

Methodist Homes

Aughton Park

Inspection report

Aughton Park Drive
Aughton
Ormskirk
Lancashire
L39 5QE

Tel: 01695576996

Website: www.mha.org.uk/ch10.aspx

Date of inspection visit:
01 February 2018

Date of publication:
21 March 2018

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

Aughton Park 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.

Aughton Park is situated in a residential area of Aughton, Ormskirk. It provides accommodation over two floors for up to 50 adults, who require help with personal care. A separate unit on the first floor is available for those who are living with a dementia related illness. A passenger lift is provided for easy access to the first floor. All bedrooms are of single occupancy with en-suite facilities. Ample car parking spaces are available. A variety of amenities are nearby, such as churches, a corner shop, newsagents, a post office and public houses. Public transport links to surrounding areas are within close proximity.

At the last inspection on 05 March 2015, we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection or on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People we spoke with told us they felt safe living at Aughton Park. We did not identify any areas of risk during our inspection. The premises were safe, well-maintained and clean throughout. Those who lived at the home were protected from abuse and records showed the staff team had received training in safeguarding vulnerable adults.

People who used the service were protected by the robust recruitment practices adopted by the home. This helped to ensure only suitable staff were appointed to work with the vulnerable people who lived at Aughton Park. People who lived at the home and staff members we spoke with said there were enough staff on duty to meet individual needs.

New employees were guided through a detailed induction programme. Staff were regularly monitored through supervision and appraisals and a broad range of training modules were provided. This helped to ensure all staff were supported to gain confidence and knowledge to enable them do the job for which they were appointed.

Medicines were being well managed. Regular medication audits were conducted and associated risk assessments completed. Key staff were provided with relevant medication training and we observed the safe administration of medicines. This helped to protect people from the mismanagement of medications.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems of the service supported this practice. Comments we received from those who lived at the home included; "Yes, I can do what I want"; "They [staff] ask do you want a wash or a shower. I do feel in control" and "My newspaper comes with whoever brings my breakfast to my bedroom. I can change where I have my breakfast every day if I want to."

The dining experience was pleasant for those who lived at the home. People told us they enjoyed their meals and had a choice of menu. The registered manager had effective systems to protect people from the risk of malnutrition. One person told us, "The meals are appetising. We have a choice. They are nicely presented, which is important. They [staff] ask if you want more. The portions are very good. Eight out of ten overall. Drinks are topped up all day in my bedroom."

People looked comfortable and relaxed in the presence of staff members. We observed staff supporting people in a kind and caring manner, ensuring their privacy and dignity was consistently protected. They displayed a friendly and compassionate attitude towards those who lived at the home. People we chatted with spoke highly of the staff team and relatives told us they were involved in every aspect of their loved one's support and care planning. One person who lived at the home told us, "I haven't met any member of staff who hasn't gone out of their way to make me feel at home here. They're very kind, gentle and caring. The staff are wonderful."

The needs of people had been thoroughly assessed before a placement at the home was arranged. The information gathered before admission was then used to develop the plans of care, which we found to be detailed and person centred. We observed staff followed the agreed plans in day to day practice. This helped to ensure people received the care and support they needed.

Records showed feedback from those who lived at Aughton Park and their relatives had been actively sought about the quality of service provided. This was underpinned by regular quality audits, in order to monitor everyone's health, safety and well-being. Regular meetings were held for those who lived at the home, their relatives and the staff team. We found that any concerns identified were dealt with promptly. People we spoke with felt the home was being well-managed.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Aughton Park

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 01 February 2018. It was a full comprehensive inspection and was unannounced. This meant the home did not know we would be visiting.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC) 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. This expert-by-experience had been involved in the care of older persons living with dementia.

Before this inspection we checked all the information we held about Aughton Park. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We are required by law to be notified of these significant incidents. Additionally, we looked at the Provider Information Return (PIR) the provider had sent us. This 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 used a planning tool to collate all this evidence and information prior to visiting the home.

We also requested feedback from seven health and social care organisations, such as GP's, podiatrist, mental health teams, commissioners and the safeguarding team. This helped us to gain a balanced overview of what people experienced whilst living at Aughton Park.

We also spoke with nine people who lived at the home and five relatives about life at Aughton Park. We further discussed care and support with the deputy manager and five staff members.

We toured the premises to establish environmental safety and cleanliness of the home. We also spent time reviewing records. We checked the care files of four people who lived at Aughton Park and the personnel records of three staff members. Other documents we examined included staff training records, policies and procedures, maintenance records, as well as those related to the management and safety of Aughton Park.

Our findings

People we spoke with told us they felt safe whilst living at Aughton Park. Comments we received included; "Staff are extremely good at keeping everything clean and tidy"; "I take each day as it comes. Everything goes smoothly"; "People [staff] are around. You just ask if you need anything"; "Yes, I feel safe because I have a buzzer and a walker [frame]. I feel safe using it around the home. Yesterday I went to the loo [en-suite] with my walker and a carer escorted me. As I got back I turned to sit on the bed, as I usually do, but fell off into my drawers and hurt my arm and leg. They [staff] got paramedics out and later two district nurses came to see me" and "I definitely feel safe. We have very good night staff here. They check me every two hours."

One family member told us, "She [service user] can't walk round safely by herself, so they've [staff] put motion pads by her bed and chair. I've seen staff come straightaway."

Records showed the staff team had received training in safeguarding vulnerable people and whistle blowing procedures. Those we spoke with had good knowledge of safeguarding principals and were confident in making a referral should they be concerned about the safety of someone who lived at the home. We had been notified by the home of any safeguarding referrals made.

Records we saw were well maintained and showed that detailed environmental assessments had been conducted within a risk management framework. We toured the premises and found that the home was safe, well maintained and hygienic throughout. Ample supplies of Personal Protective Equipment (PPE) was available to maintain good standards of infection control. This helped to keep people safe and free from harm. During our inspection we noted a fire exit door was not operating properly. However, the deputy manager attended immediately and put actions in place for an urgent repair.

Systems and equipment within the home had been checked and serviced, in accordance with the manufacturer's recommendations. This helped to make sure it was safe to use and fit for purpose. Personal Emergency Evacuation Plans (PEEPs) and Emergency policies had been developed, so the staff team would know what action they needed to take in the event of an emergency occurring, such as a medical crisis, fire, flood, gas leak, power failure, severe weather conditions or water shortage.

The care files we saw demonstrated clear strategies had been implemented, so that any potential risks to the health and social care of those who lived at Aughton Park were eliminated or reduced. For example, detailed care plans had been developed from the assessments, in order to support those who were at risk of

falling, malnutrition, tissue damage or behaviour that challenges.

Furthermore, accident and incident records clearly outlined details of the circumstances, any injuries sustained and action taken. We noted that such events were monitored, so that any developing patterns could be quickly addressed and lessons learned when things went wrong.

The recruitment practices adopted by the home were robust. Relevant checks had been conducted before potential staff were appointed. This helped to ensure only suitable staff were recruited, so that people were kept safe. The policies of the home demonstrated that disciplinary procedures were in place for incidents of staff misconduct.

People we spoke with felt there were, in general sufficient numbers of staff deployed on each shift. We found that people's assessed needs were being appropriately met and we saw staff members present in the communal areas of the home throughout our inspection. When asked about staffing levels one relative commented, "There are times when they're a bit stretched, when people are ill, but most of the time it's good." We spoke with one care worker in one of the lounge areas, who told us that she could not leave the room, as she had to make sure the residents were safe.

We assessed the management of medicines and found these to be satisfactory. Regular medication audits had been conducted and appropriate risk assessments completed. Key staff had received training in medicines management and we observed robust procedures were followed during the administration of medications. This helped to maintain safe medicine practices. One person told us, "I always get my medicines on time."



Our findings

People we spoke with felt the staff team were well trained and competent to do the job expected of them. A new person to the home told us, "They [staff member] came out to my home to see me. They are coming to do my care plan later today." Other comments we received included; "If I needed a District Nurse they'd [staff] get one"; "I'm sure they would get a doctor if I wanted one. An optician has been in"; "If we're not feeling so good we'll be looked after" and "I see my care plan. I can always approach staff concerned if I've got a problem."

Staff personnel records showed that detailed induction programmes were provided for new staff. These covered areas, such as moving and handling, fire awareness, safeguarding vulnerable people, infection control, food hygiene and first aid. Processes were in place to monitor staff performance through regular training programmes, supervision sessions and annual appraisals. This helped to ensure the entire workforce promoted best practice and were skilled and knowledgeable to provide the care and support people needed.

People's needs were thoroughly assessed before a placement at the home was arranged. This helped the staff team to be confident they were able to deliver effective outcomes for each person who went to live at Aughton Park.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that staff had received training in relation to DoLS and those we spoke with demonstrated a good understanding of the MCA. Care records we looked at confirmed staff followed correct procedures to deprive someone of their liberty in order to protect them from harm.

We found care records contained evidence that consent to care and support had been obtained from those who lived at the home or from someone who had legal authority to provide that consent on their behalf.

Care records showed that those at risk of malnutrition had been appropriately assessed and strategies had been implemented to ensure they were provided with the most effective support in order to promote good nutrition and hydration. However, the records of one person indicated they should be weighed each week, but the recording had not been kept up to date. The deputy manager assured us this would be rectified without delay.

One member of the inspection team joined some people who lived at the home for lunch. There was a selection of menu choices and alternatives were also available should someone not like what was on offer. The dining experience was pleasant, with nicely laid tables and people seemed to enjoy the food served, which was well presented and nutritious. Those who needed help with their meal were supported in a discreet and caring manner. Staff members communicated well with people whilst providing assistance. However, the dining room was somewhat overcrowded, which made moving around for care workers a little difficult. This was discussed with the deputy manager at the time of our inspection, who advised she would look at reviewing the use of dining areas.

We found staff had received training in the safe management of food preparation and hygiene. This helped to protect people from food contamination and it promoted good food hygiene standards.

Records showed that people were supported to maintain hospital and other health care appointments within the community and it was evident that staff worked closely with external professionals to ensure people's health and social care needs were consistently met.

During the course of our inspection we saw that staff communicated effectively with those who lived at the home. Any changes in people's needs were efficiently disseminated to the staff team to ensure care and support was provided in an effective manner.

The premises were suitable for those who lived at Aughton Park and the home had introduced the use of specialised technology in order to provide effective care and support. For example, some people who lived at Aughton Park had been provided with sensor equipment for their safety and computers were installed, which helped to promote effective management systems. One of the lounges was used for residents to use online video calling to their friends and relatives and there was also a touch screen tablet for the use of those who lived at the home. Support was available to use these devices from both staff and other residents.

Our findings

People we spoke with described staff as kind, lovely and thoughtful. Comments we received from people included; "I can sit in the lounge with my relatives or go to my bedroom"; "My visitors are offered tea and biscuits. I can see visitors in my bedroom, if I like. I brought my own armchair, bookcase and TV with me"; "My relative rings me every day in my bedroom"; "My family visit me in my bedroom. No problems" and "I can have a bath when I want one. They [staff] are absolutely respectful. They always lock the bathroom door."

A member of the inspection team was chatting with one person in their bedroom when a carer brought them their daily newspaper. After the carer had left the room the person said, "That's one of the staff. She's lovely. All the staff are nice. They're excellent."

We observed staff supporting people with patience, compassion and in a friendly manner, although independence was promoted when appropriate. Staff interacted well with people. They were clearly very much aware of how people liked to be approached and therefore made good use of touch, eye contact and humour, depending on the individual preferences and wishes, which were incorporated into the plan of care.

The policies and procedures in place at the home promoted equality, diversity and human rights and helped to protect people from discriminatory practices. We saw people were treated equally with their human rights being protected.

Care records were maintained in a confidential manner and those we saw emphasised the importance of promoting people's privacy and dignity, particularly during the provision of personal care. We observed staff members knocking on people's doors before entering and closing them when providing intimate care in order to maximise their privacy.

People who lived at Aughton Park and their relatives told us staff involved them in every aspect of their support and care records we saw supported this information. The policies and procedures of the home helped to ensure the staff team responded appropriately to equality and diverse needs. During our inspection we observed those who lived at the home being treated equally and without favouritism.

It was evident that the staff and management team respected people's human rights, in accordance with the Human Rights Act 1998. For example, they supported people and their families to ensure they had a right

to respect for private and family life. There was also a pay phone with two armchairs at the end of a corridor enabling privacy.

Information about the services and facilities at the home was readily available and details about access to advocacy services was prominently displayed. An advocate is an independent person who will support people in making decisions, which are in their best interests.

Our findings

People told us staff provided them with person centred care and support. Comments we received from people included, "I have no complaints at all. The meals are good and the staff are good"; "I'm very happy here" and "If there's a problem we can discuss it with staff, but there's nothing to complain about."

One relative we spoke with told us; "Twenty-five people attended the last relative's meeting, but not much needs changing."

We 'pathway tracked' the care support of four people who lived at the home. 'Pathway tracking' is a method we use to help us establish if people receive the care and support they need.

The care files we looked at showed that people's needs had been appropriately assessed before they moved into the home. The plans of care were detailed and person centred documents, which incorporated individual preferences, choices and people's interests. This helped the staff team to develop a clear picture of those who lived at the home and to provide the support they needed, in accordance with their wishes.

People's plans of care were regularly reviewed, in conjunction with those who lived at the home and their relatives, if appropriate, and any changes in people's needs were appropriately recorded. This helped to ensure the staff team were aware of people's current circumstances and protected people from discrimination.

We established there was no activity coordinator currently employed at the home, but care staff were providing leisure activities, whenever possible. There was a 'What's On' notice board, which prominently displayed a range of planned activities available. These included; religious services by visiting clergy; music therapy; Pat dog visits; dominoes; knit and natter and visiting entertainers.

Comments received from those who lived at the home included; "I get my own newspaper delivered. I do crosswords in the lounge and we have singers come in"; "I do crosswords and puzzles, as a group activity in the mornings in the main room. Every time they've got something on they come and find me. Yesterday afternoon I went to knit and natter, which was an opportunity to talk to the others"; "I like to do jigsaws" and "I play dominoes, read newspapers (the home gets daily newspapers and magazines delivered for the benefit of all), draw and do arty things. I go and sit in the garden when it's nice, which is very relaxing. It is very enjoyable here with all that's going on."

Information was readily available for people to read. It was also accessible in various formats, such as braille, easy read and different languages. This helped everyone to have the same opportunity in accessing relevant information.

The complaints procedure was clearly displayed in the home to assist people to understand how to make a complaint, should they wish to do so. It was also included within the brochure of the home. The policy covered timeframes for investigations and responses to be delivered and explained how individuals could raise their concerns with other organisations, such as the local authority. A system was in place for the recording of complaints and these were monitored by the management of the home.



Our findings

People we spoke with provided us with positive feedback about the management of the home. They all spoke highly of the entire work force, telling us that Aughton Park was well led and very well organised. Comments we received from people we spoke with included; "The atmosphere here is excellent. All runs smoothly. Doesn't matter where you are, staff will always greet you by name, 'How are you?', 'How are you settling in?' I wouldn't hesitate to ask them anything" and "It's a nice atmosphere. I think it's great. Just what I want at this moment in time. All the staff are very nice and family can come and go and that's nice."

Relatives we spoke with told us, "The manager is very approachable. He listens to me" and "The atmosphere is very friendly and professional."

At the time of our inspection the registered manager was off work and the deputy manager was in charge of the day to day operation of the home. 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.

The deputy manager demonstrated an in-depth awareness of each person's needs and background. Records showed that regular staff meetings were held, which enabled relevant information to be disseminated amongst the staff team and encouraged employees to be involved in the on-going development of Aughton Park.

There were processes in place to regularly monitor the quality of service provided. People we spoke with and their relatives said the management team periodically sought their views about the home through questionnaires. The results of these provided complementary responses, which were available for us to see.

A variety of audits were conducted, so that systems and practices could be assessed and monitored on a regular basis. This enabled any shortfalls in the service to be quickly identified and addressed without delay. These covered areas, such as staff records; care records; the environment and fire safety; accidents and incidents; housekeeping and medication. We saw evidence to demonstrate that any issues were acted upon quickly in order to maintain everyone's health, safety and welfare. A wide range of updated policies and procedures were available at the home. These helped to ensure that the staff team were provided with current legislation and good practice guidelines.

We noted the last rating of this service to be prominently displayed within the reception area of the home. It was also published on Aughton Park's website, in accordance with legal requirements.

One member of staff we spoke with told us, "The management, especially [name] appreciates our work. I am quite happy here. Overall I think it's great."

We spoke with one volunteer, who had been attending the home for 14 years. She outlined her role, which she told us included, accompanying people to hospital appointments or the dentist, travelling by ambulance with people to a variety of appointments. They discussed their responsibilities when undertaking these tasks and confirmed what training they had completed. We asked the deputy manager if this person had undertaken relevant personal care training. We were told this training was required for them but confirmed they would undertake a review of the role of volunteers in the home.