Autumn Lodge Hove Ltd

Autumn Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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
Autumn Lodge is a residential care home and was providing personal care and accommodation to 34 older people at the time of this inspection. The service can support up to 36 people. The home is comprised of three Victorian buildings converted into one home. Accommodation for people is over three floors. People have access to a lift, a garden with patio area and pond. There are various communal areas such as a conservatory, a lounge and dining room. The home specialises in providing care to people living with dementia.

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

Safety at the home required improvement. Some risk assessments and short support plans did not have enough information on how staff should reduce risk, and there were inconsistencies between the information on the short support plans and the care plans. The provider told us these had been corrected since the inspection and monitoring put in place to ensure it did not happen again. Staff told us they knew people well.

The registered manager had not identified discrepancies between care plans and risk assessments on paper and electronic systems. Contradictions within care records meant that people might have received the wrong support from staff.

Staff and relatives told us the registered manager was approachable. A staff member said, "The manager is so open to talk to, not like at other homes where you don't even see them." A relative said, "They are constantly looking at ways to improve, I like that about the registered manager."

People were protected from the risk of infection. The provider had ensured staff had access to PPE supplies of a higher standard than government guidance recommended, and the home was clean. Staff were kept up to date with current COVID-19 guidance at regular staff meetings.

People had their needs and choices assessed and their care plans included short support plans which detailed day to day likes and dislikes as well as communication and mobility needs. A friend of a person at the home told us, "She's safe and happy and I am confident and relieved she is there."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to take positive risks and were supported to continue to live life as they chose. A staff member said, "People are all different, they all need choices, not everyone wants to get up at the same time and it's a mistake to try and stick to routines, it doesn't make things easier, people being happy makes things easier."

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

Rating at last inspection
This service was registered with us on 9 April 2019 and due to the COVID-19 pandemic this is the first inspection.

Why we inspected
The inspection was prompted in part by notification from the home of a specific accident where a person fell on a flight of stairs and subsequently died. This inspection did not examine the circumstances of the incident, but we looked at how the home is managing risks.

We have found evidence that the provider needs to make improvements to the way they manage and record risks. Please see the Safe and Well-led sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Autumn 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
The inspection was carried out by one inspector.

Service and service type
Autumn 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 two managers registered with the Care Quality Commission. One registered manager was also the provider of the service, they are referred to as 'the provider' in the report, the second registered manager is referred to as 'the registered manager'. 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
We gave the service an hours' notice of the inspection. This was to be sure it was safe to visit during the COVID-19 pandemic.

What we did before the inspection
We reviewed information we had received about the service. We spoke to the local authority and professionals who work with the service. 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.

During the inspection
We spoke with two members of care staff, the provider, the registered manager, and the assistant manager. People at the home were living with advanced dementia and were not able to tell us about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included six people's care records, and risk assessments for people and premises. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We spoke to three relatives and a healthcare professional. We also read notes from the local authority and the police about a fall at the home. We continued to liaise with the provider for additional information and to validate the evidence we found. We continued to look at risk assessments and care plans, we spoke to a further three members of staff.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

Assessing risk, safety monitoring and management

● Some risk assessments did not have enough information on how staff should support people, and some short support plans contradicted the risk in the main care plan. This meant staff might not have the correct information to support people. For example a risk assessment stated staff should support a person using the stairs, however there was no detail as to how to support them. Other places in the care plan suggested the person was safe to use the stairs and was independently mobile.

● There were enough staff at the home to be able to assist people if needed. However the size of the home made constant monitoring of people's whereabouts difficult. This meant that people that needed help on the stairs may not always get it. A staff member said, "We have someone in the lounge all the time to monitor where people are. It's a big home and it can be difficult to always know where everyone is, but we do what we can."

● The provider had installed a new electronic care plan system which was accessible via pocket devices. The system was not yet in full use. The mix of both paper and electronic care plans was a risk, because staff had to update two sets of records. Updating only one set led to discrepancies which could be confusing to staff, staff might follow out of date support plans. The registered manager responded to this issue during and after the inspection. Since the inspection people's care plans were updated to ensure clearer instructions on how staff should help people. For example, where a care plan previously stated a person using the stairs may need support, the care plan since stated the ways staff could manage risks with the person. The registered manager had responded to the concerns raised at the inspection about the risk assessments, however time was needed to ensure the changes were embedded in practice.

● Staff told us they knew people well. A staff member said, "I know who needs help. We see a short support plan when new people arrive, so we know who has what diet, and who needs help with things. And over time we know people better." Another staff member told us, "We build up a relationship with people, so we know when they are not themselves. We know about appropriate footwear. We have grippy socks for people that don't like to wear shoes."

● Staff knew what to do in the event of a person having a fall. A staff member told us, "We should get a senior [staff member], we don't move them. [If it is a serious fall] We call 999. If people try to get up, we can assist them but we still call 111."

● The registered manager assessed people before they came to live at the home to ensure the service could provide the care they needed. The registered manager told us they consider people's level of mobility on assessment, declining admission of people confirmed with a high risk of falls.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Staff were informed about any incidents in the home during regular staff meetings and at shift handovers. Staff were reminded about the correct way to deal with accidents and this was clearly recorded in the minutes of the staff meetings. If a person fell it was mentioned at the handover and the next staff meeting, enabling staff to give the person extra support until they were confident the person was able to walk independently again.

● After two residents had falls on the stairs at the home, the provider had sought advice from an external company and the local authority falls prevention team about how to make the stairs safer. Previously the provider had added new handrails and increased the lighting. The provider was following advice about changing the carpet to a non-slip laminate and altering the length of the staircase to enable each tread to have better depth.

Systems and processes to safeguard people from the risk of abuse

● Staff were trained in safeguarding and whistle blowing policy and knew how to report any concerns they may have about people's care.

● People were cared for by staff who knew them well and were alert to signs a person may not be feeling well, or that something may be wrong. A staff member said, "I get to know the people, I feel I know them. Because I do personal care with them, I can relate to them, I spend time with them."

Staffing and recruitment

● Staff were recruited safely. Staff records were maintained on a bespoke computer system.

● People were kept safe by staff trained in care. Staff had extra training in the care of people living with dementia. Staff who were responsible for writing care plans and risk assessments had specific training in this role. A member of staff told us, "There's loads of training and if I want any extra training I can ask."

● We saw adequate numbers of staff at the home, and saw staff take time to talk to people while helping them. Staff had time to spend with people and were not rushed between tasks. A staff member said, "We have lots of time. We have loads of time for one to one chats or going out for walks, if someone wants to go for a walk, we go out with them. There are always enough staff if someone wants to go out."

● The size and layout of the home made constant monitoring of people's whereabouts difficult. This meant that people who needed help on the stairs may not always get it. A staff member said, "We have someone in the lounge all the time to monitor where people are. It's a big home and it can be difficult to always know where everyone is, but we do what we can."

Using medicines safely

● Medicines were used and managed safely by staff trained in administration and in the use of the electronic administration system. A staff member said, "We did medicines training, I've learned a lot about medicines and reducing antipsychotics for people with dementia. I know about medicines and I can look them up on the BNF (British National Formulary, a guide to medicines) we have on our tablets."

● The provider and registered manager worked effectively with people's GPs and the InReach team. The InReach Team are a specialist mental health team consisting of community mental health nurses, occupational therapists and a Consultant psychiatrist. They work in partnership with care and nursing homes to improve the quality of life of people with dementia. A healthcare professional told us, "The home works closely with the GP to reduce medicines when possible. This is really good practice, because it means the residents are more alert and can walk when they need to."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The registered manager followed current legislation and guidance. During the COVID-19 pandemic guidance had changed frequently and the registered manager kept people and relatives updated with any changes that affected them.
- Care plans focused on people's abilities rather than their disabilities, there was guidance on the footwear a person should be wearing, and if they needed any mobility aids, such as frames or walking sticks to move safely about the home.
- People had choice and where they could not always make choices themselves they were assisted by staff who knew them and their likes and dislikes. Relatives told us staff helped people to live in ways they were happy with. A relative told us, "My mum likes to walk about and be busy and it's nice to hear she's been rearranging the cushions and cleaning up. I know my mum is happy because I know her, I can see it in her eyes."

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 registered manager or senior staff had made applications to the local authority if people were deprived of their liberty.
- There were records of best interest decisions made for people. Best interest meetings were held with relatives and other healthcare professionals if people lacked capacity to consent to care. For example where people needed to have medicines administered covertly documentation showed this was considered carefully, with family and GPs involved in the discussion.

● Staff had been trained and showed understanding of how to support people to make decisions. People were supported in the least restrictive way possible.

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

● People had fallen on the stairs and the provider was improving the safety of the staircase. The stair carpet was in good condition; however, it was a dark colour and patterned, which can cause problems for people with poor sight, or dementia. At the time of the inspection the provider had begun the process of having the stair carpet replaced with non-slip laminate and contrast coloured rubber stair nosing strips to prevent falls. New lighting was in place, and the handrails had been extended to the full length of the stairs.

● The provider had created 'memory' and 'activity' areas throughout the home to both add interest for people and to help to orientate people.

● Colour changing lights in the corridors mimicked natural changes in daylight, from cool morning colours to warmer evening colours to help orientate people to time as well as place.

● People living with dementia can have difficulty identifying objects where outlines are not clear. Toilets had contrasting seat colours to assist people.

● The provider had created an outside visiting area to protect against the risk of COVID-19 and had designed it using a large Perspex screen to appear as if people sat at a single table, this was to help reduce confusion for people at the home who lived with dementia and did not understand the contact restrictions.

● The provider had created a further visiting pod at the front of the home, to allow indoor but distanced visits. The visiting area and pod ensured people could continue to meet safely with family and friends.

Staff support: induction, training, skills and experience

● New staff were trained before they began working with people, and were able to shadow more experienced staff.

● Staff received ongoing training in issues such as dementia awareness, and advanced skills in caring for people with dementia.

● Despite the impact of the pandemic on training provision a staff member told us, "I do feel well-trained, we are catching up with training now since COVID-19."

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

● People were able to choose what they ate and were offered drinks and snacks throughout the day. Staff understood the importance of good nutrition to health. A relative told us, "My mother is Greek. When she was losing weight, they made special Greek dishes for her to help her appetite."

● Staff knew people's needs. We saw a staff member ask a person if they wanted some cake, reminding them they needed foods to be mashed and moist and asking if mixing it with some cream would be nice. The person agreed and the staff member prepared the cake safely for them.

● Lists were made to record people's meal requirements, these were used by kitchen and care staff.

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

● Staff worked with outside agencies to provide effective care for people. People had access to any medical care they needed with weekly 'ward rounds' by local GPs. During the COVID-19 pandemic these calls were by video link.

● People were able to see dentists and community nurses as necessary. Diabetic patients who needed more frequent reviews saw nurses form the diabetic care team, and podiatrists. A staff member said, "We are reducing unnecessary visits because of COVID safety but anything needed, people will come in."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- Staff and people at the home were supported and treated with respect.
- People were treated well and supported by staff that cared about them. We saw staff speaking to people kindly. Staff told us they saw keeping people happy as a vital part of their role. They spent time with people and ensured people were always included in activity at the home if they wanted to be. A staff member told us, "I'm happy at Autumn Lodge. The residents are happy and that's the most important thing for me. I see them as my grandparents. It's a good place."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in creating the initial care plans when people accessed the home. People continued to be able to make decisions about their care at the home during their stay. A relative said, "I was included in the initial assessment. The home has a weekly meeting where they talk about residents, if anything changes they ring me so we can discuss it. Contact is good. They always tell me about changes."
- When people at the home could not tell staff what they wanted, staff were alert to their needs. A staff member said, "We ask people what clothes they want to wear, if people can't tell us we look for other signs, facial expression for example."
- Staff encouraged people to be as independent as possible. A relative told us, "My mum is not restricted at Autumn Lodge, other places restricted her but here she can be herself."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

● People had personalised care at the home. The registered manager met people before they came to live at the home to ensure their needs and wishes could be catered for. During their stay people's choice was always respected by staff. A staff member told us, "People always have choices, if they don't like the dinner they can ask for anything, the chef will make anything if we have it."

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.

● Staff gave people at the home information in ways they could understand. Many people were living with dementia and needed help and time to understand things. Staff spoke to them in a caring way and took time with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●People were supported to remain active and feel part of the home. Staff included people in day to day conversations. We saw good interactions with people. A staff member told us, "Before working in a care home I thought really negatively about them, that people were just sat in front of the TV. But after Autumn Lodge I now realise they can be really good. A lot of good things happen at care homes. One lady arrived with us and she didn't speak, but now she speaks to us. Even her family were surprised, but no one spoke to her before."

● During the COVID-19 pandemic activities outside of the home had been reduced. Visiting entertainers had also been restricted. During this time staff had organised activities for people. We saw staff and people singing together. A staff member told us, "Even when we haven't been able to have entertainers in we've ensured there is some activity every day. I'm a dog groomer too and I groom the home's dog. There was a resident who used to show dogs and when I arrived with my grooming things they always jumped up to help. The residents like to help bath the dog."

● Before the COVID-19 pandemic, the provider organised four large events each year. Family and friends of people were invited to attend a Vintage Tea Party, a Wild West BBQ, a Medieval Harvest Festival and a Hollywood themed Christmas Party with food and entertainment.

● In the past the home had a variety of external entertainers throughout the week such as a violinist, arts &

crafts specialists, and singers. The provider told us during the pandemic the home has tried to maintain this as much as possible but behind glass using a remote speaker system, ensuring separation is maintained between the entertainers and residents.

● The home had also organised weekly bicycle 'rickshaw' trips for residents to take them along the seafront. This allowed residents with limited mobility to enjoy being out in the community. Although this was on hold during the pandemic, since the inspection the provider told us this activity has restarted.

● The provider told us each year a Christmas card shop was set-up for residents to choose cards. Residents who needed it were supported to write messages to their loved ones.

Improving care quality in response to complaints or concerns

● The service received few complaints, but when concerns were raised the registered manager acted quickly. A relative told us, "What I like about the registered manager - she asks us to raise issues. She says she can't be on the floor all the time so welcomes us to tell her. She's really approachable and acts on things straight away."

● The registered manager and the provider sought to improve the care quality for people based on feedback from relatives and staff. Relatives were sent quality questionnaires and people attended residents' meetings.

End of life care and support

● During the COVID-19 pandemic all residents and their families had discussions with the registered manager about their wishes should they become unwell. There was no blanket "Do not resuscitate" order, each person was able to make their own choice, with help from relatives, staff and GPs.

● Relatives were all sent a booklet about end of life care, and each person had a 'ReSPECT Form' completed. These forms support conversations about care in a future emergency.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

● During this inspection we saw the registered manager had not identified discrepancies between care plans and risk assessments on paper and electronic systems. Nor had they addressed the lack of clear advice to staff on managing risks in peoples' personal risk assessments. We spoke to the registered manager at the time of the inspection and they told us they would review care plans and risk assessments. Since the inspection the care plans had been reviewed and updated where necessary. A new electronic care plan system was also being implemented which would ensure all updates were linked, avoiding discrepancies between the short support plans and the longer care plans.

● The registered manager dealt with incidents and accidents as they occurred, and any actions were noted. Staff were informed about accidents or incidents at handover meetings, for example if someone fell at the home staff were told to offer them extra support until they were reassessed.

● Senior staff recorded people's falls in a 'Falls Diary' so they could be referred to the falls team if their falls frequency increased. A healthcare professional told us, "I don't know what else they can do to be honest. They promote use of the lift, you can't use stair gates. They engage residents, they promote activity and are good at communication. They have reduced medicines for one lady and she is now happier and walks more."

● To ensure senior staff knew people well, the registered manager required floor managers to work at least one day and one night shift a week providing care.

● Staff were clear about their roles and understood the hierarchy of staff at the home. Senior staff had good relationships with junior staff and supported them well. A staff member told us, "I love it here."

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

● Relatives told us the registered manager was always available if they had concerns and they thought the service was very open and achieved good outcomes for people. A relative told us, "Anything I need I ring the registered manager, she's always my first port of call. I can't think of any recent issues I've needed to call her about. Mum is so happy, safe and secure."

Continuous learning and improving care

●The provider implemented changes to increase safety for staff and people at the home when a person at the home had suspected COVID-19. The registered manager changed to using disposable plates and cups while a person was isolating, to reduce the risk of moving contaminated crockery from the room back to the kitchen.

● The registered manager and the provider worked with outside agencies and specialist companies to improve the environmental safety at the home, for example they sought expert help on stair redesign for safety.
● Staff were encouraged to speak up in regular meetings if they had any concerns or ideas. A relative said, "They are constantly looking at ways to improve, I like that about the registered manager. I like the attitude. The registered manager is a good networker."

Working in partnership with others
● The provider and the registered manager work in partnership with other healthcare professionals. A healthcare professional told us, "I know the provider and manager well and they are very welcoming and open to ideas. They are very open and transparent, for example around falls. The registered manager calls in all the services for help."

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 understood and acted on the duty of candour when necessary. The registered manager and the provider were open with people and their families if anything went wrong at the home. Relatives told us communication was good, including the use of weekly newsletters and phone calls for more specific issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were encouraged to take part in events at the home. Staff endeavoured to create a feeling of involvement for all. A relative told us, "If I lived round the corner I'd be there all the time it makes you feel so happy. Everyone is so friendly. Happiness lifts everything."
● The registered manager ensured that families remained up-to-date with events at the home during the COVID-19 pandemic with regular weekly email newsletters. A relative said, "The newsletter is amazing, with photos. Having the newsletter has been wonderful. It's every week and it always brightens me up."
● Before the COVID-19 pandemic the registered manager organised Dementia support evenings at the home, for resident's families and friends where they could meet with a dementia specialist to ask questions or for advice on how they could best support their loved ones.