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# Autumn Lodge - Hove

## 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

The inspection was carried out on 21 November 2014 and was unannounced. Autumn Lodge provides personal care and accommodation for up to 35 older people in 23 single rooms and five double rooms. There was also an en-suite flat available for couples. At the time of our visit the home was running to maximum occupancy. The home was sensitively converted from three Victorian houses to create the present single structure. This is the provider/owner's sole care home. They provide person centred care, specialising in supporting people living with dementia.

There was a registered manager at the service. 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.

We saw there were enough staff to spend time with people and support them in ways that encouraged their independence and made them feel safe.

One person told us, "There are enough staff on duty during the day and at night. I feel safe and happy here. I

# Summary of findings

don't want to live anywhere else". A visitor to the home said, "There are always staff around. It's a lovely environment. I never know where I will find my friend when I visit as there's always something going on."

Staff understood how to recognise abuse and to report their concerns. There were policies and procedures in place for managing risk. Risk assessments were centred around the needs of the person to be as independent as possible.

Medicines were stored and administered safely. Staff were trained in the administration of medicines and kept relevant records that were accurate and fit for purpose.

People's care, treatment and support needs were clearly identified in their plans of care. They included people's choices and preferences. Staff knew people well and understood their likes and dislikes. They treated people with kindness and respect. People were positive about the staff support and care they received. They said that staff looked after people well and that staff were friendly and helpful.

We heard the low hum of conversation and laughter between people, staff and visitors and saw how meal times were a pleasant dining experience. People were supported to have a balanced and nutritious diet by staff that were patient and sensitive. People required different levels of support with eating their meal and everyone that required assistance received it in a timely and appropriate way.

People and their visitors commented on the way that attention was paid to people's personal appearance and celebrating milestone events. One visitor told us, "[My relative] always looks nice. It's been important to her for

her whole life and staff recognise that and help her maintain her appearance." Another person said, "It was [My relative's] birthday not so long ago and they prepared a homemade birthday cake to celebrate. A small but welcome touch".

People were able to spend time in quiet areas when they chose to. We saw some people could make their own way out to an outdoor aviary while others were accompanied to observe and interact with the birds and animals. The various smaller lounges provided cosier, quieter areas for people to spend time away from the busier lounge. During our visit, some people chose to remain in their bedroom and staff checked on their wellbeing in a discreet manner.

We heard that the provider was very supportive of new activity based initiatives for all people and was good at resourcing the commitment. The home's full range of activities were being carried out daily. The manager commented, "It's very seldom we have a gap during the days when we don't have an entertainer in."

Staff had appropriate training and experience to support people. Training was up to date and staff had the opportunity to receive further or refresher training, such as in safeguarding and understanding dementia, specific to the needs of the people they provided care for. We saw how the manager was very visible 'on the floor' and had an open door approach to supporting staff.

Staff understood the aims of the home, their roles, were motivated and had confidence in the provider/owner and manager's leadership of the home. There was good communication between staff and everyone helped each other.

# 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?

Autumn Lodge was safe. People told us they felt safe living at the home.

Staff were trained to meet the needs of people who lived in the home and they knew how to recognise and report abuse.

Assessments were undertaken of any risks to people and staff and written plans were in place to manage these risks.

Good



### Is the service effective?

Autumn Lodge was effective. People were supported to eat and drink and choices were provided. The importance of good nutritional care among physically and psychologically frail elderly people was recognised and responded to.

Staff had regular training and supervision to ensure that they had the skills and knowledge to meet people's needs. They were aware of the requirements of the Mental Capacity Act 2005.

The service used the training and development tools provided by social care organisations like Skills for Care to develop their practice.

Good



### Is the service caring?

Autumn Lodge was caring. Staff knew people well, appreciated their likes and dislikes and treated them with dignity.

People were positive about the care and support they enjoyed and this was borne out by our observations of interactions with people and staff.

The need for privacy was respected. Staff knocked on people's bedroom doors, announced themselves and waited before entering.

Good



### Is the service responsive?

Autumn Lodge was responsive. Staff were knowledgeable about people's care and support needs, their interests and preferences in order to provide personalised care.

People accessed a wide range of activities, one-to-one and group based and were encouraged to maintain their support networks of family and friends.

The home took account of and learned from people's complaints, comments and suggestions.

Good



### Is the service well-led?

Autumn Lodge was well-led. There was a registered manager in place. They were aware of the day to day needs of the home and took the lead in establishing an open and positive culture that was person centred.

The manager supported the staff team well so that staff were aware of their roles, responsibilities and the aims of the home.

Good



## Summary of findings

<p>They were able to monitor the service effectively. They had a robust system of record keeping that was used to maintain quality.</p>	
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# Autumn Lodge - Hove

## 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. The inspection checked 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 was carried out on 21 November 2014 and was unannounced. It was carried out by two inspectors and a specialist advisor. The specialist advisor brought skills and experience in nursing and caring for those living with dementia. Their knowledge complemented the inspection team and meant they could concentrate on specialist aspects of care provided by Autumn Lodge. The last inspection was carried out on the 7 November 2013 and no concerns were found.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted two health and social care professionals and the local GP surgery to obtain their views about the care provided.

We spoke to eight people who lived in the home, four relatives or friends of people who lived in the home and two visiting health care professionals. Conversations took place individually with people and/or their relatives in communal areas and in people's own rooms. We spoke to the registered manager, care manager and four care staff. We also gathered the views of kitchen and housekeeping staff.

We observed the care and support people received. We spent time in the lounges, kitchen and dining areas and we took time to observe how people and staff interacted. Because some people were living with dementia 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 could not talk with us. We looked at six sets of personal records. They included individual care plans, needs and risk assessments. We examined other records including staff files, quality monitoring and documents relating to the maintenance of the environment.

Following the inspection, the registered manager sent us information about policies and procedures for new residents. We also received a copy of the service users guide to living at Autumn Lodge and more information about the range of entertainment and activities available to people.

# Is the service safe?

## Our findings

Everyone told us they felt safe at Autumn Lodge. We were told, “I feel very safe here, I have no worries at all because I have confidence in the people that work here.” Another person said, “Of course I’m safe here, don’t you worry about that. I love being in my room and feeling safe there. The staff are always around if I need them. I have a lot of time for them.” For people that may have found it more difficult to understand and answer our questions we observed their interactions and responses to events around them. So, for example, one person seated in the lounge asked a member of staff, “Why am I here?” the member of staff responded sensitively, “We are here looking after you.” The response reassured and comforted the person.

There were enough staff to safely provide the care and support people required. We saw that though staff were busy, they had time to spend with people and supported them in ways that encouraged their independence and made them feel safe. The 35 people living at Autumn Lodge were supported by six care staff, including a senior staff member. They were free to devote their time to providing good quality care and support because they were supported, in turn, by seven staff working in housekeeping, laundry, kitchen and maintenance roles. The care manager was also available during the week to support people with their care needs. We heard how, at busy times such as during an outing, event or hospital appointment, additional staff were brought in to meet people’s individual needs. We saw this reflected in the rota.

We talked to people, their visitors, staff and stakeholders about staffing levels who said staffing levels were sufficient to deliver a good standard of care. One person told us, “There are enough staff on duty during the day and at night. I feel safe and happy here. I don’t want to live anywhere else”. One staff member said, “I don’t think there are any staffing issues. We get what time we need for people’s care need and residents get extra through the activities provided by the coordinator.” A visitor to the home said, “There are always staff around. It’s a lovely environment. I never know where I will find [my friend] when I visit as there’s always something going on. They choose when to get up and when to be in their room and

ensuring that level of care takes a commitment to providing enough staff.” Our observations confirmed there were enough staff on duty to make sure care was safe and responsive to people’s needs.

Staff knew how to recognise and report any safeguarding concerns, including poor practice in the home, so that action could be taken to address it. Staff told us that they had received training in how to safeguard people. They said this training included the different types of abuse and the signs to look for to indicate that abuse may have taken place. Training records confirmed this. Staff knew to report any concerns to the most senior person on duty. A staff member said, “I would not hesitate to raise a safeguarding if I felt someone was at risk.” They felt confident that they would be listened to, but if their concerns were not taken seriously, they would refer them to the local authority, Care Quality Commission or the police. Staff demonstrated that they knew how to whistleblow. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood which member of staff to talk to and said they could also speak directly with the home owner. The home had a copy of the latest local authority guidance for staff and managers on how to protect and act on any allegations of abuse.

The provider was able to help protect people from harm as they had systems in place to identify risk. Each person’s care plan contained individual assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. They included clear guidance for staff about any action they needed to take to make sure people were protected from harm. For example, if a person was assessed as at risk of their skin breaking down there was suitable guidance for staff from healthcare professionals. This directed them to take measures such as checking susceptible areas daily, applying medicated cream where directed and to use pressure relieving cushions. Risk assessments were reviewed each month, or when people’s needs changed, to ensure that they contained up to date guidance. This ensured staff worked with the most up to date information about a person. One member of staff said, “The information recorded by nurses after they have been in to see a resident is always shared with us so that we know exactly what the latest care advice is.” A healthcare professional with knowledge of the home told us, “It is a pleasure to come here. They are always quick to refer residents they have concerns about.”

## Is the service safe?

Staff told us they received regular fire training and fire emergency evacuation training. Firefighting equipment placed around the home had been recently checked and was ready for use. The fire emergency evacuation procedure was displayed in the home. Each person had a personal emergency egress plan (PEEP), which set out the steps to ensure they could be safely evacuated in the event of a fire. The home had a pack available to hand to the fire and rescue service in the event of a fire or emergency. It included guidance for those people for were unable to walk and those living with dementia who may find evacuation stressful and challenging. It included lists and photographs of people resident on each floor. The emergency plan had comprehensive policies relating to adverse events such as fire, utility failure, accidents and the outbreak of disease. The plan included the contact numbers of local services including doctor surgeries, managers out of hours contact details, emergency services and utility providers. Staff told us who they would contact in the event of an emergency. Procedures were therefore in place for dealing with emergencies that may arise whilst providing care.

The registered manager carried out regular environmental and health and safety checks to ensure the environment was safe and that equipment was fit for use. Responsibility for checks was also shared with others in the senior team to ensure that a fresh pair of eyes could also be used to spot the potential for risk. There were checks to ensure that equipment such as the call bell system was in good working order and to ensure that people lived in a safe environment. Environmental risk assessments were in place to minimise the risks for people living and working in the home from hazards such as slips, trips and falls, poor lighting and loose wiring. Each room in the home was looked at in detail to ensure that it provided a safe environment. Risk assessments identified any actions needed to eliminate or minimise the risks presented to people.

We looked at accidents and incidents. We saw there were accident books which were reviewed by the management on an ongoing basis. These were promptly reported to the manager and were an accurate record of such events within the home. Where incidents happened which might be considered as safeguarding, these had been referred to the local authority and CQC in a timely manner. The audit and monitoring process showed that the management team were following up all accidents and incidents and where appropriate, had introduced action plans to prevent a reoccurrence.

The provider had appropriate arrangements in place for the safe management of medicines. We saw records of medicines received, disposed of, and administered. Staff administering medication carried out appropriate checks and ensured that the person took the medication before signing the medication administration record (MAR) chart. We looked at a selection of MAR charts and found the recording was accurate and clear. Staff told us and records showed, people were given their medicines as prescribed. Controlled drugs (CDs) were stored in a CD cupboard which met legal requirements. The CD register was clearly maintained.

Appropriate recruitment and selection processes were in place for staff employed at the home. Staff files contained a completed application form, including a history of previous employment. Applicants attended an interview at the home and a record was kept of the process. Autumn Lodge undertook checks before applicants started to work at the home. These included taking up two written references along with identity and criminal record/barring and vetting checks.



# Is the service effective?

## Our findings

People living at Autumn Lodge received effective care and support. The manager told us, "There is a full complement of staff with a stable core who have been here longer and really know our residents". One person told us, "Staff know me very well. There were lots of questions and paperwork when I moved in but it was all worth it as they listened to me about my needs. They respected my difficulties after I lost my [relative] and helped me with it."

People were supported to have a balanced and nutritious diet. People had choices of a main meal at lunchtime, but could request something else from the kitchen if they wanted to. The cook told us that sometimes they prepared lots of different dishes for people to meet their requests. There was always a hot light meal at supper time such as eggs, fish fingers or jacket potatoes. People's requests at mealtimes were met. Hot drinks and home-made biscuits or cakes were also served.

The cook was familiar with people's different dietary needs and knew if people had a soft, vegetarian or diabetic diet. They explained they fortified foods for people who were at risk of poor nutrition because of their condition, or had low weight. Records of food and fluid intake helped staff to assess if people received adequate nourishment.

People saw meal times as a good opportunity to socialise over good food and drink. We observed the lunchtime period and noted the TV in the dining room was turned off with people's permission and music was substituted. The low hum of conversation and laughter between people, staff and visitors provided a pleasant dining atmosphere. People were offered a drink with the meal of their choice. People were able to request and be given different portion sizes. The support by staff was patient and sensitive. People who required different levels of support to eat their meal received it in a timely and appropriate way. For example, one person living with dementia who suddenly decided to go for a walk between their main course and dessert. Staff were led by their decision and delayed assisting them with their dessert until they chose to return to the table. The meal continued smoothly for that person and other people seated at the table. Staff checked that people had finished before removing their plates, and asked if people wanted second helpings. Most people went to the dining room for their meals. Some people stayed in their own rooms for their meals due to their health needs

or simply because they wanted to. Staff sat alongside people who required support to eat and drink and engaged them in gentle conversation while providing the care they needed.

There were arrangements in place for prompt referral to relevant health services when people's needs changed. For example, referrals were made to the G.P or chiropodist as soon as staff became aware of a change in health. People told us they could talk with staff if they had a concern about their health and staff took appropriate action. Staff told us they felt people received the care and support they needed to maintain their health and that they were good at responding to people's changing needs. Visiting health professionals told us the home contacted them appropriately when they had a concern. They said that staff knew people well and if they required any information about people in the home, it was always available. Any health care advice they gave, was always followed. One health care professional told us, "It is always a pleasure to come here. If they have any concerns with residents health they are always quick to refer to us." Another said, "Staff are knowledgeable about caring for residents with advancing health needs, for example in knowing about pressure area care." Health care professional visits were recorded with clear objectives and outcomes for the person to follow, supported by staff.

Staff confirmed they had received a thorough induction and had demonstrated their competence before they had been allowed to work alone. We spoke with a member of staff completing an apprenticeship. They were working to achieve a level 3 Diploma in Health and Social Care. They told us they were able to take part in the learning so they could carry out their role effectively and deliver high quality care. We spoke to an external Health and Social Care Diploma assessor who was visiting the home. We were told, "The apprenticeships placements have been very positive here. There is a solid induction procedure so that staff are well prepared for diploma level training. The management value training and are happy to release staff for meetings to discuss progress."

Staff had appropriate training and experience to support people. Records showed training was up to date and staff had the opportunity to receive further or refresher training, such as in safeguarding and understanding dementia,



## Is the service effective?

specific to the needs of the people they provided care for. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects.

All care staff received regular one to one supervision sessions and a scheduled annual appraisal. Supervisions were recorded and the manager told us staff could request additional supervision at any time if they wanted. Staff confirmed they felt able to do this. Supervision sessions covered areas such as work performance, future work targets, peoples support and development needs. Supervisions were an opportunity for the manager and staff to both contribute to the discussion. In addition, there opportunities for staff to meet with the manager outside of formal supervision. As well as being very visible 'on the floor' and having an 'open door' approach, the manager held a monthly coffee morning billed on the posters as a chance for staff to, 'discuss with [the manager] whatever issues you'd like.' Staff were encouraged to express their views through the nurturing of supportive professional relationships.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack capacity, and maximise their ability to make decisions or participate in

decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. Care plans showed that where relevant, people had a mental capacity assessment carried out. These showed if people could make day to day decisions such as choosing their own meals or clothes, but may not be able to make more complex decisions. If people did not have the capacity to make more complex decisions then a senior staff member would arrange a meeting with the person, their next of kin or representative, and health and social care professionals, to make a decision in their best interests.

The manager demonstrated they understood the principles of the Mental Capacity Act 2005. Two people in the home had current authorisation under the DoLS. The manager planned to make additional applications around decisions impacting on the individual to make sure people living with dementia remained safe. Some people's care records contained a Do Not Attempt Resuscitation (DNAR) form. For those people assessed as having the capacity to make this decision for themselves, this was discussed with the person and their relatives where appropriate, so that everyone was aware of the person's wishes.

# Is the service caring?

## Our findings

People were happy, comfortable and relaxed in their home. One person told us, “I’m very happy here. The staff are lovely”. A relative told us, “[My relatives] care is fantastic. If he needs any assistance staff are there for him”. A visiting health and social care professional said, “It’s always a pleasure to come here. There’s always something going on. Sometimes I feel I want to come here and hang out for the day”.

People and their relatives told us they were asked about things that were important to them when they moved to Autumn Lodge. This included how people preferred to be addressed, to socialise and if people preferred to stay mostly in their own rooms. Staff demonstrated they understood people’s likes and dislikes. Staff told us how they respected someone’s wish not to get out of bed but would ensure that they were regularly asked if this remained their wish. This helped to ensure that people’s daily routines remained personalised and responsive to people’s varying needs and wishes. Care plans contained information about people’s preferences and information about their family history. This enabled staff to understand about a person’s past, before they entered the home and how this influenced their current preferred life choices.

We took time to observe how people and staff interacted. We saw frequent friendly engagement between people, their visitors and staff. Staff responded positively and warmly to people. Some people who had difficulties with verbal communication sought reassurance and physical contact. Staff responded to these needs appropriately and with confidence. For example, by holding or stroking their hand and maintaining effective eye contact. When more time was needed to be spent by staff to ensure people communicated their needs, they were patient and encouraging. Staff responded to the individual needs of one person whose dementia led them to feel distressed. They responded appropriately and followed a consistent style of communication that reassured and comforted that person.

People were able to spend time in quiet areas when they chose to. We saw some people could make their own way to an outdoor aviary, while others were accompanied to observe and interact with the birds and animals. The

various smaller lounges provided cosier, quieter areas for people to spend time away from the busier lounge. During our visit, some people chose to remain in their bedroom and staff checked on their wellbeing in a discreet manner. All staff gently knocked on people’s bedroom doors, announced themselves and waited before entering.

People were dressed in the clothes they preferred and in the way they wanted. On the day of the inspection, a staff member was painting ladies nails. People and their visitors to the home commented on the way attention was paid to people’s personal appearance and celebrating milestone events. One visitor told us, “[My relative] always looks nice. It’s been important to her for her whole life and staff recognise that and help her maintain her appearance.” Another person said, “It was [My relative’s] birthday not so long ago and they prepared a homemade birthday cake to celebrate. A small but welcome touch”. A comment received by the home recognised the difficulties that they sometimes faced but paid tribute to the skill with which they faced challenges, ‘We understand that it’s difficult to get mum to shower’ and ‘Autumn Lodge have responded in a very flexible, person centred way to my mother’s changing needs.’

We saw a Residents Meeting held in the lounge. It was advertised beforehand with posters on the wall telling people when it was on and what topics it was to cover. It was the last meeting of the year. Led by the manager, it followed the printed agenda which was distributed to everyone at the start of the meeting. Everyone could have their say and topics varied from menus, to Christmas activities to the delivery of personal care. People were listened to respectfully, questions were answered fully, and where it was appropriate, with humour. People appeared satisfied with the conduct and content of the meeting. We heard people reminded several times that the meeting was not the only way of having a say and staff and management were available to be seen at any time.

In the home’s quality assurance survey, all the responses to questions related to issue of care were answered overwhelmingly positively. Replies to questions about privacy, dignity and respect all achieved positive responses of between 90 to 100%. 95% of respondents thought that their or their family member’s quality of life had improved since moving to Autumn Lodge.

# Is the service responsive?

## Our findings

People spoke positively about the opportunities for social engagement and the activities offered. One person told us, "I like to take part in what's going on. Just look around to see how much is always going on." A visitor told us, "[My relative] found her first day quite disorientating but staff support was evident and she seemed confident by the next day. She has continued to seem happy and be able to speak up for herself." While we spoke with the visitor, the person, living with dementia, rearranged some chairs set out in a seating area. As she did so a passing member of staff took time to thank her for the help she was providing. In their interaction the member of staff demonstrated acknowledgement of the person and the overall effect was positive for the individual and an affirmation of their value.

People and their relatives said that they were involved in planning care. People's needs were assessed before they moved into the home. The assessment included all aspects of daily living such as managing personal care, mobility, nutrition and health. These assessments formed the basis of each person's plan of care. Care plans provided suitable information and clear directions to enable staff to care for each person. One plan explained that a person was not able to attend to their personal care needs, but that they were content for staff to assist them, with prompts and redirections when needed.

Care plans were securely stored when not being used by care staff. They told us the care plans contained up to date guidance and information on how best to support people. They were reviewed regularly and during the course of our inspection we found care plans were followed by staff members, for example in aiding the mobility of a person who required assistance around the home. Staff were kept aware of any changes in people's needs on a daily basis. This was supported by systems of daily records which were filled out diligently by staff. There were also verbal handovers between staff shifts. Staff commented that there was good communication within the home. One staff member told us, "I feel we have good information on which

to base the care we provide for residents. There is the care plan, then there's the information we get when we come on shift at handover. That's my 'go to', if I have been away for any period of time."

The home's full range of activities were carried out daily. These included quizzes and games, exercises, musical events, arts and crafts. The manager commented, "It's very seldom we have a gap during the days when we don't have an entertainer in." There were attractive displays of people's art and craft creations around the home. The member of staff leading activities on the day of our visit told us they thought there was good support from care staff for an activities based programme. We heard that the provider was very supportive of new activity initiatives and was good at resourcing the commitment.

Some people preferred to remain in their rooms for most of their day, following their own interests, reading or watching television. For those people the support of staff was available on a one to one basis when it was required. To meet some people's spiritual needs, the home welcomed church members into hold a private service every month. People were also able to go out for walks with staff to the nearby shopping street or to the promenade. One person was supported to go out and buy an iPad. This enabled them to keep up with advances in technology and at the same time, stay in touch with their family.

People said that if they had any concerns they would talk to the senior member of staff or manager on duty. They were confident they would be listened to if a subject needed addressing. Staff understood the home's complaints policy and said they tried to sort out any minor concerns that people had straight away. However, if the complaint was more serious they would contact a senior member of staff and make a record of the complaint. The complaints file showed that there was a robust procedure in place which provided for a prompt response to issues raised. Each complaint required a written response from the manager that acknowledged the circumstances of the complaint, issues arising and steps taken to achieve resolution. Autumn Lodge, as a small family run home, had a provider and manager who were actively involved in the running of the home and were available for people to meet with them if they had specific concerns.

# Is the service well-led?

## Our findings

Our observations and discussions with people, their relatives, other visitors to the home and staff showed us there was an open and positive culture which focussed on the individual. People and members of staff were encouraged to speak with the manager at any time. The relative of one person told us, "I spoke to the manager just yesterday about my mother's room feeling cold. [The manager] was immediately concerned to put it right, no defensiveness, just an honest and refreshing concern that something was not quite as it should be. The maintenance man was in within the hour to investigate and resolve it." Staff told us, "The manager is very approachable; we can talk to them any time and discuss any concerns". The manager said, "We have an open door policy, we work as a team".

Autumn Lodge is a family run care home that has been established in Hove for a number of years. The team of staff, led by the provider and her son, the registered manager, were committed to running a safe, secure, happy, lively and caring environment. People spoke highly of management and commented they felt the home was well run. One person said, "We all get on well together, I think they want us to have a good life here." The relative of one person told us, "Only one member of staff has presented as curt and unhelpful and they didn't stay for long. Otherwise it's a stable, good quality staff group who work well together."

Staff were supported with regular supervisions and team meetings. They told us that the registered manager was approachable and accessible. Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and discuss the way the service was provided in one to one or staff meetings. The manager encouraged staff to raise issues of concern with them, which they acted upon. For example, we saw that care routines for people were discussed and staff were able to reflect on how they worked and suggest new ways of working. Staff spoke positively to us about the culture and management of the service. One staff member told us, "We discuss any issues and the managers listen."

People were supported by a staff team that had been trained and understood people's care and support needs. Relatives were complimentary about people's support. One relative told us, "Support is good and the staff give one

hundred percent". Staff spoke to us positively about the culture of person centred support and planning. They commented that it drove what they did. They told us how management of the service supported them to convert the aspiration of good quality support into reality for people. A member of staff told us, "It's a nice place to work. I have worked in two other care homes and this is the best. There is a good staff team who are supportive of each other and led by an approachable manager".

An open culture was promoted that showed the views of people, staff, relatives and visitors to the home were valued. A person said, "I like and get on well with the other people who live here but if I get upset at something I can have a word with staff or the manager and they will sort it out." The home sought the views of relatives in different ways, for example through informal frequent conversations, structured questionnaires and meetings. The manager ensured they kept people's families involved in decisions concerning their family members care, safety and welfare.

The fulfilled lives of the people we spoke with reflected the ties built with the community. As well as the church, local schools visited to sing carols at Christmas. One person told us, "I get out to the shops, I've just come back from there." There were good relationships with the local health practice. The same person told us, "I get seen when I need to. Staff help to arrange it and I get my feet done – they come here to do that."

Autumn Lodge has a specialist interest in providing care to people living with dementia. The senior leadership team have signed up to a city wide forum of managers of similar care and nursing homes. Discussion within meetings highlighted how best practice was shared, new ways of working were considered and adopted where it was appropriate. For example, we saw the adoption of end of life and advanced care planning based on work with specialist health care professionals. They welcomed in a health and social care based initiative that went into the home with the aim of improving the quality of care in the home for people with dementia. They provided training and coaching for staff on person-centred care and reviewed the care, treatment and medication of individuals.

The manager carried out regular audits to monitor the performance of the home. These included audits of medicines, the physical environment, health and safety, accidents, incidents and care record reviews. The audits

## Is the service well-led?

were used to identify areas which could be changed to bring about further improvement to the home. For example, we saw a review of existing facilities lead to the

redevelopment of a downstairs bathroom. Research by the provider identified and secured additional funding for the project from a health fund for improving people's health. The improved facility benefited all people at the home.