

Autumn Leaves UK Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 16 October 2015 and was an unannounced inspection.

Autumn Leaves is situated on Devonshire Road in Bispham, Blackpool. The home is an extended detached property and provides accommodation for a maximum of 20 people. Accommodation is provided in 14 single and three double bedrooms. Double rooms are only used for single occupancy or couples. Communal facilities include two lounges and a dining room. There is a patio and garden at the rear of the home which overlooks a golf course.

The service was last inspected in February 2014. The service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. However she was in the process of cancelling her registration and the care manager was applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Senior staff had procedures in place to protect people who lived at the home from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people. People said they felt safe and well looked after at Autumn Leaves. One person said, "I feel safe in the home. I feel safe with the other service users and the building is very safe." Another person told us, "I am safe and comfortable here."

We looked at how the home was being staffed. We saw there were enough staff on shifts to provide safe care. One person said, "The staff come quickly if I have had to ring my call bell which is usually during the night, when I am unwell." Another person told us, "Whenever I ask for help the staff are there with a cheerful smile."

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home. Staff had the skills, knowledge and experience needed to care for people.

Staff managed medicines safely. They were given as prescribed and stored and disposed of correctly. People were able to manage their own medicines if they were able to do so safely. People felt staff gave them their medicines correctly and when they needed them.

The environment was well maintained, clean and hygienic when we visited. There were no unpleasant odours. One person said, "It is nice here and the staff make sure it is clean every day."

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The registered manager discussed an application she had submitted. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition. One person said, "The food is very good and there are snacks and drinks available whenever you want them. Fresh fruit is also available in the dining room."

People felt they could trust staff and had the freedom they wanted to make decisions and choices. One person said, "I can trust the staff to do the best for me." They said staff made sure their privacy was respected when providing personal care. One person said, "The carers are very kind and caring they respect my privacy but also allow me to be independent."

People said there were activities available. One person said, "Staff often just sit and talk to us. I do enjoy that." A relative told us, "I came in one day to find [my family member] playing skittles with staff and laughing. It was good to see."

People's health needs had been met and any changes in health managed well. People said staff quickly arranged for them to see healthcare professionals when they needed them.

We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. One person said, "I have a complaint form in my room should I wish to use it, but so far it is very good." Another person told us, "I have not had to complain about anything in the home in all the time I have been here."

There was a transparent and open culture that encouraged people to express any ideas or concerns. Senior staff sought people's views and dealt with any issues of quality quickly and appropriately. One person told us, "I am very happy here. The staff are very good."

Summary of findings

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.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Good



Is the service effective?

The service was effective

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



Is the service caring?

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were happy at the home.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Good



Is the service responsive?

The service was responsive

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

Good



Summary of findings

Is the service well-led?

The service was well led.

A range of quality assurance measures were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People told us staff were approachable and willing to listen. They, their relatives and staff were encouraged to give their opinions on how the home was supporting them.

There were clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Good



Autumn Leaves UK Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Autumn Leaves UK Ltd had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received

from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included two senior staff, three members of staff on duty, six people who lived at the home and two relatives.

We looked at care records of two people and the medicine records of five people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People said they felt safe and well looked after at Autumn Leaves. One person said, "I feel safe in the home. I feel safe with the other service users and the building is very safe." Another person told us, "I am safe and comfortable here." We saw people were comfortable and relaxed when talking with or supported by staff.

We saw people spending time in communal areas of the home or relaxing in their bedrooms as they wanted. They told us staff supported them to get about the home as needed. One person told us, "I am not restricted in where I can go and I enjoy the company here."

Senior staff had procedures in place to protect people who lived at the home from abuse and unsafe care. Risk assessments were in place which provided guidance for staff and assisted them in providing the right care. This minimised risks to people. Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt.

There had been no safeguarding alerts raised about the service in the previous twelve months. We spoke with staff who told us they would immediately report any unsafe care or abuse. They discussed their actions if they became aware of abuse. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. One person said, "The staff come quickly if I have had to ring my call bell which is usually during the night, when I am unwell." Another person told us, "Whenever I ask for help the staff are there with a cheerful smile."

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support people. We talked to staff about how they

supported people whose behaviour may challenge services. They told us they did not have any one with behaviour that challenged but would get support and training if anyone developed such behaviour.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. We talked with people, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People felt there were enough staff to care for them. One person said, "There are enough staff on duty at any one time and we know them all."

Staff told us there were always enough staff to look after people. A member of staff said, "We enjoy the company of residents and staff. We can spend time with people."

We looked at the recruitment and selection procedures for the home for two recently appointed staff. The registered manager explained the processes they followed when recruiting staff, to reduce any risks of employing unsuitable staff.

The staff files we looked at showed us references had been received before new staff were allowed to work in the home. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to make sure a person is safe to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received.

People told us they felt staff supported them with medicines well. We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with people about the management of their medicines. Staff said people could manage their own medication if they were able. One person told us they managed some of their medication. Staff had risk assessed this and discretely monitored this was being managed safely.

We observed part of a medicines round and saw medicines were given safely and recorded after each person received their medicines. There were internal audits and audits by the pharmacist to monitor medication procedures. This meant checks were made to make sure people had received their medication as prescribed.

Is the service safe?

People told us the home was always clean, tidy and fresh smelling. One person said, “My room is very comfortable and clean and the facilities are good.” Another person told us “It is nice here and the staff make sure it is clean every day.”

Is the service effective?

Our findings

People told us staff supported them well. They told us staff knew what they were doing and were kind. They said staff knew how each person wanted to be cared for and did this. One person said, “We have the same staff nearly all the time and I am amazed that they remember us all like they do.” Another person said, “The staff are so kind and willing to help.”

We saw people’s dietary and fluid intake was sufficient for good nutrition. People said they had no problems getting snacks or drinks outside of meal times. They told us the food was plentiful and there was a good variety of meals. One person said, “The food is very good and there are snacks and drinks available whenever you want them. Fresh fruit is also available in the dining room.” A relative told us, “The food is lovely - home made. My [family member] loves it.”

We observed the support given to people at lunchtime. The dining room was set out pleasantly with flowers on the table and a choice of condiments. There was a set meal of fish, mashed potatoes and vegetables at lunchtime. An alternative of chicken was provided for three people who didn’t want fish. People who didn’t want apple crumble for sweet were offered a choice of fresh fruit. One person told us, “There is a set meal at lunch, if we don’t want that we are offered an alternative.”

Staff checked to see people had eaten their meal. They were available as needed throughout the meal. Where someone needed assistance this was discretely provided.

There was information about each person’s likes and dislikes in the care records and staff were familiar with each person’s dietary needs. Special diets were provided where needed and staff were aware of the people who for example had diabetes or needed fortified foods to assist them to gain weight.

Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. People told us they had regular health checks. They said their healthcare needs were met by staff and any health issues acted on quickly. They said staff quickly acted on any health issues and monitored these. Care records seen confirmed this.

One person told us, “The staff could not look after us better. They are very quick to pick up if we are under the weather.” A relative told us, “The manager is willing to challenge health professionals if needed. She did that for my [family member].”

Staff said they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Other training included Mental Capacity Act and deprivation of liberties training, safeguarding vulnerable adults, medication, equality and diversity awareness, infection control, moving and handling and dementia training. This meant staff had the skills and experience to care for people. A member of staff told us, “We have plenty of training. We only have to ask.”

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported by the manager. They said as a small team, who had worked together for a long time, they worked very closely together.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with the staff team to check their understanding of MCA and DoLS. They understood the procedure of MCA and DoLS.

People we spoke with told us they had the freedom they wanted to make decisions and choices. They said staff did not restrict the things they were able, and wanted, to do. Staff determined people’s capacity to take particular decisions. Most people had the capacity to make decisions.

Is the service effective?

Where a person's capacity to make decisions was limited, staff knew what they needed to do to make sure decisions were in people's best interests. There was one person with

a DoLS in place. This was reviewed regularly and formally reviewed annually. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

Is the service caring?

Our findings

We saw staff interacting with the people in their care and quickly responding to any requests for assistance. People we spoke with told us staff were supportive and helpful. They told us they were comfortable and pleased to be living at Autumn Leaves. One person told us “The standard of care is very good and everyone is kind.” Another person said, “It very nice here, it is really like home from home.” A relative told us, “The staff are so friendly and sit talking to people. I am very pleased with the care.” Another relative said, “I have seen lots of other home and felt this was the best. I have been pleased with how [family member] has settled.”

We saw staff talking with people in a pleasant and patient way. They checked if people were comfortable and if they needed anything throughout the inspection. They gave people the time to reply when asking questions and listened to their replies. People felt they could trust staff and they were friendly and respectful. “One person said, “I can trust the staff to do the best for me.”

Staff were aware of people’s individual needs around privacy and dignity. They made sure people’s privacy was assured when providing personal care. We observed staff were helpful and respectful when they spoke with people. They knocked on bedroom and bathroom doors to check if they could enter. One person said, “The carers are very kind and caring they respect my privacy but also allow me to be independent.”

People looked cared for, dressed appropriately and well groomed. People told us they had their hair done regularly and staff often ‘did’ their nails and hair. They said they appreciated the attention they received.

Staff knew and understood people’s history, likes, dislikes, needs and wishes. We saw a member of staff check whether one person wanted warm milk on their cereals at breakfast, as it was a cold day. Another person was asked what they would like for lunch as staff knew they did not like fish.

Staff were aware of people’s individual needs and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for. Staff were also familiar with people’s background and their family members. We saw staff asking one person how their relative was as they had been ill. They also checked if they would be visiting that day. This showed they had knowledge of the person as an individual.

We had responses from external agencies including the local authority contracts and commissioning team and local district nursing teams. Links with health and social care services were good. Comments received from other professionals were supportive of the service. They said they had no concerns about the care provided. These responses helped us to gain a balanced overview of what people experienced living at Autumn Leaves.

Is the service responsive?

Our findings

People told us they received a good level of care and support that helped them to enjoy living at Autumn Leaves. The atmosphere in the home was relaxed and friendly during the inspection. Staff recognised the importance of social contact, companionship and activities. There were some activities available and people said staff spent a long time talking with them. One person said, “Staff often just sit and talk to us. I do enjoy that.” Another person told us, “There are church services in the home for those who wish to attend. There are also activities for those who wish to join in but I don’t at the moment.” A relative told us, “I came in one day to find [my family member] playing skittles with staff and laughing. It was good to see.”

Staff offered choices and encouraged people to retain their independence wherever possible. People told us they were able to choose the things they wanted and didn’t want to do. They were treated as individuals and assisted to follow routines they wanted. We saw people were able to choose when to get up in the morning and retire at night. One person told us, “I get up and go to bed when I am ready.” Another person said, “The staff are very good here they don’t rush us.”

People told us their relatives were encouraged to visit and made welcome when they came. One person said; “My family are made welcome whenever they come.” A relative said, “The staff are very friendly. They listen to me and always keep me informed about [my family member’s] care.”

Staff said care plans and risk assessments were completed soon after admission with the person and their relative, if appropriate. We looked at the care records of two people we chose following our discussions and observations. They

had a care plan and risk assessments in place that gave details of their care needs, likes and dislikes. We saw people and their relatives were involved in care planning. Some of the information was pictorial to assist in discussions with people regarding their care. We saw care records were regularly reviewed. Senior staff said they were developing the care plans to include a life history and more information on people’s likes and dislikes.

Care plans were personalised and showed the care and support people needed. Risk assessments were in place. Changes in care and support needs were reviewed regularly.

We saw staff responded in good time to health needs. They made referrals to health and social care services as needed and supported people with appointments and treatments. People and their relatives told us any health needs were quickly dealt with.

Information about independent advocates was available. Staff told us advocates had been involved in specific decisions for people in the home, particularly where people had no relatives. We saw an advocate had been involved in assisting in a decision with one person.

We looked at the complaints policy and asked people if they knew how to raise a concern or to make a complaint. They told us they knew how to complain but hadn’t needed to. We saw people had been given information on how to complain if they were unhappy with something. There had been no complaints over the last year. Staff said they talked to people and tried to deal with any minor issues so they did not become complaints. One person said, “I have a complaint form in my room should I wish to use it, but so far it is very good.” Another person told us, “I have not had to complain about anything in the home in all the time I have been here.” A relative told us, “No complaints at all.”

Is the service well-led?

Our findings

People told us the staff team were friendly and approachable. They said staff were easy to talk to and willing to listen to any questions or concerns. Staff regularly checked if people were happy with the service. One person told us, “We don’t have meetings in the home but we can talk with the staff anytime. They are always willing to listen.” Another person said, “The manager is very pleasant and approachable.”

Senior staff sent out satisfaction surveys to people and their relatives to complete about the care provided. The responses to these had been very positive. One person said, “I am very happy here. The staff are very good.”

The current registered manager was in the process of cancelling her registration as registered manager when we inspected. The care manager had started the process to apply to CQC to become the registered manager. Staff told us they found her supportive and approachable and willing to make changes where needed.

The staff team were experienced, knowledgeable and familiar with the needs of the people who lived at Autumn Leaves. A relative told us, “There are good quality staff here. They stay for a long time, so they know people’s needs and people get to know them.”

The home had a clear management structure in place. The management team had developed and sustained a

positive culture in the service. One person said, “The home is well managed.” A member of staff said, “The owners and manager are brilliant. I love working here and can spend time with residents.”

There were procedures in place to monitor the quality of the service. Audits were being completed by the management team. These included monitoring the home’s environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Staff meetings were held to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. One member of staff said of the management team, “They are easy to talk to and always available if you need them.”

The building was maintained and improvements made where needed. There was ongoing work and new equipment to one of the bathrooms and new carpets were being fitted soon after the inspection.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people’s care and support.