

Mr & Mrs M Delpinto

Autumn Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. The visit was unannounced.

We last inspected this service in June 2013. At that inspection we found the service was meeting all of the essential standards that we assessed.

Autumn Lodge Residential Home provides accommodation and support without nursing care for up to 34 people. All accommodation is in single bedrooms, many of which have en-suite facilities. The service is based in a residential area of Liverpool, close to transport routes.

Summary of findings

At the time of our inspection the home had a Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider [owner].

We asked people who used this service and the staff who supported them for their views of the service and we observed how the support staff interacted with people. During our visit to the service, we spoke with the provider [owner] of the service and with the registered manager. We also looked at the care records for seven people and looked at records that related to how the service was managed.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

The service had safe recruitment systems to ensure that new staff were only employed if they were suitable to

work within the home. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service.

We spoke with one health care professional who visited the service during our inspection, the person we spoke with told us; "The staff make appropriate referrals and provide any information we need. If I leave instructions these are always followed. I have no concerns."

There were sufficient staff, with appropriate experience, training and qualifications to meet people's needs. The service was well managed, the registered manager told us they set high standards and took appropriate action if these were not met.

People were asked for their views about the home and these were used to improve the service. People had information about how to make a complaint or comment and these were acted upon. The provider and registered manager monitored the quality and safety of the care service in an effective way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe. People living at Autumn Lodge were safe because they were protected from bullying, harassment, avoidable harm and potential abuse. Staff understood what abuse was. Where people experienced behaviour that may challenge the staff working at Autumn Lodge plans were in place to support staff to manage this safely.

The registered manager had a good understanding of the Mental Capacity Act 2005 and had ensured capacity assessments were undertaken when required. The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain injury or learning disability. If a person lacks the capacity to make a decision for themselves, staff can make a decision in their best interests. Risk assessments were in place within the service and restrictions were minimised.

There were sufficient staff members on duty to meet people's personal care needs and keep people safe. Staff files we reviewed confirmed that robust recruitment checks were in place to ensure staff were suitable to work with vulnerable adults. Autumn Lodge only employed staff who had been vetted to make sure they were suitable to work with vulnerable people.

Good



Is the service effective?

People's care needs were assessed when they came into Autumn Lodge Residential Home. We found people's care records were personalised and provided clear guidance on how their care needs should be met. We saw records which confirmed that people who used the service had been supported to take part in their care planning.

Records confirmed that the service worked closely with individuals, family members or social workers in planning individual care. People were supported to access healthcare from a range of professionals.

Staff members had access to a comprehensive induction programme when they started work at the home. Staff received good support through supervision and all members of staff had received their yearly appraisal.

Mandatory (compulsory) training levels in areas such as Health Safety, First Aid and Food Hygiene were high.

Good



Is the service caring?

From our observations, we found staff were caring and treated people with dignity and respect. This was supported by the three people we spoke with who used the service and relatives visiting the service during our inspection.

Staff had a good knowledge of people's care needs and preferences and tried different approaches to establish what people liked and didn't like.

The provider sought the opinions of people who used the service and their families to ensure they were involved in decisions about the relatives care.

Good



Summary of findings

Is the service responsive?

We found people received personalised care that was responsive to their needs. People were supported to access the community, such as going out for lunch or going out to places of worship.

Relatives we spoke with confirmed they were involved with the planning of their family members care. Relatives told us that they worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making.

We found the manager took steps to ensure the service learnt from mistakes, incidents and complaints. People who used the service and the relatives we spoke to confirmed that they had been given information on how to make a complaint.

Good



Is the service well-led?

From our observations and speaking with people who used the service, staff and relatives of people using the service we found that the culture within the service was person centred and open. By 'person centred' we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare.

From listening to people's views we established that the leadership within the service was strong and consistent. The registered manager had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider.

A process was in place for managing accidents and incidents. The registered manager reviewed all accidents and incidents in order to look for any emerging themes or patterns.

Good



Autumn Lodge Residential Home

Detailed findings

Background to this inspection

The inspection was carried out as part of the second testing phase of the new inspection process we are introducing for adult social care services. 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 we held about the service. This included information from the provider and speaking with the local authority contracts and safeguarding teams.

Autumn Lodge Residential Home provides accommodation, personal care and support to older people with care needs. Due to their individual complex care needs three of the people living at the service were unable to tell us about their views and experiences.

During this inspection we spoke with nine people living at Autumn Lodge and five relatives. We also spoke with staff

including the provider [owner], registered manager, a quality assurance manager, four care staff, two housekeeping staff and two catering staff. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records for eight people and the recruitment records for four staff members; we also reviewed the home's policies and procedures.

We spent time observing how people were supported by the staff and made use of the Short Observations Framework for Inspection (SOFI) tool. This tool is used to help us evaluate the quality of interactions that take place between people living in the home and the staff who support them. It helps us to understand the experience of people who cannot talk to us.

Prior to the inspection we contacted a range of professionals who regularly work with people who live at Autumn Lodge. These included GP's, social workers and community nurses.

Is the service safe?

Our findings

The service was safe. The people we spoke with who lived at the home, told us they felt safe in the way staff supported them. The people we spoke with told us they did not have any concerns about staff treating them unkindly. One person said, "I feel comfortable with the staff. They're okay." Throughout the inspection we observed staff supporting people in a safe and caring way.

People also told us there were enough experienced staff on duty to ensure they received safe care. One person commented; "I think there is enough staff to look after people." Another person told us, "The staff are always around. Up to now they have had enough staff. The staff know what they are doing."

Families we spoke with said their relatives were supported in a safe way. A family member said to us, "The staff make the home safe. I think my [relative] is handled and moved around well. She has been here years." Another family told us, "When anyone is unsteady on their feet, you always see staff walking with them." another a family member told us; "Residents are never left on their own in the lounges." Overall, families felt the staffing levels were sufficient to provide safe care.

The service had a corporate safeguarding policy in place, which had last been updated in February 2014. This stated that the policy should be used in line with local authority safeguarding policies and procedures. A flow chart about how to make a safeguarding alert was displayed on a noticeboard in a communal area of the home and as such was accessible to people who used the service and their relatives as well as staff. This assured us that people who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with four care workers about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. The staff we spoke with gave us appropriate responses and told us that they would report any incident to the person in charge. Staff were able to describe how they would ensure that the welfare of vulnerable people was protected through the

organisation's whistle blowing and safeguarding procedures. This indicated to us that the provider has taken reasonable steps to ensure any allegation of abuse was responded to appropriately.

Over the last year the registered manager had raised two safeguarding alerts with the local authority and notified the Care Quality Commission. The registered manager and the provider [owner] were able to provide an appropriately detailed overview of what action they would take in the event of an allegation of abuse. This included informing relevant authorities such as the local authority safeguarding team and the police if appropriate. This assured us that steps were taken to keep people safe and protect them from abuse and avoidable harm.

We found staff had appropriately identified and recorded incidents and accidents that had taken place in the service. Records we reviewed detailed actions that had been taken to minimise further incidents and accidents within the service. For example, we saw records which confirmed that one person who used the service had undergone a change in their behaviour. Records we reviewed confirmed that the registered manager had reviewed the documentation relating to this person's change in behaviours and had taken action to ensure the risk of a further incidents were minimised. The actions taken in this case had been a request for a review of the individual by the GP to ensure there was no underlying physical cause for the change in behaviours. In addition to this, we saw records which confirmed that the family of the service user had been informed of the issue in a timely manner.

The eight care records we looked at included a range of assessments and care plans for people with risks associated with their health and welfare needs. We could see from these records that family members were informed if their relative experienced an event which had caused harm or put the person at risk. When a risk was identified if appropriate, staff referred people to a relevant external healthcare professional.

The registered manager had a good understanding of the Mental Capacity Act MCA (2005). The Mental Capacity Act (2005) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

From our observations of the care delivered, there were sufficient staff members on duty to fully support and keep

Is the service safe?

the people who used the service safe, as well as meeting their personal care needs during the day. Throughout our inspection we observed staff interacting with people who used the service in a positive respectful way. For example, we saw staff promoting independence by encouraging people to do things such as walking, or choosing where they wished to eat their meals and spend their time. The manager told us they considered the skill mix and experience of staff on each shift, to ensure that the needs of the people who used the service were met. We reviewed duty rotas for four weeks prior to our inspection and found that staffing numbers were consistent, with the staffing levels we observed during our inspection.

During our discussions with the manager we asked what would happen if the building needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We found that there were enough members of staff present to follow the emergency plans in place.

We looked at the recruitment records of staff. We found completed application forms and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to staff starting work in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). Records we reviewed confirmed that proof of identity had been recorded and references obtained, prior to people starting work at Autumn Lodge. This assured us that appropriate checks were undertaken before the staff members began work.

As part of our inspection process, prior to our inspection visit we contacted three health care professionals who visited Autumn Lodge frequently. These included a GP practice and community nurses. The people we contacted told us that they were very satisfied with how the service managed individual risk and how people who used the service were treated. One professional commented to us; "I have never had any problems with the service."

Is the service effective?

Our findings

The service was effective. People's assessed needs were clearly reflected within their care records. We found individual care records were personalised and provided clear guidance on how the person's care needs should be met. People's support plans included information about their personal preferences. Within the care records we reviewed we found the information to be well laid out, consistent and easily accessible. The care records we reviewed clearly identified people's individual needs, for example we noted in one care file that the person had developed problems relating to swallowing. We saw that staff had identified the issue and asked for specialist help in a timely manner. The care file clearly documented the involvement of the person's GP and the local Speech and Language Team (SALT). We noted that the recommendations of the SALT team and those of the community dietician were incorporated into the person's updated plan of care. We also noted that the care records were stored in a small office area which was easily accessible to staff.

We found that staff were consistently following people's individual care plans. For example one person's care plan noted that they required extra support in relation to their diet and the consistency of their food. We then asked staff to tell us how this information was relayed to the staff in the kitchen. We were shown records which confirmed that the kitchen staff had been informed of the person's changing dietary requirements. We also noted that the information regarding this person's dietary needs was clearly displayed in the kitchen, to ensure that all staff had access to the information. This meant that people received care and support in line with their individual care plan. We noted that mental capacity assessments were contained in all the care records we looked at. They were generic in nature and merely confirmed that the person could make complex decisions. The staff we spoke with were aware of the Mental Capacity Act (2005). Staff explained how they

encouraged people's active participation in decision making. This included the steps they took to present information in a way that ensured people understood the issue and could then make an informed choice.

Where a health concern had been identified we saw documented evidence that the service had acted promptly to request the attendance of the GP or district nursing service. Staff told us how they would respond in a medical emergency. This included providing necessary first aid, calling the emergency services and providing reassurance. People that used the service told us that they felt the staff always looked after them well. One person who used the service told us; "I've only got to say I'm not too good and the girls always deal with me straight away."

Families we spoke with were pleased with how the staff supported their relative to maintain their independence and optimal health. A family member said, "They [staff] are all ways very aware regarding my [relative] health. The staff ring me and they make appointments if he needs to be seen by anyone." Another family member told us; "In my experience staff always move quickly if they think she is ill. A doctor is always called straight away."

Each new member of staff was subject to a probationary period of employment. This concluded with a meeting to determine whether the staff member was suitable to receive a permanent role. This assured us that steps were taken to ensure the people employed by the service were fit, and had the appropriate skills and values to undertake their roles within the ethos of Autumn Lodge.

We found staff received good support through supervision. All staff had received their yearly appraisal. We found there were no gaps in people's mandatory training. We noted that the manager had put in place clear plans to address mandatory training requirements in areas such as safeguarding and first aid, as they came up for renewal. Staff we spoke with confirmed that they had access to further training as required.

Is the service caring?

Our findings

The service was caring. We observed staff providing support and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. During our observations we noted that when staff spoke to people they made good eye contact and would use touch to provide reassurance where appropriate. All of the people who used the service and the relatives we spoke with told us staff were caring and respectful towards them. Comments included: "All the staff are always really nice to me, nothing is too much trouble for them." Another person commented; "The staff are great, I really get along with them all."

The care plans we looked at were comprehensive, covering areas of risk, health, people's personal preferences and personal history. The care plans we looked at were person centred and comprehensive, covering areas of risk, health, people's personal preferences and personal history. Within each of the files we looked at we noted a pre admission assessment had been undertaken by the registered manager to ensure that the service was able to meet the needs of each individual before they entered Autumn Lodge. This included for example; family composition, where the person used to live, hobbies/interests and previous employment. Within this assessment we saw detailed information about individual care needs, including current and past medical history and the individualised support required by the individual. This promoted staff awareness of people's individual needs, preferences and diversity. All the people who used the service and relatives we spoke with told us that they felt that the staff had a good understanding of people's individual needs.

The staff we spoke with demonstrated a good understanding of how to ensure that people were treated

with dignity and respect. In discussion with us it was clear that staff had a good understanding of the personal histories of people who used the service. The staff we spoke with were able to describe to us how they used this knowledge to promote engagement in conversations and provide personalised support.

The care staff we spoke with were clear about their responsibilities in accordance with people's rights to make their own decisions. They told us they would not make a person do something they did not wish to do. They said if a person refused necessary care then they would try and explain why the care was necessary or leave the person for a short while and try to encourage them a little later. This assured us that

We saw examples staff promoting independence by encouraging people to try and walk, cut their own food and choose where they would like to spend time during the day. In discussion with us, staff acknowledged that at times people struggled to walk etc. Staff told us how difficult it was to balance respecting personal choice whilst trying to encourage and motivate people to remain as independent as possible. In conversation with us staff gave examples of how they tried to encourage people to maintain their independence.

All of the people we spoke to, who used the service, told us they felt the care was very good.

When people who used the service described their support they used words such as 'lovely' and 'very good'.

We received very positive comments about staff and the care that people received from relatives of people who had used the service. One person commented; "The girls are all brilliant." Another person we spoke with said; "The girls are lovely, really really good, I couldn't wish for better care for my [relative]."

Is the service responsive?

Our findings

The service was responsive. All but three of the people who used the service could verbally express their views. We found staff made efforts to involve each individual in decisions regarding their day to day care. For those people who used the service who could not always express their views, we found that relatives and professional worked with staff from the service to ensure information about people's preferences was used to inform day to day decision making. One relative said "They really try to make sure everything is done the way he like things done." People who used the service who were able to express their views told us that they felt they were listened too. One person commented; "Oh I always say if I'm not happy with something. They are all really good; I've never known the girls not to sort things out for me."

The manager explained that most of the people who used the service had active family involvement in their care. Relative's we spoke with told us that they felt part of their [relatives] care and confirmed that they had been included and listened to by the manager and staff.

Autumn Lodge had an up to date complaints policy. The manager told us there had been no recorded formal complaints since our last inspection. Therefore we could

not review any current complaints to ensure they had been investigated and responded to appropriately. However we did review documentation relating to an older complaint, this showed that the manger had responded in a timely way and to the satisfaction of the complainant. The registered manager told us that the service had a web site which relatives could access and leave comments regarding the service. This was confirmed by the relatives we spoke to.

All of the people we spoke with were extremely positive about the care their relative reconceived and the staff at the home. The people we spoke with told us if they had any significant concerns they would be happy to raise these with the manager or senior staff. Two of the people we spoke with were able to describe an occasion where they had brought something to the manager's attention and told us that this had been acted upon. One person who uses the service commented; "You only have to say and they all do their very best to help." A relative we spoke with told us; "I know he is well looked after and happy."

We found that people received personalised care that was responsive to their needs. In the care records we reviewed we noted that care had been reassessed regularly to ensure that individual changes in people's physical and mental needs were identified and addressed.

Is the service well-led?

Our findings

The service was well-led. A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

From our observations and speaking with staff, relatives and the people who currently live at Autumn Lodge, we found that the culture within the service was open. Through listening to people's views we were able to establish that the leadership within the service was clear, consistent and accessible. In discussion with us the registered manager placed a clear focus on continuity of staffing, the delivery of supervisions and support to staff that incorporated the values expected by the provider.

We spoke with the registered manager about any improvements that were planned for the service. The manager told us that a programme of redecoration was being undertaken. This was in order to make the service more user friendly and homely. This was confirmed by documentation we reviewed relating to the management of the service.

The provider had an audit system in place to carry out regular audits at the service. These audits covered a wide range, including audits of medications, individual care plans, building maintenance and general health and safety. The registered manager was able to show us records which confirmed that these audits were then used to make improvements to the service.

Feedback on the quality of the service in the form of a customer satisfaction survey was undertaken continually by the provider. We reviewed completed questionnaires and were told of the service web site, which allowed people to leave comments regarding the service. Some of the responses we reviewed included comments from people who lived at the service and their relatives. Overall, the feedback was positive. Comments included, "I am very satisfied with the care Mum receives." Another person commented "I couldn't ask for more." We saw documents which confirmed that meetings to seek the views of people living at the service and their relatives were held.

Autumn Lodge had a whistleblowing policy, which was available to all staff in both digital and paper formats. The care staff we spoke with were aware of the policy and told us how they could access it if required. Staff we spoke to told us they would feel confident to raise any concerns they had.

The registered manager told us that he had an 'open door' policy to ensure that people could come to him at any time if they had any concerns. This was confirmed by the people who used the service and the visiting relatives we spoke with.

One person whose relative used the service commented; "I am here every day, if the manager has always been very approachable and very friendly. He seems to do the best he can for all the residents."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.