Lutchmy Care Services Limited

Autumn Vale Rest Home

Inspection report

The Circle
26 Clarendon Road
Southsea
Hampshire
PO5 2EE

Tel: 02392826034

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 08 November 2016.

The service was last inspected on 19 November 2013 and was meeting all the regulations assessed at that time.

Autumn Vale is a 24 hour support, residential care home for people with Mental health needs. The home is situated on the outskirts of Portsmouth, close to a bus route and local amenities. The home can accommodate up to 25 people and there were 21 people living at the home at the time of our inspection.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager in post. 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.

People living at the service told us they felt safe living at Autumn vale. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

We found people's medication was not managed safely. Medication stock did not tally with a Medication Administration record (MAR). We also found some medicine guidance was not documented in line with best practice and staff did not have sufficient information to guide them when administering PRN medicines.

There were sufficient numbers of staff effectively deployed. Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken prior to new staff commencing in employment at the home.

Appropriate risk assessments had been completed and were reviewed regularly to meet people's needs.

Staff induction was aligned with the care certificate and skills for care. Staff received appropriate training and supervision to support them in their role.

People's mealtime experience was positive and people were autonomous in deciding the services menus. The service had recently received a five star food rating and people were complimentary about the food provided.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were supported by staff that were kind and caring. Staff maintained people's privacy and dignity and promoted their independence.

Each person living at the service had their own care plan, which was person centred and detailed people's choices and personal preferences.

People were supported to maintain fulfilled and active lives. There was an activities programme and people were supported to pursue education, employment and community activities.

There was a welcoming atmosphere throughout the home and people spoke positively about the visibility of the management and the leadership of the home. People told us they would recommend living at Autumn vale.

Staff spoke of a positive culture and a registered manager and provider that were approachable and supportive.

We found the provider didn't conduct audits and despite the management conducting a number of audits, the internal audit processes in place at the time of the inspection had not identified the concerns we had raised in regards to the safe management of medicines. We observed the registered manager commence addressing the concerns we had raised during our visit.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Recruitment practices were robust and staff demonstrated a good understanding of potential signs of abuse and safeguarding procedures to keep vulnerable people safe.

The service did not have appropriate arrangements in place to demonstrate they were consistently managing medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received extensive training. The registered manager encouraged continued professional development in a supportive atmosphere.

People were supported to make decisions about their lives in a way which maximised their autonomy. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were regularly consulted about their meals and their preferences were accommodated. Mealtimes were relaxed and inclusive. People's nutritional needs were met and closely monitored.

Is the service caring?

Good

The service was caring.

People and staff spoke fondly of each other and we saw people were treated with kindness, compassion and respect.

People's dignity was maintained and their independence promoted.

People's care was planned in conjunction with them and their

end of life wishes were explored and planned.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's choices and their preferences were taken into account by staff providing care and support.

There was a variety of activities scheduled and people were actively encouraged to participate.

A complaints procedure was in place and we saw complaints had been responded to in the required timeframe.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

The culture of the service was open and inclusive. We received positive feedback about the leadership from people and staff.

Audits had been carried out but these did not identify the medication issues we found during the inspection.

Team meetings were conducted regularly and staff told us they felt able to contribute to meetings in order to influence change at the service.

Autumn Vale Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 08 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector from CQC (Care Quality Commission) who is a registered mental health nurse.

We asked people for their views about the service and facilities provided. During our inspection we spoke with; four people that lived at Autumn Vale, six members of staff, which included; the provider, registered manager, senior, two care staff and the cook.

We looked at documentation including; four care records and associated documentation, four staff records including recruitment, training and supervision, five Medication Administration Records (MAR), audits and quality assurance documentation, a variety of policies and procedures and safety and maintenance completion of works and certificates.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law.

We liaised with the local authority and local commissioning teams and we reviewed previous inspection reports and other information we held about the service.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Autumn Vale. A person told us; "I feel safe here. We all get on. I did have a fall down the stairs which made me scared but staff got the GP out and they told me I'd pulled a muscle." A second person told us; "I've no concerns, they look after me well." A third person told us; "The staff have a really good balance. I'm not restricted but they make sure I'm safe."

A person told us; "Staff do the medication. It can sometimes be a bit late in the morning but all the medication is always there." A second person said; "They always have my medication in stock, especially my inhalers."

We looked at medicines management within the home. We saw that each person had a lockable medicines cabinet in their bedroom, in which their medicines and Medicine Administration Record (MAR) was stored. We went in to five people's rooms with a senior member of staff to look at the MAR and medications. We found medicine procedures in place were not robust to mitigate the risks associated with the unsafe handling of medicines.

We found gaps in documentation and inconsistencies in the medication files in people's rooms. Four out of the five people did not have a front sheet with their photograph or detailing any allergies, specialist needs or contraindications to be considered when administering medicines. This exposed people to the risk of harm.

We found the MAR didn't correspond with the stock in the cabinet for one person. Paracetamol was in the cabinet but was not written on the MAR. The registered manager had told us on commencing the inspection that the home did not utilise homely remedies and all medications were prescribed by the GP and documented on the MAR. If medicines received by the home were being reconciled appropriately this would have been picked up when the medication was received and the new chart reconciled with the old chart.

We also found information was not recorded to guide staff when administering medicines which were prescribed to be given "when required" (PRN), this included medicines prescribed for anxiety, pain and constipation. When administering PRN, staff did not document the time PRN medication had been given so were unable to demonstrate how sufficient time between doses was maintained. There was also no information available to guide staff when a variable dose of medicine was prescribed to support them to administer the most appropriate dose of medicine.

We found directions regarding medicine as per best practice were not available. For example; some medicines recommended to be given before food, such as medicines to reduce gastric acid, hormone replacement wasn't documented. This exposed people to the risk of their medicine not being given consistently and people could experience unnecessary discomfort as a result.

This meant there was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the proper and safe management of medicines.

During the inspection, we checked to see how the service protected vulnerable people against abuse. We saw suitable safeguarding and whistleblowing policies and procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We spoke to staff to ascertain their understanding of safeguarding procedures. All the staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. A staff member told us; "Signs of abuse could be bruising on a person, a change in the person's behaviour. For example; if they appear insecure, quiet or withdrawn, off their food. Financial abuse could be apparent if a person suddenly doesn't have money to do the things they usually would. If I had any concerns, I'd report them straight to management. If I had concerns the manager wasn't dealing with the safeguarding, I would go to CQC." A second member of staff told us; "Safeguarding could be; sexual, physical or emotional. I'd document and report straight to management."

Management encouraged people living at the home to be involved with the recruitment of new staff. However, they indicated that people had been reluctant to engage in this so they spoke to people about what they looked for in a staff member in order to consider this when recruiting. We found the provider had a robust recruitment process in place. We looked at four staff files and saw that the process involved a telephone questionnaire and mental health scenarios before candidates received an invite to interview. Prior to commencing at the service, a Disclosure and Baring Service (DBS) check had been sought and two references, one of which was required from the candidate's previous employer. This meant people were empowered to be involved in staff recruitment and management ensured appropriate recruitment decisions were made when employing staff to work with vulnerable adults.

During the inspection, we looked to see whether the home had sufficient numbers of staff to meet people's needs. During the inspection, there was the registered manager, one of the providers, a senior, two support workers, cleaner and the cook. At night there were two staff members. We asked staff for their views on staffing levels. A staff member told us; "We have enough staff. Management take things on board and increase staff if needed. The management muck in, the provider is hands on and helps out a lot." A second staff member told us; "The staffing ratio is good. We work as a team and there is enough of us."

We looked at how the service managed risks. The service had recently transferred to an electronic system; person centred systems. This meant staff carried androids and electronically inputted data in the system as they supported people's care needs. The care records were centrally accessed by a computer and meant the registered manager and provider had 'real time' oversight as to people's changing needs.

We found individual risk assessments had been completed for each person and recorded in their care file. Risk assessments included; communication, eating and drinking, fall risk, nutrition, general risk assessment, waterlow and self-medication. Individual risk assessments had also been developed when the need had been identified. For example, we saw a risk behaviour assessment completed following an incident. The assessment detailed a description of behaviour, possible triggers, and people at risk, the impact and likelihood of it occurring. There were detailed plans which outlined management strategies to guide staff on how to safely manage risks in order to maintain people's safety.

We looked how accidents and incidents were managed at the service. We saw that staff completed an accident/incident forms on the android. We saw action had been taken following incidents. For example; a person that had fallen on three separate occasions had been referred to physiotherapy for an assessment of their mobility and whether they required walking aids. We saw incidents involving physical aggression had been responded too and a person had been referred to the mental health team for assessment.

We looked at the safety documentation, to ensure the service was appropriately maintained and safe for people. Gas and electricity safety certificates were in place and up to date, the fire equipment was serviced yearly. Emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. Water temperatures, the lift and window restrictors were checked. There were also individual emergency evacuation plans (PEEPs) in place that would help ensure staff were aware of individual's support requirements in the event that an emergency evacuation of the building was required, such as in the case of a fire.

The service had a maintenance person that was at Autumn Vale Monday to Friday. They conducted checks on the general environment and health & safety checks on people's rooms.

Good

Is the service effective?

Our findings

We asked people for their views as to whether staff at Autumn vale possessed the right knowledge and skills to provide effective care. One person told us; "The staff seem well trained. They seem to know what they are doing." A second person told us; "The staff have the right knowledge and skills." A third person said; "The staff get a lot of training. They are a good team."

We confirmed new staff completed an induction which was aligned with the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. Staff completed e-learning prior to embarking on the care certificate to provide them with a better understanding of the care certificate. New staff completed a probationary period which was reviewed at three months and signed off at six months if they had successfully completed the probationary period. This enabled management to establish the new staff member possessed the right behaviours and values to continue working at the service.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. Each person had a 'My learning cloud' and the training available was endorsed by skills for care. The training showed staff had access to a comprehensive training programme. We saw staff had attended, safeguarding, protecting personal information, pressure care awareness, mental capacity and deprivation of liberty safeguards (DoLS), manual handling, infection control, health and safety, food hygiene awareness, fire, equality and diversity, domestic abuse concerns, dementia and life support. We looked at 19 staff training records and 14 had completed all the required training and maintained a 100% record, three staff were at 88% and two staff members at 94%. A staff member told us; "The training is very good. We do both e-learning and in-house training. The safeguarding training was four units and intense. We are definitely well-trained. I've also done my NVQ 3." A second staff member told us; "We get a lot of training to do our job. I've also got my NVQ 2."

Staff told us they felt supported and were provided with regular supervision and had an annual appraisal of their work performance. The registered manager told us they aimed to conduct supervision bi-monthly but on occasions this would not be achieved due to annual leave etc. We looked at supervision records and ascertained all the staff had received supervision consistently each quarter with some staff receiving supervision more frequently. We saw supervision covered; agreed matters for discussion, learning and development, work performance, CQC core principles and staff agenda. There were also boundary tests incorporated within supervision that covered potential scenarios that could arise in a mental health setting. This enabled staff to prepare for these occasions and discuss responses in a safe and supportive environment. All the staff had an appraisal recorded in April 2016. Staff had completed a self -appraisal prior to the meeting which formed part of the discussion. A staff member told us; "We get regular supervision. It's every two to three months but I could ask for it more frequently if I felt that I needed it. It's a supportive process."

We asked people living at the service for their views on the food. One person told us; "The food is lovely. Roast dinners on Sunday. It was lamb last week, all the trimmings." A second person told us; "The food is very nice, it's always lovely." A third person told us; "The food is a good quality and we can have what we want. There are always jugs of juice on the tables for us to help ourselves and we can get a hot drink whenever we want one. Offered fruit daily." A fourth person said; "The food has surpassed my expectations. Everyday every meal there is a choice. If I just want cereal in a morning, I can have that. If I want a cooked breakfast, I can have that. They cater for any requirements."

We saw the service had received a 5* food hygiene rating from environmental health which is the top rating and indicates the level of hygiene observed on the day of the local authority inspection.

During the inspection we saw people living at the Autumn vale were offered a choice of meals. The menu was devised in consultation with people living at the service and people were provided two or three meal choices at lunch and dinner. On the day of the inspection lunch was; corned beef hash with mixed veg, chicken curry with rice or mash, fish curry with rice or mash and a desert was offered; strawberry and vanilla cupcake, ice cream, fruit cocktail. Dinner was a choice of hot dogs with rolls or mushroom pasta salad, fruit and cakes. The food was all freshly prepared and cakes were baked on site.

We observed the lunch and dinner time meal experience. The tables were nicely set with table cloth, serviettes, cutlery and condiments. We saw the mealtime was a sociable time, people chose were they sat and people were engaged in conversation with people on their tables. There were jugs of water and juice on the table for people to help themselves and the staff offered hot drinks throughout the meal. People asked for second helpings which were provided. The cook asked everybody when they finished whether people would like anything else to eat and fruit was offered. The cook sought feedback from people following their meal as to whether it had been enjoyable or could be improved. Consistently feedback received from people regarding the quality of their meal was extremely positive.

We saw fluid charts in use for people with recurring urinary tract infections (uti's) and jugs of juice were readily available throughout the day to encourage people to maintain a good fluid uptake.

We saw people's weights were closely monitored. People's weights were recorded monthly and records showed weights had been completed consistently. There was nobody living at the home nutritionally compromised. We noted dieticians had been involved but this was in relation to supporting a person to lose weight. The person completed a food diary when eating out so that meals could be tracked and the provider had implemented practical support by attending the gym with the person several times a week to support them in their weight loss.

Staff completed an eating and drinking checklist with people. This required an answer to a series of questions to determine whether people may be experiencing dysphagia. This term is used to describe when a person may be experiencing difficulty or discomfort in swallowing as a symptom of disease. The checklist covered a series of questions which included whether the person had been observed; coughing, choking, experiencing chest infections, difficulty swallowing tablets, diagnosis of reflux or discomfort swallowing.

We saw the home followed best practice guidance by its involvement with partners and external agencies. The home worked closely with other professionals and agencies in order to meet people's health needs. SALT (Speech and Language Therapy) referrals and assessments had been completed when the eating and drinking checklist had indicated a need for this. We found interventions were devised following recommendations. All the staff we spoke with were able to identify people's specialist dietary needs. For example; people who were diabetic, or required a soft diet and staff were knowledgeable regarding what

this meant for people.

We saw further evidence of involvement with health professionals recorded. People were supported to attend an annual physical health check and had recently been offered the influenza vaccination. Other professional's people saw included; GP, chiropodist, optician, dentist, mental health nurses, district nurses, social workers, older people's community matron, community dieticians and diabetic nurse. Person told us; "I'm seeing the chiropodist on Friday and I went to the dentist recently because I needed new dentures."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

We asked people whether they were unduly restricted or discouraged from going out unaccompanied. A person told us; "They encourage me to go out on my own but I prefer them to come with me when shopping and things." A second person said; "No restrictions. I can go and come back as I please. Nobody questions me. I do tell staff because of fire drills. They need to know for health and safety whether I am on a short visit or on holiday."

Staff spoken with were able to identify the people subject to a DoLS authorisation and we saw mental capacity assessments had been appropriately completed. The registered manager maintained a DoLS matrix and people's GP had been informed when an authorisation had been granted.

Staff were able to identify the people living at home who were subject to DoLS. A staff member told us; "Mental capacity relates to decision making. A person may not have capacity to make certain decisions because they don't understand the risk. They may still be able to make other decisions though." A second member of staff told us; "If people don't have capacity, decisions can be made in their best interest. We still seek consent from the person for other aspects of care."

People signed consent forms and we saw that these were updated yearly. We observed staff seeking consent from people throughout the inspection. For example, when administering medication. Staff told us they would always ask people for their consent before providing care and if a person declined then they would approach the person at a different time or ask another member of staff to approach the person if they had a better rapport with them. Staff told us they worked with people to maintain their autonomy and respected their choices.

Good

Is the service caring?

Our findings

We asked people living at Autumn vale for their overall impression of the home and the service received. One person told us; "I like living here. I settled in the first day. The staff help me in many ways." A second person said; "It's a good home and good care. What else is there to say." A third person said; "It's very pleasant here and more than I expected care to be. The staff try there hardest and go above and beyond."

Without exception, we received positive feedback regarding the care staff. One person told us; "The staff are very nice to me. They are the nicest people you can get. They are always there for me." A second person told us; "The staff are very good. Kind and considerate people." A third person said; "The staff show a considerable generosity, kindness and are caring. They bring out the best in me because of their acts of kindness."

We asked people if staff treated them with dignity and respect. People confirmed they had their own keys for their bedroom doors and that staff knocked before entering their room. A person told us; "Staff always knock on my door before coming in to my room. They respect my privacy when I want it and give me space." A second person told us; "Staff treat us with dignity and respect. I get privacy and we have our own keys to our bedrooms. Staff always knock before entering my room."

We asked staff how they ensured they maintained people's privacy and dignity. A staff member told us; "We always knock on people's door before entering their room. Before providing personal care, I ask people for their consent. It's people's personal choice. We encourage personal care and keep encouraging it."

We saw evidence that people who used the service, and their families and friends when appropriate had been fully involved in the development of the care required from the start. A full assessment was undertaken prior to the start of the service and care delivery was reviewed on a regular basis, with clear contributions from the person who used the service, to ensure it remained appropriate.

We saw people were involved in their care planning and staff promoted people's autonomy. A staff member told us; "People make all their own choices. Every aspect of their day is their own choice. When they get up, what they wear, what they do. We just encourage certain choices. For example, encourage people to attend to their personal care and increase their engagement."

Management told us they were developing the service and looking at ways to support people to be more independent. There were plans to convert a bathroom in to a kitchenette so that people could be supported to develop cooking skills. It was planned to incorporate budgeting, shopping and healthy eating in to this activity.

People told us staff promoted their independence and that they felt involved in their care. A person told us; "We've all got a part in the home. I take my laundry down and bring it back to my room. I shop on a Monday and the cleaner helps me tidy my room. Own kettle in room to make cups of tea. Staff got me a bus pass and started going on the bus with staff." A third person told us; "I look after myself. If I need help though, the staff

give it to me."

We asked staff how they promoted people's independence. A staff member told us; "Looking at getting people to the clinic rather than depot nurse coming to the home." A second staff member said; "People want to cook and bake. I did a cake with a person at weekend. They did everything themselves. It'll be great when we've got the kitchenette." A third staff member said; "Most people are independent in their self -care but we encourage people in other areas. We encourage people to do their laundry and we help them if they are struggling."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. The service captured people's individual needs through the initial assessment and person-centred care planning. We saw the service had discussed and met people's relationship and cultural and religious needs. A person living at the service only spoke broken English so the management had appointed a member of staff that spoke the person's native language so that they were able to communicate with them and hold every day conversations that were not centred on their medical needs.

At the time of the inspection there was nobody in receipt of end of life care. The registered manager had attended end of life training and end of life wishes and support had been discussed with people. We saw discussion had focused on people's concerns, symptom control, final days and funeral wishes.

Good

Is the service responsive?

Our findings

We asked people whether the staff were responsive to their needs and respected their choices and routines. A person told us; "I go to bed when I want and I get up when I want." A second person told us; "I've got asthma and the staff make sure that I receive help when I need it." A third person told us; "The staff respect my choices. I wouldn't still be here if they didn't."

We saw people received care that was personalised and responsive to their individual needs and preferences. During the inspection we looked at the electronic care records and they contained initial assessments which had been undertaken by management prior to people moving in to the home. We saw information captured included; a summary of medical information and care needs, social information; interests and hobbies, daily routines, likes and dislikes, skills and abilities, strengths, relationships, culture and religion. This meant staff had the necessary information the start of the placement to formulate plans based on people's needs.

Staff were identified as keyworkers for people which meant they were responsible for a number of people living at the service and ensuring their needs were being met. We saw people's care was reviewed quarterly and people's signature had been scanned in to the electronic record to confirm they consented to the plan. People's care was also reviewed annually in conjunction with their care coordinator through the care programme approach (CPA). A CPA is a framework which is used to determine how mental health services will support the person. A care coordinator is identified and oversees the CPA and they are responsible for planning the care and support people receive. A person told us; "They always ask me what I want and need and we go through the care plans."

The service was developing and had started to explore ways to practically support people to promote their recovery. The service had an identified recovery worker and staff were spending more one to one time with people and looking at inclusive ways to engage people in their communities. People's activities of daily living were assessed and support was provided to develop people's skills in the following area's; personal care, laundry, maintaining a clean environment, self –medication. A kitchenette was being built to provide practical support with cooking and budgeting for meals. We saw a person that had been living in a care home setting in excess of 25 years and had recently stepped down from Autumn vale in to their own flat. This was testament to the change in the staff undertaking more recovery focused work.

We looked to see how staff supported people to engage with employment, education and social activities. We saw activities which included Portsmouth interaction programme were promoted on a noticeboard at the entrance to the home. On the afternoon of the inspection, karaoke was observed being facilitated in the lounge. One person was on holiday on the Isle of White which had been facilitated by one of the providers accompanying the person. A person told us; "There are activities going on but I don't want to do them." A second person told us; "There are activities on occasions but I don't want to take part and the staff respect that." People were engaged in various community activities which included; attending the gym, library, local reading group and one person had applied for voluntary work at the local charity shop.

We looked at how complaints were handled. The service had policies and procedures in place to deal with formal complaints. The policy provided directions on making a complaint and how it would be managed, this included timescales for responses. The registered manager told us the service had not received any formal complaints but we noted low level minor complaints had been captured on the communication section of people's individual electronic record. The complaints had been actioned and a response provided people to determine what the service response was.

Both staff handbooks and service user guides contained details on how to make a complaint and what to expect throughout the process. Various leaflets were also available throughout the service to support a person wanting to make complaint. These included; How to complain about health and social care services displayed on table in hall. Health and safety law- what you need to know.
People we spoke with were knowledgeable about what to do if they had any concerns and felt confident these would be dealt with effectively. A person told us; "I've no complaints. The care is great. The staff are all really nice." A second person told us; "I've never complained. Never had reason to. I could just approach the manager if I had an issue."

We looked at three compliments that had been received from other professionals and family members. One professional had said, "The staff really go the extra mile to provide a quality of life for people in the most challenging of circumstances."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. 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.

There was a clear management presence at the service with proactive involvement noted from the providers in supporting people's care.

We asked people living at the service for their views on the management and whether they felt the service was well-led. A person told us; "The registered manager is really nice. We get on very well and I see them daily. I'd be lost without them." A second person told us; "The registered manager is always here and the provider several days a week. Almost every day actually. They are very good."

People were positive about the care they received and their experiences of living at Autumn vale. People consistently told us that they wouldn't hesitate to recommend the home to people requiring the level of care Autumn vale provided. A person told us; "I would definitely recommend this home. It's a lovely home. A really nice place to live. The staff respect your own privacy and space." A second person told us; "I think this is a good home. It's a good place to be." A third person said; "It's very pleasant here. It surpassed my expectation so I would recommend it."

We looked to see if staff were appropriately supported by management to fulfil their role. We saw staff received an employee handbook on commencing with the service and this contained key policies for staff to refer too to support them in their role. We noted that the policies were also available online and in hardcopy in the staff office. The policies we looked at were reviewed regularly which meant staff had access to up to date guidance and information.

Staff told us they worked well together as a team and said they received the support they needed from management to perform their role effectively. Staff were complimentary about the management. A member of staff told us; "The management are all really good. They are approachable and I feel I can talk to them." A second staff member told us; "This is a good home to work. The staff and management provide good care. I'd have my family member live here."

We saw the meeting minutes from three staff meetings. The registered manager aimed to conduct meetings monthly and scheduled meetings on different days of the week so that different staff could attend. Topics discussed during the meetings included; training, CQC updates, local council updates, communication, annual leave, policies and procedures. There was also a different topic covered each month, for example, one month accidents and incidents had been discussed whilst the following month mental capacity and DoLS had been raised. The meeting minutes documented actions following each meeting and who was responsible for implementing these. All staff signed to confirm they had read the meeting minutes so they were kept up to date even if they were not in attendance at the meeting. A staff member told us; "We can

influence change. I feel fulfilled working here."

The registered manager used a range of systems to assess the quality of the service and had recently sent questionnaires to people living at the home, healthcare professionals and staff. There was also a suggestions box in the communal hall which was emptied monthly. Meetings were also held with people in order to provide information about the home but also to receive feedback on performance and discuss any issues or concerns. A person told us; "We have a resident meeting monthly. I'm looking forward to the Christmas plans." A second person said; "We have regular meetings and we all express our views."

We looked at how the provider audited the quality and safety of the service. We were told the provider did not conduct their own individual audit. However, we saw the management carried out a number of audits which included; nutritional care, health and safety night check, staff training, fire and infection control.

We saw a pharmacy medication audit had been conducted February 2016 which had identified similar issues to what we found during the inspection. The pharmacy advice had either not been actioned or actions implemented following the audit had not been sustained. Internal audits had been ineffective in addressing these issues.

This meant there was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided.

As we identified issues with medication during the inspection, the registered manager commenced addressing the documentation and areas.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not introduced measures to remove the risks of the unsafe management of medicines within a timescale that reflects the impact on people who use the service.