

Autumn Leaves UK Limited

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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 ●

Summary of findings

Overall summary

Autumn Leaves Rest Home is a residential care home that can accommodate 20 older people. The home is a detached property that is close to the centre of Bispham Village. There is an accessible garden area, 2 communal lounges and a dining room. There are bedrooms on the ground and first floor of the home. The first floor is accessible via stairs or a passenger lift. At the time of the inspection visit there were 16 people who lived at the home.

There was a registered manager in place. Autumn Leaves Rest Home is a family run home, the registered manager is also the provider and currently provides oversight to her daughter who manages the day to day running of the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People and their relatives told us staff can not do enough for you, a relative stated, "I go home quite content, knowing the right level of care is provided."

Risk assessments were updated to ensure people were supported in a safe manner and any identified risks were minimised. Where people had suffered an accident, action had been taken to ensure the on-going safety of the person.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. The administration and management of medicines was safe. There were sufficient numbers of staff working at Autumn Leaves. There was a robust recruitment process to ensure suitable staff were recruited.

We found that the home had very little staff turnover and that the majority of staff had been employed for a number of years. Staff knew people they supported well and were able to describe what they like to do and how they liked to be supported. The service was responsive to people's needs. Care plans were person centred and provided a clear picture of the persons needs, likes and wishes. Life histories are currently being developed which helped staff to understand the person and communicate more effectively.

People were supported to access health professionals when required. Good relationships have developed between the local GP surgeries and other health professionals.

People could choose what they liked to eat and drink and were supported to be as independent as possible and to participate in meaningful activities.

People and their relatives were given information about the service in ways they wanted and could understand. The information provided at the point someone is admitted into the home makes it clear about the service provided and the level of care a person will receive.

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

We looked around the home and found it was decorated to a good standard, clean and homely; however the kitchen requires some refurbishment.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. Autumn Leaves has been owned and managed by the same family for 30 years.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Autumn Leaves is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 20 people in a large detached house. The house has 17 bedrooms, three double rooms (all currently used as single rooms), and 14 single rooms, two lounges and a dining room. There were large accessible gardens.

Before the inspection visit we contacted the commissioning department at the local authority. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make

The inspection visit took place on 22 March 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

During the time of inspection there were 16 people who lived at Autumn Leaves Rest Home. We spoke with a range of people about Autumn Leaves Rest Home. They included eight people who lived at the home, three relatives, a district nurse, the manager and three staff members.

We closely examined the care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We also reviewed a variety of records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

People told us they felt safe when supported by care staff. One person told us, "I'm very safe. The girls are marvellous. They are always cheerful, I have no worries at all." A second person commented, "Safe? Of course I am safe, I would say if I was not." A third person said, "I feel very safe here."

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training. Staff were able to tell us what constituted abuse and said they would not tolerate any mistreatment and would report directly to the manager.

People had risk assessments in place to enable them to be as independent as possible whilst keeping them safe. Risk assessments were comprehensive and detailed. Risk assessments regarding risks to skin integrity, falls and nutrition were intergrated into the care plan. These were written to try to mitigate the risk. These had been reviewed on a regularly basis.

Autumn Leaves was visibly clean and concerns were not identified in relation to infection control.

Daily health and safety checks were completed to ensure any identified risks were mitigated. The manager ensured the cupboard containing substances hazardous to health (COSHH) was locked at all times in order to ensure people could not access these substances. Personal evacuation plans were in place to ensure people could be evacuated safely should a fire or emergency occur.

People told us there were enough staff to meet their needs. When asked about staffing they all pointed out or mentioned staff names. One person said, "Yes [staff] are here with us the [manager] is here all the time." We saw staff responded to peoples calls for assistance. We discussed staffing levels with the manager and found that two staff covered the day shift with one person on waking night watch and one person sleeping in the home on call. During the day the manager also assisted people. This enabled people to go out as often as they needed.

Staff had been recruited using robust procedures. We looked at two staff files and found the required checks including; references, copies of application forms, interview questions and Disclosure and Barring Service (DBS) checks were in place.

People continue to receive their medicines safely, we observed medication being administered and noted the correct checks were made and documentation completed at the time of administration. For people that were insulin dependent diabetic, the manager involved the district nurse to support both the person and the staff.

Detailed records were kept for incidents and accidents at the home. These were analysed each month to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. The manager constantly reviewed the care provided at the home to look for ways to improve people's experience and she told us that they used any safety incidents, accidents or errors as lessons

learned.

Is the service effective?

Our findings

People's needs had been assessed prior to admission. Care plans had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed.

People said staff had the appropriate skills and knowledge to care for them. Relatives spoken with were very complimentary about staff member's skills. One relative said, "Staff are very good they get to know the people and cannot do enough for them, but most of them have been here a long time".

Staff felt well supported to carry out their role. One staff member said, "Everyone tries to help each other as best we can, we are a team." Records confirmed regular supervisions and annual appraisals were carried out.

We observed the lunch and tea time meal being prepared and served. A choice of meal is offered and special diets catered for. We observed staff supporting people to eat and this was done quietly and sensitively. People were not hurried and all seemed to enjoy the meals. People had nutritional assessments and support was obtained from a dietician if there was any concerns regarding weight or nutritional intake.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred or had visits requested for additional support in a timely manner. The manager explained that good links had been developed between the home and the local GP practice as well as the district nursing team. The practice nurses from the GP practice visit weekly and the district nurses visit daily. We spoke to a district nurse during the inspection and they told us staff at Autumn Leaves Rest Home were exceptionally good and had no hesitation in saying how good the home was.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were unable to consent to their stay, applications had been made to the local authority to deprive them of their liberty in line with legal requirements. A record was maintained of DoLS that had been authorised including the renewal date.

The provider had made good use of the environment to ensure it was suitable for older people whilst also

maintaining good quality fixtures and fittings. People's rooms were homely and individualised and there was careful attention to the design and décor. The kitchen area however is in need of some refurbishment. The manager explained that an extension to the home is being planned and at that time some refurbishment of the existing home including the kitchen will also take place.

Is the service caring?

Our findings

People told us they were well cared for. One person said, "I think the care I get couldn't be better." Another person told us, "Couldn't be better. The staff are very helpful. They know me very well and also they know my visitors." A third person commented, "There are some very nice people work here."

Without exception, people and relatives we spoke with found staff kind and caring. One relative said, "They're very good. They always chat to us, they keep us informed, no worries, it's lovely." Another person told us, "Staff are marvellous, so patient, everyone is so friendly here." A third relative said, "They are so nice with people. Nothing is a problem at all. I cannot fault them."

People were actively encouraged to personalise their rooms. The rooms seen by the inspector were furnished with personal items that suited the person's individual taste.

People were treated with dignity and respect. One person said, "Staff do respect my dignity in all personal care, nobody gets treated badly." People were supported by a consistent team of staff. This ensured continuity and the opportunity to develop trusting relationships.

The manager was mindful about the security of people's records. People's care records were stored in an office which was only accessible by staff members. We saw staff speaking respectfully to people and we were told that staff respected people's privacy by knocking on doors and waiting for a response before entering.

People are encouraged to be as independent as possible, people are free to come and go as they please. People told us that staff will support them to go out if they feel a little unsure or nervous. People who lived at the home and their relatives were positive about the amount of support available. One person said, "The staff are on the boil, they have taken so much pressure off me, they deal with the doctors, it is such a relief."

Staff commented on how they worked well as a team and were keen to support each other in their roles. The manager told us that recognising and valuing the work of staff was important to ensuring a positive and calming atmosphere.

Is the service responsive?

Our findings

People who used the service told us care support staff listened to them and responded to their needs. One person said, "They listen to what I say." Another person told us, "I can talk to them openly. They encourage me to be independent." One relative told us, "I could complain if I need to but I haven't had to. They keep me informed of what is happening."

People were encouraged and supported to express their views and be actively involved in making decisions about their care and support. Care records were detailed and contained information and guidance on how people expressed themselves and what would help when communicating with others.

There was a complaints policy which was clearly displayed in the home which detailed the procedures for receiving, handling and responding to comments and complaints. People said that they would not hesitate about bringing any concerns to the attention of the staff. A relative said, "I would always make my feelings known but to be honest up to now the staff have always pre-empted any issues and have let me know." The manager explained that she encouraged people to speak with her or staff about concerns openly and this was confirmed by people we spoke with.

People's care plans included information about their individual care needs and clearly detailed how each person would like to be supported. These were individualised and person-centred. These included detailed information about people's preferences, likes, dislikes, routines, background and information about their life history. It was evident that these files had been prepared with people's individual and their relatives input.

People we spoke with told us that there were sufficient activities available and said that the home encouraged them to get involved and participate with them. Activities included attending the local day/social centre, music sessions, singsongs and parties to mark a celebration or significant event in someone's life. On the day of the inspection a church service was taking place. This well attended but people we spoke with did confirm it was personal choice as to whether they attended or not.

At the time of our inspection there was nobody receiving end of life care. The manager told us that as part of the admission process she always clearly tells people the level of care they are able to provide. Any nursing care has to be provided by a district nurse. The district nurse who we spoke with stated "The staff provide good support and I would have no hesitation in recommending the home to someone who was requiring end of life care."

Is the service well-led?

Our findings

There was a registered manager in place. 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.

This is a family run home and the registered manager is also one of the owners of the home. Currently the registered manager provides oversight to her daughter who manages the day to day running of the home. The manager [daughter] explained that plans are in place for her to formally take over as registered manager. Staff told us the management team was supportive and approachable. One staff member said, "it is pretty good if you need help and support there is always someone available." The manager told us they were always available for people and relatives and they would make themselves available even if they were not on duty.

We found the service had clear lines of responsibility and accountability. The manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The manager actively sought people's and relative's views about the quality of the care provided at the home. We observed the manager proactively seeking out relatives, checking everything was okay and chatting about how things were going. Relatives spoken with told us the staff were really good, and went above and beyond the call of duty..

Staff described working in the home as "home from home." One member of staff said, "We are a team, most of us have been here for years. Do you think we will have stayed so long if it was not a good place to work?"

Staff confirmed that they had the opportunity to discuss any issue they may have through their appraisal or by raising it directly with the manager. Formal staff meetings are not held, however daily meetings do take place and staff spoken with confirmed they preferred the informal approach as it allows them to be open and honest.

The manager and the staff team worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority, district nurses, mental health team, GPs and multi-disciplinary teams.

The service had procedures in place to monitor the quality of the service provided. Daily audits are in place and act as a checklist to ensure nothing is missed and standards are maintained