken to improve. We will continue to monitor the service until the next inspection. This will be within a year of the publication date of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 ●

Alma Lodge Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by two inspectors.

Service and service type:

- Alma Lodge care home is situated in Eastbourne in East Sussex and provides residential care for up to 14 older people. At the time of the inspection there were seven people living at the home.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The inspection was unannounced on the first day and announced on the second.

- The provider submitted a Provider Information Return (PIR). This is a form that providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

What we did:

- Before the inspection we reviewed the information, we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with:

- The provider
- The registered manager
- Three care staff

- Two relatives
- Seven people
- One visiting professional

During the inspection we reviewed the following documents:

- Notifications we received from the service
- Five staff personnel files
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Four care plans

During the inspection we considered the following risks:

- Falls
- Profile beds
- Safeguarding
- Home environment
- Risks to self
- Hygiene – use of personal protective equipment
- Nutritional neglect
- Medical risks
- Accessing the community
- Fire, electric, gas, water.

After our inspection we spoke to one visiting professional.

Is the service safe?

Our findings

- Our findings

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

Some aspects of the service were not always safe and there was a limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At their previous inspection, Alma Lodge care home were rated Requires Improvement with a breach of Regulation 12 in the Safe key question. This was because medicines were often given after the medicine record chart (MAR) had been signed for instead of before and the MAR chart was not checked before giving controlled drugs. Safety equipment checks had not been carried out and the service had failed a fire safety check. At this inspection we found that these areas had been addressed. However, other concerns were identified regarding giving time critical medicines and not having a protocol for as and when needed (PRN) medicines. This is therefore the second time that Alma Lodge care home has been rated as Requires Improvement in this key question and this represents a continuous breach specific to medicines management

Using medicines safely

- Staff were patient when giving medicines to people. They knelt in front of people to be face to face and explained what each tablet was for. They took time with people and did not rush. They reassured people of the importance of taking their medicines even when they did not taste pleasant. One person said when being offered their medicine, 'I want to take them.' They were then given one at a time, each one being explained to the person. Staff prepared medicines correctly from blister packs for each person. Staff washed their hands in between each person and gloves and aprons were worn, gloves being changed between each person.
- Despite these positive interactions there were some aspects of medicines that were not safe. Two people had time specific medicines. One medicine to help reduce the symptoms of Parkinson's including balance problems that should have been given at 0700 was given at 0840 after the person asked the deputy manager for the medicine. The Medicines Administration Record (MAR) was signed by staff as having given the medicine at 0700 when it had been given later so there may not be enough time gap left to the next dose. The MAR record is a document used for recording when medicines are administered to people. This person had experienced several falls recently, but no potential link had been investigated between the falls and the late provision of symptom relieving medicines.
- We spoke to the registered manager about the late provision of time specific medicines. We asked if the lateness happened regularly. She said that the medicines were usually given between 0700 and 0730 but not always. She had not investigated any connection between the timing of medication and the frequency of falls.
- Another person had time specific medicines to manage pain due at 0800 that were not given until 0940. The MAR chart was signed to show the medicine had been given at 0800 when this was not the case. In both cases further doses of the same medicines were due at specific time intervals throughout the day. People

could not be assured that they were receiving their prescribed medicines at the right time with the right time intervals between doses, with too much medicine potentially being given across a given time frame.

- We spoke to the registered manager about the importance of recording on MAR charts exactly when medicines were given. This would ensure that there were appropriate intervals between the time medicine was given and when the next dose was due. The registered manager said they would address this.
- Following the inspection, we requested completed MAR charts for both people that covered the two days of our inspection. The actual times the medicines had been given was not recorded. Therefore, the registered manager had not acted on concerns we raised on inspection.
- PRN medicines were given as required to people. For example, a medicine to alleviate a headache might be given just once or twice, as required. PRN medicines should have separate protocols, that is procedures to describe the safe provision of these medicines. There were no separate protocols for PRN medicines. PRN medicines were not recorded separately on the MAR chart from other medicines provided to people.

Medicines were not consistently given as prescribed. Therefore, the provider is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We looked at five staff files. In most cases staff had been recruited safely and checks had been completed. For example, reference checks and proof of identification had been obtained. However, in one case there was no photographic identification and in another the Disclosure and Barring Service (DBS) check was completed five weeks after the person had started work. This person had been supervised throughout this period to mitigate any risk to people. The DBS checks if prospective staff had a criminal record or were barred from working with children or adults.
- Staff numbers were adequate. Alma Lodge had a total of nine staff including the registered manager and deputy. A typical day shift had two staff members working and the registered manager or deputy on duty. At night there were two staff. The registered manager and deputy shared the responsibility of supporting the waking night staff member and a second 'sleep in' staff member. A 'sleep in' member of staff is somebody who can work an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs.
- We noticed during our inspection that people's call bells were always answered promptly. People told us they felt safe. A relative said, 'I have no complaints at all. It's as safe as they can make it.' A person said, 'I had a fall this morning. They came straight away and looked after me.'

Systems and processes to safeguard people from the risk of abuse

Staff had received safeguarding training and understood their responsibilities in relation to safeguarding and protecting people from risk of abuse. Staff told us what action they would take if they believed someone was at risk and how they would report their concerns. They told us they would speak to managers, the local authority or the police, whoever was appropriate in the circumstances. People told us they felt safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place and formed part of the care plans. Risks to people had been identified, assessed and steps taken to mitigate risks? One person had a neurological condition and a specific risk assessment had been written. It lacked detail however and contained little information about what staff should do in certain circumstances, for example how to manage fits. We spoke to the registered manager about this and they added in more specific detail. We were further reassured when speaking to staff that they knew people and their needs well.
- One care plan contained some detail of a specific health need that required specific management. The risk assessment contained in the plan was generic and not specific to that person's needs. Another showed that

a person had a very high Waterlow reading. Waterlow is a risk matrix used to measure how delicate a person's skin is and therefore how vulnerable they might be to pressure sores. There was some information, for example, that a specialist cushion and mattress was in place but no specific plan for this person to mitigate risk. The registered manager started to address this during the inspection.

- Emergency evacuation plans were in place for each person. Reference was made in people's care plans and a detailed procedure for each person was found in the reception area to refer to in an emergency.
- There was a fully operating lift at the home which was used by people enabling access to each floor of the building.
- Security measures were in place and everyone who entered the premises was required to sign the visitors book.

Preventing and controlling infection

- The provider promoted a clean environment and staff were aware of infection risks. Staff used protective clothing, aprons and gloves and sanitisers were available throughout the home. No unpleasant smells were detected during the inspection. The home was seen to be clean, tidy and communal areas kept free from trip or other hazards throughout.

Learning lessons when things go wrong

- Records were kept of falls and other incidents. These were tracked to identify patterns and trends. The registered manager was concerned about the number of recent falls reported. To help manage falls the registered manager had invited the local authority Falls Prevention Team to give advice. At the time of the inspection the registered manager was waiting for their recommendations.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At their previous inspection, Alma Lodge care home was rated Requires Improvement with a breach of Regulation 18 in the Effective key question. This was because of shortfalls in induction training for new staff. There had been no training in food hygiene or emergency evacuation procedures. At this inspection, we found improvements had been made to these areas. However, other concerns were identified regarding mental capacity assessments. The registered manager did not know that assessments had to be decision specific. Assessments had been completed for all people although only one person lacked capacity. Despite improvements in staff training there remained some gaps. Staff had not attended training in dementia and were looking after people living with dementia. Although staff were aware of people's needs. This is therefore the second time that Alma Lodge care home has been rated as Requires Improvement in this key question.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We saw that an assessment of each person's capacity to make decisions had been completed by staff. However, views of those who had capacity had not been included so staff had not assumed capacity as required by the MCA. One assessment stated that a relative had a Power of Attorney (POA) for health and welfare but this document had not been seen by the registered manager and it was not clear whether the relative had been present when the assessment was completed. A POA means they were legally allowed to make decisions on behalf of their relative. Relatives we spoke to however told us that they were listened to and their views considered.
- The registered manager was not aware that assessments for capacity should be decision specific. For example, if required, an assessment should be completed specifically about each person's ability to consent to receiving personal care. No decision specific assessments had been completed.
- One person who lacked capacity had a sensor mat in place to alert staff when they moved around their bedroom. There was no specific capacity assessment for this to determine whether the person understood or agreed to have the mat in place. Furthermore, the registered manager had not sought advice from the

DoLS team in respect of this restriction.

- MCA and DoLS training were being carried out as part of the training on the day of the inspection.
- We asked staff about how they helped people make decisions. One staff member told us, "With clothes I will get two or three outfits out of the wardrobe and ask which they would like to wear that day. She points at the one she wants."

Staff were not working in line with the principles of the Mental Capacity Act 2005. The provider is in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- At the last inspection there was a breach of Regulation due to staff not having training in fire procedures, food hygiene or infection control. There were also concerns raised that new staff had not received any induction training. At this inspection we found that the induction process had been improved and staff had received the training we had previous concerns about. However, we found other areas of training related to people's specific needs had not been arranged. For example, people living at the home were living with dementia and epilepsy, but staff had not received training in this. The registered manager said that she would plan for this training. Despite this, staff knew people well and were aware of their needs. They took time with people, explaining what they were doing and allowing people time to respond.
- Training certificates were seen on staff files covering a range of recently completed courses. Training was ongoing during the inspection and a further date had been arranged for the following week. However, training records did not show start dates for staff, so it was not clear to the registered manager how often refresher training should take place.
- Staff told us about their training one saying, 'We have lots of training.' Individual training records were seen and had been updated with the most recent training which included safeguarding, DoLS and equality and diversity.
- Induction training was completed by staff and included a period of shadowing more experienced staff members. A member of staff told us, 'My induction lasted three whole days and I was able to shadow three people.' Staff knew people well. They spent time with them getting to know their needs and wishes. Staff responded to people quickly but also gave them time to make themselves understood.

- Staff told us they had supervision meetings, but one said, 'Not very often.' Staff records indicated supervisions were yearly however the registered manager told us they took place every two months but records did not support this. It was clear however that because the service was small, there were daily interactions between staff and the registered manager. One member of staff told us, 'There is always someone to go to, I can always bring up issues.'

- The interaction between staff members themselves and with the registered manager was observed and was positive. Each morning at 10am whoever was available met to discuss people's needs for the day and any issues that may have arisen overnight. These meetings were informal and were an opportunity to exchange information about people and ensure staff were up to date with changes in people's care.

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

- People were supported to have enough to eat and drink when they wanted. For example, people could have their breakfast at whatever time they wanted and could eat in their rooms or in the dining area. People were given a choice of meals but if they did not like what was on offer they could ask for something else. A person told us, 'The food is good here, it's like home cooking. There is a set menu but if you don't like it you can ask for something else.' Another person said, 'The food is absolutely superb. I can choose what I like.'
- A relative told us, "(My relative) loves vegetarian food and is often given fish. They have put weight on since being here which is a good thing." On the day of the inspection there were two choices on the lunchtime menu but because of people's requests, four different meals had been prepared. One person had a

specialist diet and attention was paid to this each day. The person was happy with the meals provided and any nutritional risks were documented.

- Food and fluid charts were being used for some people who needed their intake monitored, although some gaps were found. Staff were seen to take time with people at mealtimes and asked if they wanted support. This gave people control over how they ate.
- On the wall in the kitchen was a poster showing people's likes and dislikes. There was a separate food and drinks folder which provided more detail about people's diets. The Food Standards Agency had awarded the home 4 out of 5 at their last inspection which means 'good'. The registered manager told us the failing was due to not washing a food thermometer with alcohol spray after use. This had been rectified.
- The kitchen was clean. The home did not employ a separate domestic assistant or catering manager. All cleaning of this area and food preparation was done by staff. Training records showed that food hygiene training modules had been completed.

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

- A variety of health care professionals were engaged to support people's health. This included the district nursing team and paramedic team. A person had had a fall just before we arrived to inspect, and a paramedic was called to examine the person.
- Protocols were in place for calling out professionals depending on the nature of each incident. For example, a paramedic would be called in the event of a fall or minor injury. The district nurse team would be called for ongoing wound support and a GP if a person's health changed significantly.

- Evidence was seen from care plans of routine and regular appointments with the dentist, optician, chiropodist and local GPs and a hairdresser visited regularly.
- A visiting health care professional told us that calls to them were always appropriate and that staff were always on hand to help with visits if needed.
- Another visiting professional told us, 'I regularly visit three homes in this area and Alma Lodge is my favourite. Always welcoming and professional.'
- A relative told us that their relative had previously been living at home alone and that they were so concerned about falls that they had set up cameras, with their consent, to keep an eye on them. Since moving into Alma Lodge, their weight had increased, and they said, "Although we can't see her, we know she's safe."
- People were able to make their own choices about their social needs. For example, one person preferred to remain in their room and listen to music rather than take part in joint activities. All people were offered access to faith group support, but none currently wanted this. People's independence of movement around the home was considered. Communal areas were seen to be free from obstruction and the lift was in good working order.
- A new resident and their family told us that they were impressed with the reception they received and that the registered manager was present and was welcoming when they arrived at a weekend. A person told us, 'She was here on my first night. She said to me, "Do you want me to keep poking my head in?" I said I was ok.'

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

- At the time of the inspection Alma Lodge was undergoing a process of redecoration. There were only seven people living at the home and the registered manager told us they would not be taking on any more people until the decoration had been completed. People were aware of the redecoration going on but this did not affect their day-to-day lives.
- The home consisted of three floors, the ground and first floors being accessible to people. Corridors and door frames were wide enough to allow people in wheelchairs or with mobility aids to manoeuvre easily.

Hand rails were present throughout the home in all communal areas. The home had a large rear garden that people could access when the weather was nice.

- Two rooms had en suite bathrooms and each floor had a communal bathroom. Each bath had a hoist to enable people to get in and out safely.
- The lift was seen to be in working order and had regular safety checks. Most people who had rooms on the first floor could access them independently using the lift. If help was ever needed, staff were always available.
- Individual bedrooms were decorated and laid out according to people's wishes. People had additional shelving put up and could bring in whatever items of furniture they wanted and had their own pictures and photographs on their walls. A relative told us, "We were able to bring in whatever we wanted, including her own bed."
- The front of the building had a removable ramp allowing wheelchair access. This ensured that people were not discriminated against and could move about the service regardless of their disability.

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

People were supported and treated with dignity and respect; and involved partners in their care.

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

- People were treated with kindness and compassion in their day to day contact with staff. People who used the service, relatives and visiting professionals were positive about the staff and their approach saying that they were kind to people.

- A person told us, 'I think the staff are very nice.' Another said, 'I couldn't ask for anything better. They are always in and out. They bring me tea whenever I want it.'

- A relative said, 'Staff are fine. They go out of their way to help. They always keep me informed.' Another told us, 'They have been brilliant right from the start. Anything she asks for she gets.'

- Staff were consistent in greeting people cheerfully. Care was taken to speak to people face to face, at eye level. Conversations took place between staff and people and often they would place an arm around a shoulder to reassure and help communicate. Where people were less able to express their needs and choices, staff were seen to take time with them, making eye contact and observing body language. People were given time to respond.

- A visiting professional said, 'It doesn't feel institutionalised, it feels like they are just living at home together.' The registered manager told us that they aim to look after people for the rest of their lives and to provide all the necessary care and support.

- Care plans were person centred and contained a section about people's life story. Faith and expressing sexuality were covered, although the latter contained only that staff could support in this area with no additional detail. Links were in place with the local church and people could practice their faith if they wanted to.

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

- People told us they were offered choice and their views were listened to. We saw people being offered a choice of where to spend each part of the day for example they could move to the communal dining room / lounge part of the home or if they preferred they could remain in their rooms.

- No formal resident's meetings had been held however, people were in daily contact with the registered manager and they told us they could raise any issues they wished.

- People were encouraged to make decisions about their day to day care. A staff member told us that one person had a diet which she had chosen herself but that one day she asked for something completely different and this was provided.

Respecting and promoting people's privacy, dignity and independence

- One person had certain skills they were encouraged to use. These skills covered a range of areas and the person had been included on the staff notice board in recognition of their help.

- A person told us, "I can go out when I want to. I can get the bus. I just need to tell them when I'm out."

- Staff treated information given to them in confidence. A staff member told us that she had been given

some confidential information from a person which was then only discussed at a later time in keeping with their wishes.

- A relative told us they were present when a member of staff was bringing in a meal to their relative's room. The staff member's mobile phone beeped whilst she was in the room which she ignored. A short while later the same staff member returned to the room and apologised for their mobile phone having gone off. The relative said they were impressed that they had taken the time to return and apologise.
- The service was small, and everyone knew each other. There were visiting times advertised for friends and relatives, but relatives told us that they could come and go as they pleased.
- People's room doors were kept shut if this is what they wanted. Staff were seen to knock before entering and to call out announcing who they were and why they were there.
- We observed that people's documentation was locked away in an office that only staff had access to.

Is the service responsive?

Our findings

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before people moved into Alma Lodge an initial needs assessment was completed. A relative told us, 'I completed the care plan with the registered manager before they moved in.' This included health and medicine needs, personal care, risks and mobility assessments. Evidence was seen in care plans of health care professionals being involved in these assessments with advice and guidelines included.
- People told us different things about their involvement in their care plans. One person said, 'I feel involved in my care planning.' However, another said, 'I have not seen my care plan, but I can talk to staff.' A relative told us, 'I'm not sure about care plans but I will always tell them if there are changes.' However a member of staff told us that they had updated a care plan to reflect what that person wanted to eat. They told us that they regularly updated plans to reflect any changes in need.
- People took part in activities that encouraged social involvement and wellbeing and had choice over what they wanted to do each day. We saw a group quiz activity taking place in which nearly all of people living at Alma Lodge were involved. People were encouraged and helped, the coordinator said, 'if you can't answer, we'll help you.' A person told us, 'We're encouraged to take part in activities but it's my choice, sometimes I stay in my room.'
- Another person told us, 'We have competitions, singing and we can listen to music. We all get on well together.'
- The staff helped with activities but also two days each week an activities coordinator came in. A member of staff told us, 'I love singing to people, I want people to feel at home, feel like a family.'
- Some people were taken out by relatives for day trips. One person told us, 'My husband and daughter take me out most weeks for fish and chips.'
- The registered manager had a close relationship with people and their relatives and promoted a homely atmosphere at Alma Lodge. People and relatives told us that they found living at Alma Lodge just like being at home.
- From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- Most people at Alma Lodge could communicate verbally with little difficulty. A visiting professional told us about staff, 'They talk to them slowly and clearly, so they can understand. They are very reassuring.' A person's care plan had information about dementia and how staff could support them using writing pads and picture books in the future if needed. Staff were aware of this and what to do if communication became challenging.

Improving care quality in response to complaints or concerns

- People told us that if they had any issues they felt comfortable raising them with the registered manager. A complaints procedure was in place although not well advertised. The impact however was minimal as everyone including relatives could speak to the registered manager whenever they wanted to discuss issues. A person told us, 'If I wanted to complain about anything I'd find out how to do it.'
- We did see a complaints book but there were very few entries and nothing of a serious nature.
- We also saw a compliments folder containing many letters and e-mails.

End of life care and support

- No one was receiving end of life care at the time of the inspection. Some care plans described end of life arrangements but not all. Not everyone wanted to discuss this issue, but the registered manager made sure it was mentioned when care plans were written and reviewed.
- Staff told us that they had training and experience of end of life care. A staff member told us how she cared for a person in the last days of their life. She said, 'I washed and dressed them every day until the end and made him look nice for his relatives and made sure he was comfortable.' She told how the home always bought flowers for the relatives and that they could attend the funeral if they wanted to. She said, 'The manager is very supportive of us.'

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At their previous inspection Alma Lodge care home was rated as Requires Improvement with a breach of Regulation 17 in the Well-led key question. This was because their complaints procedure was not adhered to and there was no legionella or infection control policy in place. This was the third consecutive time that Alma Lodge had been rated Requires Improvement in Well-led. At this inspection we found that these areas had been addressed. However, other concerns were identified regarding detail in care plans and auditing processes. The registered manager was not informing CQC of statutory notifications. This is therefore the fourth time that Alma Lodge care home has been rated as Requires Improvement in this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There are certain incidents, events and changes that registered providers and managers of adult social care services are legally required to notify CQC about. These are called statutory notifications. Notifications must be made without delay.
- On 22 November 2018 the registered manager submitted statutory notifications for five deaths that had occurred at the service. One had occurred in November one in October two in September and one in April 2018. When asked about the delay in notifying CQC the registered manager said that she had forgotten to tell us and was not aware of the requirements of the regulations.

The failure to submit these notifications without delay is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

- We looked at the incident book and noticed several falls had been recorded. Although they had been dealt with correctly in that the relevant professionals had been called out, relatives had been informed and after care put in place, they had not notified CQC as required. Two of the falls that had occurred in October 2018 and March 2019 involved serious injuries to both people. Neither had been notified to CQC. The registered manager said they were not aware that these incidents should be reported to CQC.

The failure to submit these notifications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The audit systems were not robust and did not identify the matters we identified during our inspection

related to the management of medicines, gaps in staff training records, shortfalls in assessing people's capacity and gaps in documentation in care plans .

- Auditing processes focussed on the presence of documents with little analysis being done. Audits contained boxes that had been ticked to say the process had been done but there was no commentary about what was found and what action, if any, needed to be taken
- Care plans lacked detail regarding people's health and social needs. One person was being supported to lose weight. Staff knew what support was required however none of this was written in the person's care plan.
 - The care plans were not always easy to read. Some entries had been crossed out and comments had been written in the margins. The use of language was not always considered appropriate. One record used the word, 'toileting.' Another referred to a person having, 'weaknesses' and 'not smelling too good.' The registered manager was asked about this issue and agreed that some of these phrases could be written better.
 - Auditing was examined and found in most case to be relatively new. There were inconsistencies found in documentation that were not picked up by the audit process which created doubt as to its effectiveness. For example, within one care plan under the falls section, 'To keep sensor mat in place during the night.' In the same plan under hazards, 'Take sensor mat away as the person is walking around it,' and later within the same plan under coping strategies, 'make sure has call bell and sensor mat in place.'
 - There were no formal systems to seek the views of relatives or people. A staff member told us, 'We don't have meetings with relatives as a group, it's done one to one.'
 - Few surveys of staff, people or visiting professionals had been sent out to seek views on the running of the service. No surveys had been sent to relatives.
 - There were no records of staff meetings. Daily catch up meetings with staff were held each morning although these were also not documented. A member of staff told us, 'We sometimes have team meetings.' Another staff member said, 'I'm arranging one for next week.' Staff supervision and appraisal meetings were held which enabled one to one conversations between staff and the registered manager.

The lack of detail and inconsistency in records, the lack of effective auditing and a failure to seek and act on people's views is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were positive about the management of the service. People told us they liked the registered manager and deputy manager and that they were always around and were approachable. Relatives were also positive about the management and they told us that they thought the service was well run.
- Staff told us that the registered manager was supportive and always available to talk. One staff member told us, 'I'm always listened to.' People said that the registered manager was kind and attentive. • A visiting professional told us, 'The manager is always very good.' Another visiting professional said, 'She's knows everything about them and she's a nurse. She knows what she's doing.' The registered manager is a trained nurse although now works as a manager at the home rather than a nurse.
- Staff told us that a person-centred culture was promoted. When we arrived at the home the registered manager showed us around and introduced us to people. It was clear that people knew her well and were pleased to see her.
- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager was honest with us throughout the inspection, listened to the advice given and undertook to act upon the issues raised .

- The home's previous inspection rating was displayed in the reception area of the home close to the signing in book where it was clear for everyone to see. The Alma Lodge website had a link to the CQC website where the full report could be found.

Continuous learning and improving care

- A staff member whose first language was not English had been encouraged and supported by the registered manager to attend college each week to improve her English language skills and her mathematics. The staff member felt supported by the registered manager and was grateful for this opportunity.
- We advised contacting the registered managers forum and the local authority both of whom could offer support and advice about best practice and lessons learned.
- The registered manager had identified that people having falls was an issue and had called in the falls prevention team for advice. The registered manager was honest and open with us and indicated a willingness to improve.

Working in partnership with others

- The home had established links with a local church. Some residents could attend the church and representatives from the church occasionally visited the home. A link had also been made with a local school and students visited at Christmas to sing carols with people. They also had established links with the local hospice.
- Alma Lodge care home is a family run business and they promote a homely environment and a friendly atmosphere.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff were not working in line with the principles of the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not consistently given as prescribed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of detail and inconsistency in records, the lack of effective auditing and a failure to seek and act on people's views.