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Afton Lodge Care Home

Inspection report

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Date of inspection visit:
12 October 2017

Date of publication:
15 November 2017

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 ●

Summary of findings

Overall summary

This unannounced inspection of Afton Lodge Care Home took place on 12 October 2017.

Located in a residential area of Bootle, Afton Lodge Care Home provides accommodation and care for a maximum of 27 people. Access for people who use wheelchairs is located to the front of the property. A passenger lift is available for access to the upper floors. Parking is available to the front of the property and a large garden to the rear. The home is located close to shops, local facilities and transport links.

There were two registered managers in post who shared the role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

Everyone we spoke with told us they felt safe living at the home.

Records showed that people received their medications when they needed them, and medication was stored safely in home. Medication was only administered by staff who had the skills to do so.

Staff recruitment records showed that staff were only offered positions in the home once all satisfactory pre-employment checks had been completed.

Risk assessments had fully explained and explored ways to help mitigate risk. These risk assessments were reviewed every month, and where a change in the person's needs had been identified, the risk assessment had been updated accordingly to reflect this.

All staff were able to explain the steps they would take to ensure any safeguarding concerns were reported to the registered manager or the relevant safeguarding authority.

New staff underwent a full training programme and induction before they started work. Existing staff had their knowledge updated in line with the providers training programme by attending regular refresher courses. The training matrix showed that all staff were up to date with the training.

The staff and the registered managers were knowledgeable with regards the Mental Capacity Act 2005 and associated legislation. We viewed examples of when best interest processes had been considered for people in line with guidance set out in the MCA.

Everyone told us they enjoyed the food, and the dining experience at Afton Lodge was positive. People said they could choose whatever they liked to eat and they were not restricted to eat at certain times of the day if they did not feel like it and could have what they liked.

We received exceptionally positive comments from everyone we spoke with regarding the caring, kind, and approachable nature of the staff and registered managers. People could not compliment the staff enough on their approach. We observed natural interactions and relationships between people who lived at the home and the staff throughout the duration of our inspection. When we spoke to staff they were extremely passionate about the people they supported, and demonstrated a remarkable knowledge of people and how they wanted to be cared for. This extended to people's families, who staff equally had good relationships with and who told us staff made a difference to people.

We saw dignified support across the duration of our inspection, ranging from staff discreetly helping people with personal matters, to staff supporting people to eat their meal. Everyone was given support quickly and attentively, and this was done in way which did not appear rushed. Care plans were written equally as dignified, and important information was highlighted in people's care plans because it mattered most to them.

People's care plans were presented to them in a way which they understood, and they had been involved in their completion. Family members were kept involved and consulted with anytime there was a change to people's care needs.

Health care professionals we spoke with on the day of our inspection told us that every time they had visited the home atmosphere never changed and the staff were always attentive to people's needs and followed instructions from beginning to end if someone needed care delivered in a particular way.

People's care plans contained information about their likes, dislikes, preferences and routines. People were supported to pursue their interests. Appropriate referrals were made to relevant health professionals when needed.

There had been no formal complaints raised in the home. However, people told us they knew how to complain and the complaints process was displayed in an accessible part of the home.

There were two people who shared the position of registered manager and had been in post for eight months but had worked at the home as deputy managers for a long time before they stepped up into the role.

Quality assurance procedures were robust, and regular auditing of service provision took place in the home. The provider was actively involved in the home, and visited regularly to check if any changes were needed to be made.

Everyone was complimentary about the culture of the home and the way it was ran. Everyone we spoke with said they would recommend the home.

The ratings from the last inspection were on display in the communal area of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Medication was stored and administered safely by staff who were trained to do so.

Risk assessments were robust and reviewed regularly to help mitigate risk and in accordance with people's changing needs.

The environment was safe and regular checks took place with regards to the environment to ensure it was safe for people to live in.

Staff were only recruited after satisfactory checks were conducted and completed.

Is the service effective?

Good ●

The service was Effective.

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation.

Staff were trained in a range of subjects and were encouraged to complete work based qualifications. Supervisions took place regularly.

Everybody had enough to eat and drink at the home, and people told us they liked the food.

People had access to regular healthcare when they required it.

Is the service caring?

Good ●

The service was Caring.

We received exceptionally positive feedback from everyone regarding the caring nature of the staff.

People's dignity and respect was paramount, and this was respected by staff and included in care plans.

People were actively involved in their care plans and reviews.

Is the service responsive?

Good ●

The service was Responsive.

People received care which was right for them, and their likes, dislikes and routines were taken into consideration.

People enjoyed their time at the home and there was enough going on to help stimulate and engage people.

Complaints were managed in accordance with the providers policy. Everyone said they knew how to complain.

Is the service well-led?

Good ●

The service was Well- Led.

Everyone we spoke with was complimentary regarding the registered managers.

There was a calm, compassionate culture at the home. The registered managers led by example, and supported staff well.

There was a system in place for auditing (checking) service provision. This included regular visits from the provider.

Afton Lodge Care Home

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 12 October 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in the care of older people.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with 6 people who were living at the home and they shared their views of the home with us. We also spoke to three relatives who were visiting at the time of our inspection. We spoke with six staff, including the registered managers, and the chef. We also spoke with three visiting healthcare professionals.

We looked at the care records for four people living at the home, four staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. We asked people what made them feel safe, and some comments included, "The staff here are wonderful, they have all the time in the world for you", also, "The staff are always on hand", "The atmosphere and the people I'm with. Everything seems good". "I don't know, I just do [feel safe]". "They're nice the people here, and other people can't get in". One visiting relative told us, "The staff really look after [relative], yes, [relative] is getting well looked after." Also, "I know [relative] is well looked after and happy." One medical professional we spoke with also commented on the atmosphere of the home. They said, "It is definitely safe here, staff are always visible, and people always look well taken care of."

We saw that risk assessments were clearly accessible for staff and appropriate plans were in place to manage those risks. For example, one person had been assessed as high risk of falls and had the appropriate measures in place within their care plan to manage this risk, such as 'ensure person has access to their walker when they mobilise.' We saw another person had a falls assessment in place which stated they were a high risk of falls. This then went on to explore reasons why this person may fall, including any medication which may make them feel drowsy, and how the staff should support them to mobilise after they had taken their medication to decrease the risk of falls occurring. One relative told us, "[Family member] had a lot of falls at home and they're very quick with dealing with anything that happens. I'm impressed with their response times." We saw that this person had also experienced some falls whilst living at the home.

There were also risk assessments in place to support people with their physical, emotional, and psychological needs. This included a Malnutrition Universal Screening Tool (MUST) risk assessment for people who may be at risk of weight loss, and an assessment for people who were at risk of developing pressure sores. All assessments were regularly reviewed, and we saw changes in people's needs were incorporated into existing assessments. For example a person who was diagnosed with a condition affecting their mobility had shown a recent decline in health therefore affecting their level of risk; appropriate referrals have been made to address their change in needs, and the risk assessment had been updated to include additional control measures. This involved input from Occupational Therapists (OTs).

All people told us there was enough staff on shift to be able to meet their needs. Comments included, "They always come when needed." All of the staff we spoke with said there were enough of them to deliver safe care and they never felt pressured or rushed. Our observation around the home on the day of our inspection found there was enough staff.

We checked how medicines were managed within the home. We saw that staff had undergone training from the pharmacy and had completed supporting competencies to ensure they were able to give medication safely. Processes were established for receiving and monitoring stock, and the disposal of medicines. Medicines were held in two locked trolleys. Medicines were administered individually from the trolleys to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct

range.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Staff records we saw demonstrated the registered manager's had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered managers also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered managers to assess their suitability for working with vulnerable adults.

We saw information regarding safeguarding for people who used the service and relatives was readily available in the communal areas of the home and the staff office. People we spoke with confirmed they knew how to raise concerns should they have any. Staff were able to describe how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding but also the practicalities of how to raise an alert with local safeguarding teams. Staff also explained the organisation's approach to whistleblowing, and told us they would be encouraged to report any bad practice or concerns. Their responses were in line with procedures set out in the service's safeguarding policies.

There was a procedure for documenting, discussing and analysing incidents and accidents. This is important because it allows the registered managers to look for any patterns or emerging trends, enabling the service to take action to minimise the risk of re-occurrence.

We saw that all fire fighting equipment had been checked, and equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We spot checked some of the other certificates for PAT (portable appliance testing), electric, gas, and legionella. These were all in date.

We checked the process for preventing the spread of infection in the home. We saw there was PPE (personal protective equipment) in place for staff to use. In addition, there was hand sanitizer stations fixed to walls around the home, and contracts in place for the removal of clinical waste. The kitchen had a five star hygiene rating.

Is the service effective?

Our findings

Everyone we spoke with told us that the staff had the right skills to support them. Comments included, "I've found nothing wrong." "They're very keen on staff progression. They seem to have an ongoing training programme."

Staff we spoke with confirmed they were regularly booked onto training courses and this was a mixture of e-learning they could access at home, and face to face training sessions. The staff we spoke with told us they enjoyed their training and the management of the home were keen to enrol staff on work based qualifications. We spoke to an NVQ assessor during our inspection who confirmed that staff were keen and well supported to learn.

Staff were supervised regularly, and had received a yearly appraisal. New starters were required to complete an induction in line with the principles of the Care Certificate. The Care Certificate is the governments 'blue print' to assist staff who are new to health and social care to become more knowledgeable about their roles. This is split up into modules and is usually completed within the first 12 weeks of employment.

The training matrix we reviewed had accompanying certificates for the courses attended which were stored in staff files. We saw that all staff training was in date, and staff were able to demonstrate a good understanding of specific topics such as the Mental Capacity Act and Safeguarding Adults. Training was undertaken in subject areas such as mental capacity, medication management, moving and handling, first aid, end of life and pressure area care. A medical professional we spoke with confirmed that staff were knowledgeable and they always felt confident staff would follow instructions. They said, "I can leave here knowing that person is in safe hands because the staff would have listened to advice."

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 decision's and are helped to do so when needed. When they lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered managers were knowledgeable about the MCA and DoLS and knew the CQC (Care Quality Commission) needed to be notified when the outcome of any applications were known.

We saw that the 'best interest processes' were being followed for people who had limited capacity and understanding of complex decision making. The need for 'best interest' processes were clearly identified in people's support plans. This included an overview of what decision's the person could make independently, such as what they wore or ate, and what they needed help with.

We asked what people thought about the food; the comments were all positive, and included, "The food's lovely, but I don't like the quality of the sausages." We looked into this further and found that this person was always given their favourite food as an alternative to sausages. One person said, "The food's excellent, I always like it" and another person said, "It's good, I'm looking forward to my lunch". Also, "It's very good, I enjoyed my lunch."

We observed lunch and all people seated in the dining room were offered a variety of hot or cold drinks, someone chose to have a milky coffee. The portion sizes varied and small portions were served on small plates. Some people had their meals on red plates in accordance with what was stated in their care plans to support them around their needs, and again both sizes of plate were available so people had the option to choose a large or small portion. The food was served as people came into the room. Those that had finished their main course were served pudding, nobody had to wait.

Each person's care plan contained detailed notes regarding any medical appointments they had attended and the outcome of these appointments. Advice from professionals was clearly documented in people's care plans for staff to follow. One medical professional we spoke with said, "I know I can leave detailed instructions with the staff, and they will document it down and share it. They have a really good system in place to make sure any advice given is relayed to the other carers." We also saw that the home was part of the (care home innovation programme) CHIP which is a programme that care homes in the area can partake in which provides extra medical support via a teleconferencing system. The medical professional said, "They [meaning the registered managers] always attend the meetings, they never miss, and they send staff to represent so everyone understand what the CHIP is for."

Is the service caring?

Our findings

Everyone, without exception was extremely complimentary and positive about the staff. Relative's and medical professionals asked to speak to us in particular to discuss the caring approach of the staff and the dedication of the registered managers. Additionally, before our inspection, we had received positive information from a family member via our 'contact us' form on the website. The family member complimented at length about the support given to their relative.

Some other comments we received during the inspection were, "The staff here are wonderful, they have all the time in the world for you," also, "The staff are always on hand." "The atmosphere and the people I'm with. Everything seems good." "The staff, their general attitude and behaviour." Additional comments included, "They're lovely and kind.", "I get on alright with the staff here, I've never had any problems with any of them" and "They're very good, I can't find fault, they have a hard job to do, I've never found anyone I didn't like." "They're very good, kind and very nice." "I've no complaints at all."

One relative told us, "Wonderful, [relative] loves them[staff]" and "Perfect, especially over the last six months, when they [relative] started showing signs of dementia." "I could talk to them [staff] till the cows come home." "I can talk to the staff and they're very good."

The medical professionals and the visiting health professional were equally as complimentary about the staff. One medical professional described the staff as, "Excellent, they really go above and beyond, I can tell the priority here is the person, it is all about them, as it should be."

We observed a high degree of warmth, caring, and compassionate care throughout the duration of our inspection. While we were walking around the home, everyone we saw was happy and enjoying the atmosphere around them. People were dressed nicely and supported to mobilise around the home by staff in a kind way. Conversation between staff and people who lived at the home was familiar and friendly. It was evident that all of the staff got on well with each other as well as the people who lived at the home. One staff member said, "We all work well as a team."

People told us they were involved in their care plans. One person said, "I filled a care plan in about six months ago." Another person said, "They showed it to me, it's there if I want to see it." One relative was involved in a care plan and told us that it was reviewed 'quite often.'

People were encouraged to remain as independent as possible. Care plans stated 'ask [person] if they require help.' This meant that the service understood the need to treat people with dignity and respect. Staff also told us they would always seek permission first before they cared for anyone, and one staff member said, "It is important to explain what you are doing, so you don't just take people by surprise." Some family members confirmed that their relatives were encouraged to remain independent. One family member said, "They [relative] walks with their frame and their frame is always available.". We also observed during our inspection that people were being encouraged to move about the lounge and between the lounge and dining room so they weren't sitting in one place all day.

Resident meetings were taking place. People confirmed these took place every month. One person said, "I do attend, if you've got anything to say, they'll deal with it as soon as they can.". Someone else said, "Yes, you're allowed to say what you think." One family member told us, "I've been to some meetings and I filled a questionnaire in a couple of weeks ago." This meant that systems were in place to gather people's feedback about the service.

We saw that there was advocacy information displayed around the home. There was no one making use of advocacy services at the time of our inspection.

People's confidential information was stored securely in a lockable cabinet. There was no confidential information on display around the home.

Relatives told us they were free to visit whenever they wanted and they were always made welcome and were always offered a hot drink. This encouraged people to maintain relationships that were important to them

Is the service responsive?

Our findings

People told us they had plenty to do throughout the day. Comments included, "I do jigsaws and I love my Kindle. I watch television and do the leg exercises and play bingo.". Another person said, "I sit and watch the telly in the lounge all day, I have joined in the activities, I'm not bored. I go out on my own." Also, "Sometimes I read, sometimes I do crafts. I'm going out today." A visiting professional told us, "The home is really person centred, it is lovely here, the staff do a great job making sure people have what they need."

We observed that there was a programme of activities which staff coordinated themselves. During our inspection, people were engaged in chair exercises and everyone looked as though they were having a good time because there was lots of smiles and laughter. The staff member who was leading the activity was very good at involving people and getting them to join in.

We observed that people were supported in a way which was meaningful for them. The language used in the care plans and the way they were written for staff to follow showed that people's choice and preferences were paramount in Afton Lodge. For example, 'I like the staff to offer me a cup of tea in the morning' or 'sometimes I like to have a lie in, I will let you know.'

Care plans also contained information about people's likes, dislikes, history, and background. We saw that one person did not have any of this information recorded, so we queried this with the registered managers at the time of our inspection who told us that the person did not want this information recorded. One of the registered managers said, "[Person] likes to keep their information private, but they will talk about this with the staff." Another care plan we viewed documented a person's religious interests and encouragement given to enable them to take part in activities related to this. Another care plan detailed a person's wish to remain in contact with friends and this was evidenced with encouragement for them to visit.

People had information in their care plans they needed to ensure they were getting appropriate care for their needs, such as weight charts, food and fluid balance charts, and skin care plans. We saw that these charts were completed every day and there were no gaps in the recording of information. One of the health professional's we spoke with was positive with regards to the recording of information and communication between the staff. They said, "They make sure everything we advise is well recorded, and the notes for people are always very informative."

People we spoke with told us they knew how to complain. We saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. Everyone we spoke with told us they had not had to make a complaint, and there were no complaints to view since our last inspection. The complaints policy for the service had been recently reviewed and contained information regarding who to contact if someone wished to complain. This also incorporated contact details for the Local Authority and Local Government Ombudsman service.

Is the service well-led?

Our findings

There were two people who shared the position of registered manager and had been in post for eight months. They had worked at the home as deputy managers for a long time before they stepped up into the role.

People we spoke with were complimentary regarding the registered managers. Comments included, "Yes and they're both approachable", "I see them regularly; they're very good, very fair. I can't fault any of the staff", "Yes, they're very nice", "I love them and get on well with them. They're so good to [relative] they're approachable", "The management are fantastic, they're helpful and I would be lost without them. Not only do they run the home well, but also they help me. I don't know what I'd do without them" and "It's recently changed and they're great, they're very competent".

The health professionals and visiting professional were equally as complimentary regarding the registered managers. One medical professional told us, "I really think they [registered managers] deserve acknowledgement for the way they lead the team and run the home. They are just great." Another professional said, "They are always so friendly, nothing is too much trouble." Additionally, everyone we spoke with said that they would not hesitate in recommending the home.

All of the staff we spoke with were equally enthusiastic about the registered managers and said they enjoyed working at Afton Lodge.

The culture of the home was friendly, relaxed and peaceful. People and staff were warm and welcoming and there was a clear ethos of teamwork. We observed that staff each had an allocated role and this ensured the smooth running of day to day operations. One of the medical professional's we spoke with confirmed this, they said, "What happens is every shift there is a delegated staff member who I would need to communicate with and they ensure this is shared amongst the staff team. It is really good system they have in place."

Quality assurance systems took into consideration medication, care planning, cleaning, health and safety and staffing. We saw any recommendations were being followed up with a plan of action by the registered managers. The registered managers did their own weekly audit of the building and regular care plan checks. We also spoke with the maintenance person who showed us regular audits that they completed and ticked off when jobs were completed.

The provider attended the home and completed a provider audit and kept a written record of their visits. We saw that some actions, for example, a new carpet which was needed in the home, were implemented. The registered managers said they felt supported by the provider and this had improved significantly.

We saw that all notifications had been reported to the Care Quality Commission as legally required by law, and the manager had also kept us up to date with other information.

The service had also developed good systems for getting feedback from people living at the home and their relatives. We saw a series of surveys and meetings aimed at seeking feedback about the home. We saw that feedback was regularly acted upon, for example, if people had requested a certain type of food on the menu.

Team meetings took place every three months; and resident meetings took place every month. We were able to view minutes of these.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Afton Lodge was displayed for people to see.

We asked people and staff if there was anything they would do to improve the home, and everyone said no.