

Autumn Lodge Hove Ltd

Autumn Lodge

Inspection report

35-39 Rutland Gardens
Hove
East Sussex
BN3 5PD

Tel: 01273271786
Website: www.autumn-lodge.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Autumn Lodge is a residential care home and was providing personal care and accommodation to 32 older people at the time of this inspection. The service can support up to 36 people. The home is comprised of three Victorian buildings converted into one home. Accommodation for people is over three floors. People have access to a lift, a garden with patio area and pond. There are various communal areas such as a conservatory, a lounge and dining room. The home specialises in providing care to people living with dementia

People's experience of using this service and what we found

People we spoke to said they felt safe living at the home. One person said, "I feel absolutely safe here. The staff certainly make that happen." People medicines were managed and administered safely. Infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. There were enough staff to support people safely while staff had been recruited in line with the providers policy. Risks to people's health, safety and welfare were identified and supported. People's needs had been assessed and updated when these changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the openness, engagement and involvement of the registered manager

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 4 June 2021)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autumn Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Autumn Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Autumn Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Autumn Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service had two managers registered with the Care Quality Commission. One registered manager was also the provider of the service, they are referred to as 'the provider' in the report, the second registered manager is referred to as 'the registered manager'. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 1 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke to two people who were using the service about their experience of the care provided. Most people at the home were living with advanced dementia and were not able to tell us about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five members of care staff, including the registered manager, deputy manager and three care staff. We spoke with three family members and friends and contacted three professionals about their experiences with working with the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, staff did not always have the correct information to support people. At this inspection, improvements had been made. The provider had ensured that information had been reviewed and updated, and that care plans included any risks that had been identified for each person.
- The provider had implemented an electronic care system that allowed staff to have immediate access to information about people's care and support. Information relating to care plans and risk assessments had been fully transferred to the new system and embedded in practice. One staff member said, "They are very good. Its organised, there's a description of people's personal care. It helped you break down the tasks bit by bit. It's more straightforward. I have all the information I need."
- Risks to people were assessed and managed well for people's safety. For example, risks to people who needed support to maintain skin integrity were well managed and monitored. Staff involved professionals to manage these risks well. One relative said about their loved one, "She does have some skin integrity issues. They are absolutely on it. With the District Nurses, they resolved it. They are on the case very swiftly."
- People required support to manage other risks such as mobility, continence and nutrition. For example, many people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred and to keep them safe. One relative said of their loved one, "They are absolutely 100% safe. Safety wise she's not walking around. They carefully move her in her wheelchair. When she is seated, they make sure she's in it properly and comfortable."
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were effective in safeguarding people from abuse.
- Staff we spoke to had received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- Relatives we spoke to were complimentary about the openness of the management and staff. One relative said, "They are responsive and open, and this is an important thing with safeguarding. It's a very open culture that is open to raising issues."
- People and relatives we spoke to said they felt completely comfortable with staff who ensured they remained as safe and protected as possible.

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and met their needs.
- People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- Staff schedules were consistent and reflected the levels that had been assessed by management to keep people safe and meet their needs. One relative commented, "Yes there are enough staff. I was there (previous week) and there was more than adequate staff on the floor. There's never not been adequate cover." One staff member said, "The management call for agency if there's not enough permanent staff. I don't feel staff is lacking. They are responsive when people are off sick." Another staff member said, "We get messages to see if we can cover shifts sometimes. Staff are usually happy to do it."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Senior staff used an electronic system to record the administration of medicines. Staff told us that this allowed a more accurate and efficient record of administration. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- We observed medicines being administered carefully and sensitively. People were given their medicines in the way they preferred. One relative said, "If I have any concerns medically, they always bring the GP in. They are really good with her medication."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person said, "Whenever you come down, it's just completely clean. They keep it in extremely good condition."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had ensured that lessons were learnt when things went wrong. Following the last inspection, improvements had been made to the environment that supported people to move around safely. For example, non-slip flooring had been replaced on some stairwells and walkways, while additional lighting had improved visibility for people. The provider was in the process of making further improvements around the home.
- Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support the person at the time.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, discrepancies between care plans and risk assessments had not been identified by management. Since the inspection, care plans and risk assessments had been reviewed and a new electronic care system had been embedded. This gave staff the correct information they needed to support people safely and effectively.
- The registered manager and staff were clear about their roles and how these contributed to quality performance. Senior staff undertook specific quality checks and ensured that information about people's care was updated regularly. One professional said, "I think they are a fantastic home. I do speak with seniors. They really empower the staff there." One relative said, "It's been a very stable staff team. The senior staff team have been very stable. It means there's a core to the care home, a real commitment."
- The registered manager had ensured that regulatory requirements had been met and statutory notifications had been received by the Commission as required.
- The registered manager and provider had continued to use robust quality assurance systems to maintain oversight and improve care. Regular audits monitored the quality of support people received in areas such as medicines, falls management, and risk.
- The provider was proactive in making the necessary changes to ensure that improvements were made. Following the last inspection, the provider had made changes to the environment to improve the safety and mobility of people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received person centred support that achieved good outcomes. There was a positive culture at the home that was evident during the inspection. One person said, "If you ask them something, they will help you straight away and sort it all out. They've been very well trained." One relative said of their loved one, "Her needs have changed, and I feel she had received individualised personalised care which is sensitive to her needs."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. One professional said, "They are always open. One of the best things is that they are so honest with us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was visible in the service, approachable and took a genuine interest in the feedback from people, staff, family and other professionals. One staff member said, "They (management) always ask for feedback or suggestions or complaints. Its open enough and supports free speech. People are not worried about saying what they need to." Another staff member said, "One staff member said, "She is really good and always there during the handover. She always talks to the staff if there are any concerns. She is good communicator and very approachable."
- People and relatives were complimentary about the engagement of staff in involving them. One relative said, "It feels like a true partnership. This is so important when your loved one is so vulnerable."
- The registered manager and provider were proactive in engaging the public and local community with the service. Students from local schools had been invited to the home to sing for residents and bring artwork to them. People were encouraged to attend coffee mornings in support of a cancer charity.

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care which included health professionals and safeguarding authorities. Staff had developed positive working relationships with a range of health and social care professionals. One professional said, "They are also effective when communicating with other professionals such as District nurses and mental health workers."
- Staff regularly sought guidance and made specialist referrals to ensure that people received the support they needed. Partnerships had been formed with professionals within the In-Reach Team to improve the quality of support to people living with dementia. The In Reach Team are a specialist mental health team consisting of community mental health nurses, psychiatrists and occupational therapists. Staff also worked with the falls prevention service, GP's, Speech and Language Therapists for example. One professional said, "The staff and management know what the concern is before I do the assessment. They know their residents very well."