

Mr & Mrs M Delpinto

# Autumn Lodge Residential Home

## Inspection report

41 Moss Lane  
Orrell Park  
Liverpool  
Merseyside  
L9 8AD

Tel: 01515250555

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Autumn Lodge is a large residential home which provides accommodation and support without nursing care for up to 34 older people. All accommodation is located over three floors; all bedrooms are single rooms, many of which have en-suite facilities. There is a large TV room complete with a pool table for residents to enjoy as well as a large day room, large dining room and smaller lounge areas. There is a medium sized garden to the rear of the building and a small car park at the front. The service is based in a residential area of Liverpool and close to local amenities.

At the last inspection, 31 July 2014 the service was rated Good.

At this inspection we found the service remained Good and continued to meet all of the essential standards that we assessed.

There was a registered manager for the service at the time of the inspection. A registered manager is 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 home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We were provided with information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest. 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 in the service supported this practice.

Medication was administered safely by staff who had received the appropriate training. Medication records were accurate, medication audits and competency assessments were conducted on a monthly basis and annual medication reviews were conducted for all people who lived at the home.

All care files contained individual care plans and risk assessments. Care plans were person centred and contained relevant information in relation to a person's wishes, choices and preferences.

Staff were supported in their roles and completed the necessary training as well as specialist training to effectively support the people in their care.

People were protected from abuse. Safeguarding procedures were in place and staff were aware of how to report any concerns. All staff were able to explain their understanding of what 'safeguarding' meant and the actions they would take to safeguard people in their care.

Recruitment was safely and effectively managed. Suitable and sufficient references and disclosure and barring system checks (DBS) were in place for all staff. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting.

Staff supported people to make their own decisions with the food and drink during. People enjoyed the food provided and were encouraged to make choices about the different types of food and drink they wished to be purchased. Staff and kitchen staff were also familiar with specialist needs which needed to be supported.

A formal complaints process was in place at the home and people informed us that they knew how to make complaints if they ever needed to. At the time of the inspection there were no on-going complaints being investigated.

The home regularly held 'resident' meetings with the people living at the home at which they had the opportunity to discuss different aspects of their care, support and service delivery.

There was a variety of different audit tools and methods used to monitor and assess the quality of the home. These included internal and external audits as well as staff meetings, staff, resident and relative satisfaction surveys and compliance checks.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Autumn Lodge Residential 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.

The inspection took place on 18 and 19 July, 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an 'Expert by Experience'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Autumn Lodge. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were living at the care home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted

During the inspection we spoke with the service manager, care manager, two members of staff, the kitchen chef, activities co-ordinator, five people who lived at the home, three external healthcare professionals and five relatives. In addition, we spent time looking at records, including three care people's records, five staff files, staff training records, accidents and incidents, complaints and other records relating to the management of the service.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

# Is the service safe?

## Our findings

We received positive feedback from everyone we spoke with during the two day inspection in relation to people's safety. One person was asked if they felt safe at Autumn Lodge and they replied "Oh gosh, yes". Another person commented "I've never had any feelings other than safe".

Medication management processes were safely managed. Medication was only administered by staff who had received the relevant medication training. All medication was stored safely and securely, temperature checks were being completed on a daily basis and monthly medication audits were being carried out. Medication records indicated that people had been administered their medication as prescribed.

Safeguarding procedures were in place and staff were familiar with how to raise any safeguarding concerns. Local safeguarding referral details were visible in the main staff office and the staff we spoke with were able to explain how they would report any concerns and who they would report their concerns to. Staff had also received the necessary safeguarding training.

Care plans and risk assessments were regularly updated and contained relevant information in relation to support needs, health care needs and any specialist support which needed to be provided.

The home was clean and well maintained. We were provided with evidence of health and safety audits which were being conducted; these confirmed that the service was safe. Audits which were conducted included fire protection and prevention, water temperatures, fire evacuation audits as well as infection prevention control audits. Records also confirmed that gas appliances and electrical equipment complied with statutory requirements. We also saw evidence of people having their own Personal Emergency Evacuation Plan in place (PEEP) which meant that each person could be safely evacuated from the building in the event of an emergency.

We reviewed five personnel files of staff who worked at the home. Safe recruitment processes were in place at the home. The appropriate checks had been completed before employment commenced. Application forms had been completed, confirmation of identification was evidenced in files, references from previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Staffing levels were monitored and assessed to ensure sufficient numbers of staff were available. Typical staffing levels throughout the day included one care manager, one senior worker, three care staff and kitchen chef as well as domestic staff and three and wake in 'wake in night'. One person expressed "There's always lots of staff; they're quite hands-on and attentive".

## Is the service effective?

### Our findings

People continued to receive effective care. People were supported and cared for by trained staff who were familiar with people's needs and wishes. One person said "The staff are kind, efficient, they laugh and joke with you". One relative expressed "We've been to a lot of care homes; staff are amazing here you just couldn't fault them".

People who lack mental capacity to consent to the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA) At the time of our inspection two people living at the home were subject to Deprivation of Liberty Safeguards (DoLS) this is part of the MCA and aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. There was effective processes in place to ensure those living at the home were receiving the care and support they needed with the involvement of local authorities, GP's and relatives.

All staff we spoke with could explain to us their understanding of legislation surrounding the MCA and the associated DoLS. Staff were also aware of the people who had authorised DoLS in place which meant restrictions had been approved in the best interest of the person.

Training which staff needed to have completed as part of their role included first aid, fire safety, manual handling, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) adult safeguarding and medication knowledge and awareness. Staff were also encouraged to complete specialist training such as 'End of life care' training, diabetes training, nutrition training as well as pressure area care training.

Staff were familiar with any changes to people's circumstances and it was evident throughout the inspection that the communication systems which were in place enabled staff to keep up to date with any significant changes to care plans or risks.

Supervisions and appraisals of staff performance were regularly carried out. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. All staff expressed that they felt supported and valued in their roles. People had routine appointments being documented in care files. There was evidence of partnership working with social services, GP's, chiropodists, local health centres as well as regular dentist and optician checks being supported.

People were involved with food and drink purchases, staff were familiar with their likes and dislikes and specialist dietary needs were effectively catered for. 'Resident' meetings regularly took place to ensure people living at the home had full involvement with the menus and to also ensure that choice and preference was being supported. We received positive comments about the food from people who lived in the home, such as "The choice of food is fabulous", "I'm happy with the meals we receive" and another person commented "They're (staff) are good at finding out our likes and dislikes".



## Is the service caring?

### Our findings

During the inspection we observed staff providing kind and compassionate care. Staff were familiar with people's support needs and were able to provide information in relation to their care plans and risk assessments. People we spoke with said, "They're [staff are] lovely, and the support I got when I first came... I was amazed." Another person commented "Autumn Lodge has given me a new lease of life." A relative expressed "This place is so homely; I can just come in any time I want to. You can have a cup of tea and a chat".

We observed staff providing genuine, compassionate and kind care and it was evident to see that people were happy, content and supported. Positive relationships were observed throughout the inspection. Staff were familiar with the people they were supporting and were able to discuss specific support needs, likes, dislikes and preferences. Staff promoted a culture of warmth, kindness and compassion and it was evident that the staff were committed to delivering safe, effective and compassionate care.

Staff were able to explain how they would ensure that people's privacy and dignity was always maintained and how there was a great amount of respect around their choice, preferences and independence. One person expressed "We [people] think a lot of them (staff) we like them, we respect them and they like us and respect us back." Another person said "I am always treated with respect". One relative expressed "My (relative) receives care of the highest standard (relative) is respected at all times".

Staff expressed that they encouraged people to remain as independent as possible within their abilities and to do as much as possible for themselves as they could. Staff described how they would encourage people to choose their clothes each day, encourage people to get involved in social activities and events and attend the resident meetings which regularly took place. One person commented "I can make my own choices".

Each person living in the home had up to date and person centred care plans. The care plans contained detailed information in relation to their needs, wishes, choices and personal preferences. For example, care plans explained what time people liked to get out of bed of a morning, what food people liked to eat and how people liked to have their tea and coffee.

Visits from relatives were actively encouraged throughout the week. One person was asked if they could have regular visitors, the person commented "Oh yes [relative] comes every day". A relative also commented "I can come anytime and when I do come I'm made to feel like one of the family, they're (staff) all so kind". The manager also explained that they had recently purchased a number of iPads. These had been purchased to help support people who were living at the home who were not receiving any visits from family members due to geographical reasons. The manager explained that a number of people were able to Skype their relative which helped to them to maintain important relationships.

## Is the service responsive?

### Our findings

Staff engaged well with people. It was evident from our observations and discussions with a number of people that staff were familiar with the care needs of those living at the home. One person expressed "Nothing is too much trouble" and another person expressed "They're all good at the job".

Each person had been appropriately assessed before they moved in to the home and the information which was captured enabled staff to familiarise themselves with the person and provide the support and care which was needed. The level of detail in the care plans and risk assessments provided staff with detailed information to meet the needs of the people they were caring for.

We found person centred care plans in place which provided information around the many different aspects of care such as personal care, night time routine, medication and specific health needs. Care plans and risk assessments were reviewed and updated on a monthly basis by dedicated key workers and the service manager. A key worker is a member of staff who has specifically been allocated to the person and has key responsibility in ensuring care plans, risk assessments and all health, social and emotional needs are supported.

The home had a complaints policy and processes in place. The procedure was clear in explaining how to make a complaint. One person was asked if they would feel able to make a complaint, they commented "I feel perfectly able to do so". At the time of the inspection there were no on-going complaints being investigated. Relatives told us they had positive relationships with staff and the manager and if they ever needed to raise any issues they would do so in an informal manner.

There was a dedicated activities co-ordinator who supported people with a range of different activities. One person expressed "They always have activities going on, exercises, craft work, singers coming in sometimes" and another person said "There's music, bingo, games, a visiting artist. They(staff) have it all up on the board. They've (staff) done a 'cupcake day' for charity".

People had the opportunity to attend regular residents meetings. Minutes showed that discussions had been held around activities, staff and management, meals, complaints and any other business which needed to be raised. We saw an example of residents requesting further information in relation to 'End of life' care not only for themselves but also for their relatives. When we asked the manager if this request had been completed, we were provided with pamphlets which had been designed to explain 'End of life' arrangements and information had been placed on the 'resident' notice board for people and relatives to read at their leisure.

## Is the service well-led?

### Our findings

There was a registered manager at the time of the inspection. The registered manager had been in post since October 2010. The registered manager was aware of their responsibilities as service manager and it was evident from records and audits provided that there were effective systems in place to ensure that safe, effective and compassionate care was being provided.

Statutory notifications were submitted in accordance with regulatory requirements; previous inspection report ratings were visible in the home and ratings were also available on the provider website.

There was an open, supportive and friendly culture within the home. All staff, relatives and people spoke highly and positively about the care which was being provided and it was clear to see that the staff were dedicated and committed to their roles.

Staff meetings were regularly held with all staff. We saw evidence of discussions taking place about documentation and record keeping, quality assurance, training, whistleblowing and safeguarding, dignity, respect and choice as well as any care plan updates and actions which needed to be followed up.

Communication and recording systems which were in place were effective. It was evident that the staff team and management worked well together. They were continuously discussing the care needs of the people they were caring for, updating and managing risk as well as involving external healthcare professionals when they needed to.

Annual satisfaction surveys had been circulated to staff, residents and relatives. The results of the surveys enabled the management to explore and review the perception of those who lived, worked and visited the home. The feedback received was particularly positive especially in relation to the care which was being provided, the respect which was shown and the dedication of the staff team.

The provider's quality assurance systems ensured that the health, safety and well-being of those living at the home was well managed and never compromised. We saw evidence of medication audits, care plan audits, fire protection and prevention audits, water testing audits. An external audit had also been conducted by Liverpool Community Health NHS Trust. An audit action plan had been implemented and at the time of the inspection all of the action points had been completed.

There was up to date policies and procedures in place at the home. Policies we reviewed included safeguarding, equality and diversity, MCA and DoLS, medication and whistleblowing policies. Staff explained their understanding of such policies as well as explaining where they could access the policies if they ever needed to. There was a 'Business Continuity Plan' (BCP) in place at the home. The BCP was reviewed and updated every six months and contained all relevant contact details of both internal and external services and agencies as well as offering essential advice and guidance in the event of an emergency.