

Methodist Homes Aughton Park

Inspection report

Aughton Park Drive
Aughton
Ormskirk L39 5QE
Tel: 01695 576996
Website: www.mha.org.uk/ch10.aspx

Date of inspection visit: 04/03/2015
Date of publication: 31/07/2015

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

Aughton Park is situated in a residential area of Aughton, Ormskirk. The home accommodates up to 50 people who need help with personal care, as well as those who are living with dementia. Accommodation is arranged over two floors. The upper floor is accessible by a staircase and passenger lift. All bedrooms are of single occupancy with en-suite facilities. Ample car parking spaces are available. A variety of amenities are nearby, such as churches, a corner shop, newsagents, a post office and public houses. Public transport links to surrounding areas are within close proximity.

We last inspected this location on 19th September 2013, when we found the service to be meeting the regulations we assessed at that time. This unannounced inspection was conducted on 4th March 2015, when the registered manager was on duty. 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.

Summary of findings

New employees were guided through a detailed induction programme and were supported to gain confidence and the ability to deliver the care people needed. Detailed assessments had been conducted, within a risk management framework. This meant people were protected against the possibility of receiving inappropriate or unsafe care, because risks relating to people's health, welfare and safety were consistently well managed.

The staff team were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at Aughton Park. Recruitment practices adopted by the home were thorough. This helped to ensure that only suitable people were appointed to work with this vulnerable client group.

The premises were immaculate and very well-maintained throughout. There were no unpleasant smells and people were protected from the risks of acquiring an infection by means of maintaining good standards of cleanliness and hygiene.

Systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to protect people from harm.

The staff team were provided with a wide range of learning modules and were regularly supervised. This helped to ensure those who worked at Aughton Park were well trained to meet people's health and social care needs.

Staff we spoke with and those we observed at work were evidently passionate about providing a high standard of service for those who lived at the home. We saw people being treated with kindness and compassion consistently throughout the day. People were supported to maintain their independence and their dignity was respected at all times by a caring and considerate staff team. We were told, "The staff are kind and they do listen if I ask them to do something differently. They are very pleasant and smiley. They are very kind and thoughtful."

We found the management of medications to be safe and well organised. This meant people received their medicines on time and were consistently protected against risks associated with the unsafe handling of medicines.

The registered manager of this service had been in post for almost 20 years. She was well organised and very positive about providing a high standard of service for those who lived at Aughton Park. The turnover of staff was very low, which showed a dedicated and well managed workforce.

Aughton Park was well organised and very well managed. The atmosphere was calm and relaxed. Everyone we spoke with was very complimentary about the management of the home and the staff team. We found monitoring of the service to be very good.

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?

This service was safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Aughton Park. Recruitment practices were robust. Risks were managed very well by good record keeping and the involvement of a wide range of health care professionals. People who lived at the home were protected by the emergency plans implemented at Aughton Park.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. Medications were well managed, which helped to ensure people received their medicines on time and were safeguarded from the unsafe use or misuse of medicines.

The premises were safe and maintained to an very good standard. Environmental assessments had been conducted to identify areas of risk and infection control protocols were consistently followed.

Good



Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of compulsory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed.

The menu offered people a choice of meals and their nutritional requirements were met. Those who needed assistance with eating and drinking were provided with help in a discreet and caring manner.

Good



Is the service caring?

This service was caring.

Staff interacted very well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. It was evident that this service was used for those who were unable to make decisions, such as those who lived with dementia and who did not have family to support them.

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a very good quality of life. This was demonstrated through our observations and by talking with those who lived at the home. Staff communicated clearly with those they supported and were mindful of their needs.

Good



Summary of findings

Is the service responsive?

This service was responsive.

A very detailed, person centred assessment of needs was done before a placement was arranged. Plans of care were very well written and person centred. They accurately reflected people's needs and how these needs were to be best met, in accordance with individual preferences and wishes.

Staff were seen to anticipate people's needs well, which helped to ensure their needs were met and appropriate care and support was delivered. A holistic approach to care was evident.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good



Is the service well-led?

This service was well-led.

People who lived at the home were fully aware of the lines of accountability within Aughton Park. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home was being run by the long standing manager.

There were a wide range of systems in place for assessing and monitoring the quality of service provided and action plans were developed to address any shortfalls, so that improvements could be made where necessary.

The home worked in partnership with other agencies, such as a variety of community professionals, who were involved in the care and treatment of the people who lived at Aughton Park.

Good



Aughton Park

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 4th March 2015 by two adult social care inspectors from the Care Quality Commission, who were accompanied by a specialist advisor and an expert by experience. The Specialist Advisor at this inspection had specialised knowledge and experience in dementia care and behaviour which challenges. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to live at the home. At this inspection this was achieved through discussions with those who lived at Aughton Park, their relatives and staff members, as well as observation of the day-to-day activity.

At the time of our inspection of this location there were 45 people who lived at Aughton Park. Some of the people who were living with dementia were unable to discuss what life was like at the home. However, we were able to ask 17 of those who were living at Aughton Park and six of their relatives for their views about the services and facilities provided. We received positive comments from everyone we spoke with.

We also spoke with 11 staff members, the registered manager of the home and two visiting community professionals. 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 toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of six people who used the service and the personnel records of four staff members.

We ‘pathway tracked’ the care of six people who lived at the home. ‘Pathway tracking’ is a method used to trace the care and support individuals received prior to their admission, right through to the current day. This enabled us to determine if people received the care and support they needed and if any risks to people’s health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from eight community professionals, such as GPs, community nurses, a pharmacist and an advocate.

We received four responses. Their comments are included within the body of this report.

Is the service safe?

Our findings

Everyone we spoke with confirmed they felt safe living at Aughton Park. They told us the staff were always kind and caring towards them and when assisting people with daily activities they were consistently very gentle and considerate. This information was confirmed through our observations. One person commented, "I feel quite safe when they give me a shower every morning." Another told us, "I think my possessions are safe here." All visitors we spoke with said they felt their relatives were safely looked after at Aughton Park. One said, "I can now sleep at night without worrying about Mum falling."

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff team had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

Members of staff we spoke with had a good understanding of the correct reporting procedure. The members of staff we spoke with felt additional in-depth training would help them to develop their underpinning knowledge of abuse more fully. Staff were able to tell us about the home's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately.

Records showed the training programmes for staff covered a wide range of health and safety topics, such as moving and handling, infection control, fire awareness and first aid. This helped to ensure those who worked at the home were knowledgeable about safety issues.

Detailed risk assessments were conducted as part of the care planning process and included areas such as, moving and handling, pressure care and nutrition. This meant that staff were provided with clear guidance to enable them to provide safe care and support. It was evident that the home considered the wellbeing of people who lived there very seriously and responded quickly to any potential risks identified.

Hoists were available when people needed to transfer from one setting to another. People had been appropriately assessed for the type of hoist and size of sling, which best

suited the individual, so that their comfort and safety was maintained. We observed two members of staff operating a hoist whilst transferring one person from a wheelchair to their lounge chair. This manoeuvre was conducted in a safe and competent manner.

During our inspection we looked at the personnel records of four people who worked at Aughton park. We found all necessary checks had been conducted before people were employed, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

Five people who lived at the home said they could do with more care workers, but felt there were adequate numbers of staff to meet their needs. However, one person told us, "I think it's quite well staffed, I never feel as if they are rushing me." Relatives we spoke with felt there were sufficient staff on duty when they visited. One said, "I am confident in my relative's care here and I feel he is very safe, as I was concerned when he was at home. I think there are a lot of staff here."

On the day of our inspection we saw there were sufficient staff to support people in the different areas of the home. A member of staff was always present in the communal areas. This meant people's needs were met promptly and their safety was promoted. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff we spoke with told us there were usually enough staff on duty to meet people's needs, but in an emergency, bank staff were called in to cover staff shortages, due to holidays or illness.

Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. Systems and equipment within the home had been serviced, in accordance with the manufacturer's recommendations. This helped to ensure they were fit for use and therefore people's safety was consistently promoted. Records demonstrated that accidents and incidents were well managed. Staff we spoke with were fully aware of action they needed to take in the event of any emergency situation.

A wide range of environmental risk assessments had been conducted, supported by detailed action plans, which

Is the service safe?

included both the internal and external areas of the home. These identified specific hazards and control measures, which had been put in place to minimise the potential risk factor. Records were available of medical device alerts (alerts sent to care providers about safety issues with equipment) and action taken to identify if any of this equipment was in use at the home.

A contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions. Individual Personal Emergency Evacuation Plans (PEEPS) had been developed following a traffic light system, which showed the level of assistance people would need to be evacuated from the building, should the need arise.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. An assessment had also been developed, which was reviewed annually and which showed fire precautions implemented to reduce the element of risk. A fire alarm test was conducted on the day of our visit. This was done in a controlled manner and people were made aware of the planned test prior to the alarm being activated. Records showed this was performed weekly, to ensure the fire alarm system was fully operational and therefore people were protected against risks associated with fire.

The medication policies and procedures were comprehensive and easy to read. These covered areas such as self-administration of medicines. Staff were trained well and supervised regularly before deemed competent to administer medications.

A full medication audit was conducted internally every month and the supplying pharmacist conducted one every year. We were told that two members of staff, who had completed medication training were on duty each shift.

The application of prescribed local medications, such as creams, was clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times. Medicines were stored safely and hand-washing facilities were available for staff.

A clear record of medications received and disposed of was maintained. Controlled drugs were checked and administered by two members of staff. Controlled drugs are prescribed medicines which are controlled under the Misuse of Drugs legislation, because of their addictive properties and harmful effects, if misused.

Detailed policies and procedures were in place in relation to infection control and records showed that infection control auditing was an integral part of the overall monitoring of the service. Clinical waste was being disposed of in the correct manner and there were no unpleasant smells. The environment throughout was immaculate. People we spoke with told us they were more than happy with the cleanliness of the home.

Staff were well trained in relation to action needed to reduce the possibility of cross infection, which followed current legislation and good practice guidelines.

Is the service effective?

Our findings

People we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us when speaking about the staff, “Oh they’re grand. They really do know what they are doing. I don’t even have to tell them what I want anymore – They just know.” Another said, “I have formed a good bond with the staff. We get on like a house on fire. It is just like a big family.” Evidence was available to demonstrate communication between relatives and the home was well established and outcomes of conversations were effective.

The daughter of one person spent a lot of time at Aughton Park, helping with drinks, meals and activities. She said they chose the home because they are members of the church. She told us, “We came here and it was like a hotel. We were told, ‘Just come for six weeks to try it.’ It’s brilliant. It’s nice and clean. The staff are marvellous. They really care and you can tell too. I would recommend it to anybody.” This relative told us that her mum was content and felt secure.

Prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy.

Successful applicants were supplied with a wide range of relevant information, such as important policies and procedures, codes of conduct, job descriptions specific to their roles and terms and conditions of employment. They were also supported through a detailed induction programme. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. These included areas such as ‘living the values’, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), diversity and inclusion, fire awareness, first aid, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness and end of life care were topics built

into training programmes. The staff we spoke with were very positive and enthusiastic. It was evident that the company considered training for staff to be an important aspect of their personal development programmes.

Records showed that regular formal supervision was provided for all staff and appraisals were conducted each year. These meetings between staff and managers, encouraged discussions about an individual’s work performance, achievements, strengths, weaknesses and training needs.

Staff we spoke with confirmed annual appraisals and regular supervisions were conducted, by either the registered manager or senior care worker. However, all were unsure of the difference between supervision and appraisal sessions. All staff told us they could access their records at any time they wished, so that they were able to review up to date personal information, should they so wish.

A three weekly menu was in place, which demonstrated a choice of nutritious meals were available. This was displayed in picture format on the menu board in the dementia care unit, so that those living with dementia had the same opportunities as others to select their chosen meals. It was evident that people could have an alternative, if they did not want the menu choices.

The home had introduced a system for analysing allergens within each recipe. This helped to prevent people suffering from allergic reactions. The home was awarded level 5 following the recent food hygiene inspection conducted by the Environmental Health Officer. This corresponds with a rating of ‘good’, which is awarded by the local council. This is the highest level achievable.

We observed lunch being served on both units. Lunch time was a calm and efficient activity. Staff gave people choices and assisted when necessary. There were sufficient staff to assist people with their meals and this was done in a sensitive and discreet manner. All cutlery and crockery was clean and those people, who required protection for their clothing, were provided with cloth aprons.

Staff encouraged people to eat and offered alternatives, whenever needed. People’s requests were attended to immediately and we saw one person asking for some soup later in the day, which was provided without question. This individual told us, “They (the staff) are good and try to help me.” We observed staff interacting with people in a very positive way. Staff knew what people liked and disliked. We

Is the service effective?

saw staff taking meals to those who preferred to eat in their bedrooms and during the afternoon, tea and homemade scones were served. One person said, “The food is lovely. Very tasty and plenty of it. Usually a bit too much for someone at my age.” Another commented, “I am looked after well and the food is ok most of the time.”

Words used to describe the food served varied from ‘Excellent’ to ‘Alright’. However, many people we spoke with told us the soup and cakes were homemade and these were rated as ‘Excellent’ by those who lived at the home. We were told, “Mealtimes are quite pleasant and not rushed. There is a pleasant atmosphere.” “The puddings are the best part of the meal.” “There is plenty and most of the things I like. On Sunday there is a lovely roast,” and, “It is a lovely dining room.”

A dietician provided us with written feedback about nutrition in the home. She wrote, ‘The staff are very professional and helpful. They keep good food record charts when requested. They use a recognised assessment tool. They record heights and weights. They implement food fortification and are keen to update knowledge with training.’

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Policies were in place in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). People’s rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their freedom because legal requirements were followed. Where Deprivation of Liberty Safeguard (DoLS) applications had been made, this was clearly recorded. Mental capacity assessments had been conducted, where necessary and in response to these the registered manager had made nine DoLS applications in total. These were for people who lacked capacity and were totally reliant on care staff for all aspects of their physical, nutritional and social well-being needs. Also, applications

had been made for those who had mental health needs, but had insight into their condition and expressed their desire to leave the building without an escort, which would have potentially put them or others at risk of harm.

Records showed that consent, where appropriate, had been obtained from those who lived at the home, in areas such as the taking of photographs, access to external professionals, medication administration and use of equipment. We saw that staff communicated their intentions with people before attempting any personal tasks or assisting with eating and drinking. One person commented, “If you like something they (the staff) endeavour to get it right. They make me the perfect cup of tea, just how I like it!”

The layout of the home was good, as there were no barriers to restrict movement. At the time of our inspection we saw people moving around freely, whilst others were being assisted by staff who talked respectfully and encouragingly with them. All areas of the home were immaculate and free from hazards with lots of personal items of furniture and mementos. We also noticed toiletries to be labelled with individual names, which reduced the possibility of them being used communally.

We noted specialised equipment was provided for people who lived at the home, in accordance with their assessed needs. For example, specialised mattresses and pressure cushions were in place for those who were assessed as being prone to developing pressure ulcers. A variety of mobility aids were supplied for those needing some support with moving around the home. This helped to promote people’s health, welfare and comfort.

People we spoke with told us that medical advice was sought whenever it was needed. Records showed that a wide range of community professionals were involved in the care and treatment of the people who lived at Aughton Park, such as community mental health teams, dieticians, chiropodists and medical practitioners. Evidence was also available to show people were supported to attend hospital appointments and to have blood investigations completed. This helped to ensure people’s health care needs were being met. Several people told us medical advice was sought immediately if someone was unwell. The registered manager told us, “We have a fabulous district nursing team. Their end of life care is fabulous. We have a lot of support from them.”

Is the service effective?

One group of community professionals sent us a team response to our feedback request. They wrote, 'Care staff at Aughton Park are well prepared for patient assessments and reviews that our team members undertake. Any recommendations we make are carried out. The vast majority of time there are carers readily available for the duration of our team member assessments and reviews.'

We toured the premises, viewing all communal areas of the home and a selection of private accommodation. We found the environment to be safe and maintained to a very high standard. Good quality furnishings were provided throughout and the atmosphere was warm and friendly, proving comfortable and homely surroundings for people to live in. Framed black and white pictures of famous faces and places lined the corridors, such as, 'Laurel and Hardy' and 'Market day in Ormskirk'.

We found the dementia care unit to be well designed, so that people could easily find their way around it. We also found the unit to be immaculate and comfortable, providing a pleasant and relaxed environment for people to live in.

We were told the organisation worked closely with Bradford University who lead in dementia care research and it was evident that the registered manager was very well informed about environments suitable for people who were living with dementia. She had clearly researched this important area of need before changes to the environment were made, to ensure the home maximised the benefits for those who lived with dementia at Aughton Park. The registered manager had carefully developed this unit in accordance with best practice guidance, whilst taking in to consideration people's needs and wishes.

The registered manager was fully aware that bedroom doors, which needed to be visible and easily recognised by those who lived on this unit, were all painted in neutral colours as were the walls. We discussed this with the registered manager, who told us some improvements had been tried, such as brightly coloured doors of different

shades, but these did not seem to be beneficial for those who lived on this unit. It was recognised that due to the corridors not having a natural light source the heavy coloured doors resulted in a darkened effect and people appeared reluctant to walk along the corridors. The unit was recently reburbished and the bedroom doors were lightened to enhance the sense of space and light in the corridors. When we visited Aughton Park people were seen happily walking up and down the corridors on the dementia care unit. They looked very comfortable in their environment. The registered manager had effectively adapted the environment to meet the needs of those who lived with dementia on this specialised unit.

The registered manager told us the company were to organise the fitting of accessories on bedroom doors, such as large door numbers, handles and letterboxes, so that they resembled house front doors. The options were discussed at length with the registered manager, who was making good progress with adapting the environment for those who lived with dementia, in accordance with best practice guidance.

The doors to the en-suite facilities in bedrooms were painted a brighter colour to help people to identifying their bathrooms. Some bedroom doors could have been more personalised with names, memory boxes and pictures. This was in hand. However, large nostalgic pictures of well known actors and singers adorned the corridor walls, as well as familiar local scenes, which helped to stimulate conversation and memories.

The registered manager was also aware that contrasting colours for toilets and toilet seats and tablecloths and place mats could help people to distinguish between objects to promote independence and assist in activities of daily living. She told us that some people, who had difficulty in identifying toilet facilities had been provided with coloured toilet seats for easier identification purposes and a full range of coloured crockery was being acquired.

Is the service caring?

Our findings

People we spoke with told us they were impressed at how kind the staff at Aughton Park were. One person said, “We are very well looked after. Anyone who has a complaint about this place, well they would complain about anywhere. I cannot fault it. The staff are magnificent. They deserve 110%.”

We saw a good number of recent thank you messages had been sent to the home. Extracts included, ‘We would like to thank you all for the loving care shown during (name removed)’s time at Aughton Park. He always enjoyed the entertainment’ and ‘To all the wonderful staff at Aughton Park with memories of the great care you gave to (name removed).’

The Statement of Purpose and Service Users’ Guide provided people with clear information about the aims and objectives of the home and the facilities and services available to those who lived at Aughton Park. These documents were available in each bedroom, so people could refer to them whenever they needed. An abundance of relevant information was displayed in the foyer of the home. However, there was so much attached to the notice board that information was somewhat lost or hidden behind other leaflets.

Records showed independence was promoted, so that people were supported to be as active as possible, in order to maintain self-reliance, as much as they were able. For example, we observed people being supported to use walking frames whilst mobilising. Staff were seen to be continuously providing words of encouragement, in a gentle and dignified manner.

One person who lived at the home was a very keen artist, so the home supported her in finding a local community group, where art classes were provided. This individual attended these independently each week and she was delighted to be able to maintain her lifelong hobby.

Aughton Park is a Methodist home. Therefore, a prominent feature was to support people to continue to follow their faith and to meet their religious needs. At the time of our inspection we heard how people were supported to independently attend bible classes, church support groups and church services in the local community. This was clearly identified within the plans of care, supported by detailed risk assessments.

One person who lived at the home was supported to go out in to the community four times a week to luncheon clubs, visiting friends and to do some shopping. This individual was supported to arrange her own taxi transport and she accessed these activities independently. Another person used to teach young children who had infectious diseases, which she thoroughly enjoyed. A member of staff had arranged for this individual to help at the local nursery every week, which promoted her independence and maintained her interests.

Care records seen incorporated the importance of respecting people’s privacy and dignity, particularly when providing intimate personal care. Relatives we spoke with told us people were always treated with dignity and staff checked with them before they gave support or help. Staff we spoke with were very motivated and proud to be part of Aughton Park. They understood the importance of building positive relationships with those who used the service and their families. One member of staff said, “I like spending time with the residents and getting to know them. They tell such interesting stories about their lives.”

We saw people’s needs were being met in a kind and considerate manner by the staff supporting them. Information was readily available about accessing the use of an advocate. We pathway tracked the care of one person, who had an advocate for support. An advocate is an independent person who can support people with decision making, if they wish to use this service. This helps to make sure decisions are made in people’s best interests.

Relatives we spoke with told us they were always made to feel welcome when they visited. They felt an important part of the support for their relatives was being fully involved with their care and everyday activities. We observed the atmosphere in the home to be very friendly and extremely cooperative. Relatives we spoke with told us they were kept informed about their loved ones and were fully involved in the planning of their care.

We conducted our SOFI observation on the dementia care unit. We saw staff interacted very positively with people in a friendly and supportive manner, addressing them by name and showing they were fully aware of individual likes and dislikes. Staff members were pleasant and they had an excellent approach towards people who were living with

Is the service caring?

dementia. Staff continued to pleasantly chat with people, whilst assisting them, despite some being unable to respond. Staff were consistently smiling and they looked genuinely happy to be at work.

One visitor told us he was very pleased with his relative's care and said anything he asked for was responded to positively. He also said that communication was very good through one-to-one meetings, residents' and relatives' meetings and phone calls. A relative commented, "This is such a happy place. It is a breath of fresh air visiting (name removed). I love coming to Aughton Park. Just look around. The staff are happy and kind. The place is spotless."

One person who thought all the staff were excellent commented, "The staff are always very respectful, very kind and they always knock on my door." This was a common theme throughout our discussions with people. The overall impression was that everyone thought those who lived at the home received the best possible care from a caring staff team. One relative told us, "Aughton Park is like no other place. It stands over and above everything I have ever experienced. Absolutely marvellous!"

One person told us, "I am very concerned (about her health condition) and they (the staff) are very careful and very discrete. I never feel embarrassed in any way." Another person commented, "I am very comfortable with my personal care. They let me do what I can and I like that. I'm quite happy here." One person said she had expressed a wish not to have a male care worker for her personal care, so she always had a female carer.

There were no restrictions on visiting times and some visitors stayed all day. One relative told us she visited her mother every day and usually stayed for lunch with her in the dining room. A relative commented, "I think the special thing about this place, and it's one of the things that stands out, is that the staff attitude is excellent."

One person responded to our feedback request on behalf of a community health care team. She stated, 'We have cause, as a team to visit Aughton Park on an almost daily basis. We find the care they provide to be very good. Carers tend to be consistent with a small staff turnover. Palliative care is excellent and a good working relationship between us and the care home staff is consistent.'

Aughton Park had been accredited with the six steps end of life care pathway. This helped to ensure staff could collectively provide a compassionate and empathetic

service for people nearing the end of their lives and their families. On admission an end of life care plan was developed, if appropriate, which covered people's final wishes and preferences in this area, so these were documented, should the person lose the ability to make decisions at a later date. These were reviewed as part of the care plan review.

Evidence was available to demonstrate that the staff team provided comfort and compassion for those going through the end of life journey and also they supported their families, by being open and honest and by helping them to say goodbye to their loved ones in a calm and serene environment. All staff had received 'Final lap' training during their induction programme, which instructed them about death and dying and which encompassed the importance of being open and transparent until the end. A TLC (Tender Loving Care) receptacle had been set up for those at the end of their life, which contained items, such as rosemary beads, lavender, a bible, holy water and relaxing CD's, so that people could receive comfort in their own way. A bed was made available for relatives to stay with their loved one, food was always offered and toiletry bags were provided, with all the necessary toiletries, so that relatives would not need to leave the home. One member of staff was the palliative care lead for the home, who was responsible for ensuring any new information was disseminated to the staff team, so that they were kept abreast of any changes in legislation or good practice guidelines.

One thank you note to the staff read, 'After Mum's recent stay in hospital and her return to her own room, she looked so beautiful and so much more content. We think this was down to the wonderful staff who were all so pleased to see her return. Although she was only back a few days (before she passed away) we felt she knew she was home, where she belonged. You have always treated mum with the greatest respect, dignity and kindness for which we are so grateful.' And another wrote, 'The genuine care and compassion from the staff to my grandma and my mum and dad was simply fantastic. It is actually very difficult to put into words how I feel, as it was a true privilege for grandma to be looked after by such dedicated and caring staff.'

One member of care staff had managed to trace the brother of one of the people who lived at the home, on her behalf. They had lost contact 64 years previously, but have

Is the service caring?

now met once again. A family reunion was arranged, which we were told was an emotional event. This was in response to the meeting of the siblings and they now continue to correspond with the support of the care staff at the home.

The registered manager and her team clearly demonstrated a dedicated commitment to promoting a strong, person centred and caring culture throughout the service. She told us, “The whole staff team like to spoil those who live here. Our aim is to make everyone of them feel extra special.”

A member of staff told us, “This is a great team to be part of because everyone really does genuinely care about the people who live here.” This information was strongly supported by the feedback we received from people who used the service, relatives, external professionals and through discussions with staff members. Everyone we spoke with told us they felt staff went over and above their expectations to ensure people were cared for in a kind and compassionate way.

Is the service responsive?

Our findings

People told us they were able to make decisions about what they wanted to do and how they wanted to spend their time. One person said, “We are never told what we have to do, but if staff think something is good for us, they will perhaps gently persuade us and tell us why it would be good, but we decide at the end of the day.”

We spent a lot of our time in the communal areas of the home observing the day-to-day activity. We noted everyone looked happy and comfortable. Those who lived at Aughton Park seemed to be enjoying life and their relatives looked relaxed, whilst visiting the home. The atmosphere was vibrant and friendly. Staff were on hand to assist people, as was needed. We saw many people engaged in conversation with others who lived at the home and with staff members.

We ‘pathway’ tracked the care of six people who lived at Aughton Park and who had quite different care needs. We found people’s specific needs had been thoroughly assessed before a placement at the home was arranged. Information had been gathered from a variety of sources, such as the person themselves, their relatives, their previous placement and other professionals involved in their care and treatment. This helped to ensure the staff team were confident in providing the care and support required by each individual, who lived at the home.

A ‘Map of Life’ outlined people’s past history. This included information about their childhood, school life, working life, people important to them, significant events, interests and preferences. This helped the staff team to generate a clear picture about the individual and therefore develop good relationships with them and their families.

The plans of care we saw detailed people’s assessed needs and how these were to be best met. They provided the staff team with clear guidance about people’s preferences and wishes. Those who lived at Aughton Park, or their relative, had been involved in the planning of their care. One relative told us, “I have been involved in Mum’s care plan and if any changes are made they ask my opinion.” Another said, “They (the staff) went through my relative’s care plan with me and discussed his medication. They decided to reduce one medication and included me in the discussion.”

Records showed that people were supported to maintain their religious beliefs by regular visits from local ministers.

The comprehensive plans of care showed that people were treated with respect and dignity and with relatives’ involvement their last wishes were listened to in a sensitive and person centred manner.

Assessed needs had been reviewed on a regular basis or as people’s needs changed. Revised assessments offered clear explanations about how needs had changed and what staff needed to do differently. We saw that plans of care were being followed in day-to-day practice and therefore people’s needs were being met in a consistent way. A key worker system had been introduced, which enabled people to develop bonds with individual staff members, who knew them well. One person liked to have his meals in his room when football was on the television, because he had been an avid football supporter and enjoyed watching the matches in the privacy of his own room.

People who lived at the home told us they could have a bath or shower every day if they wanted to. One person told us, “Yes, I have a bath every morning. The staff help me. They help me to get in the bath whenever I ask. The staff are wonderful. They go over and above what they need to do.” We saw several care workers anticipate people’s needs very well, particularly for those who were unable to express their needs clearly.

The care records we saw were very well written, person centered documents. They promoted a holistic approach to individualised care and provided the staff team with very clear, concise information about people they supported. This enabled staff to deliver the care people needed in accordance with their personal preferences and individual wishes. Staff members who worked on the units were responsible for completing the daily records for each person in their care. We saw evidence that this happened. From the records reviewed we found the quality of care planning and translation into person centred care provision was good.

The complaints procedure provided clear guidance for any interested parties about how concerns should be raised and this was clearly displayed, as well as being included in the Service Users’ Guide within each bedroom. People we spoke with told us they would know how to make a complaint, if they needed to and they would feel comfortable in doing so. However, no-one we spoke with had ever had cause to complain. Systems were in place for

Is the service responsive?

recording any complaints received. This helped the registered manager to assess and monitor the frequency and type of complaint, so that any patterns emerging could be easily identified.

An activities coordinator was employed at the home and a broad and varied programme of activities was in place. The programme we saw included things such as talks, quizzes, knitting afternoons and sing songs. People we spoke with told us they enjoyed the activities provided. One person told us, "They (the staff) do make an effort to entertain with crosswords, quizzes and talks to keep your brain going, knitting afternoons, sing songs and games. On Thursday it is painting and artwork. There is a good entertainments officer. She really keeps us occupied." Several people told us that when it was their birthday the chef made them a birthday cake. We were also told of the Christmas pantomime organised for those who lived at the home and their relatives, which was performed by staff and residents.

People we saw looked comfortable in the presence of staff members. They were well presented and appropriately dressed. A hairdressing facility was on site. Females had their hair groomed nicely and males were neatly shaven.

We saw some people participating in group activities, whilst others sat quietly reading or just relaxing. At the time of our inspection, the 'Daily Crossword' activity was taking place. It was well attended and lively. People were enjoying their time and were engaged. A little later there was a 'Show Songs' activity. This appeared to be enjoyed and people sang happily along to the songs. We felt the calm and pleasant atmosphere was influenced by the absence of television noise, which allowed people to focus on activities or just relax and enjoy their time. There were two lounges and although both contained a television, neither room had the television on throughout our inspection. There was also a sewing machine and computer for use by those who lived at the home, should they wish to use them.

We spoke with the Activities Coordinator regarding the daily activity programme. She told us the programme changed each week and every person received a copy, if not for them to read then their relatives were kept up to date with what was happening. The programme was designed around what people enjoyed doing. The coordinator was able to show us how many people had attended different activities. In addition, she told us she was very happy working at Aughton Park and she would be happy for her mum to live there.

One relative participated in 'Knit Wits' afternoon with those who lived at the home. People were eagerly knitting scarves for the homeless and jumpers for children in Africa. We were told of the 'Aughton Friends', which is a group of volunteers who visit the home to chat with people who live there and on birthdays they bring people cards and gifts.

We were given a good example by a relative about how the service listened to and responded to people's suggestions. He told us that when the conservatory was built, frosted windows obscured the view of the garden. He wrote to the manager requesting his relative be placed in a position so that she could see the garden. This was responded to quickly and over time, all the frosted windows were replaced with clear glass. This demonstrated a responsive service was provided to suit the needs of those who lived at the home.

Another person who lived with dementia and who came from the nearby town of Southport used to enjoy reading the local newspapers. The home ensured that this individual still received the newspapers from Southport, so she could continue to pursue her interests.

There were several rummage boxes around the unit, plus an old fashioned chest of draws in the corridor full of nostalgic and familiar items, such as washing baskets, pegs, handbags, purses, shoe cleaning sets, bobbins, gardening gloves and paint brushes. People were able to use these items and keep them as possessions, if they wished. The stock was frequently replenished. There was also an old fashioned ubank and dusters for residents who wished to do housework. At the door leading out into the garden there was a coat and hat rack, with various outdoor clothing, plus umbrella's should they decide to go out in to the garden, where there were some raised flower beds with lots of sensory plants.

The activities co-ordinator discovered through her own interest in puppetry that people who lived with dementia interacted and responded so well to the puppets, giving them a huge sense of well-being and enjoyment. Her work featured in one of the company magazines. A music therapist and a reflexologist visited the home each week and a PAT dog several times a week, which helped people to maintain an interest and to enjoy periods of relaxation. This input also enabled people to maintain links with the local community.

Is the service responsive?

The staff team appeared to know people well. They always said a few pleasant words as they passed people and often gave them a quick hug as they passed by. All the residents and relatives were very positive in the way they talked about all the carers. One said, “Since (name removed) has been here I’m very impressed. I was anxious, but he settled in very quickly. The staff are very good and carers respond quickly if he rings his buzzer.”

A community professional provided her feedback. She wrote, ‘I have always found the staff and management to be receptive and supportive and when my client has any issues they have always been dealt with promptly and efficiently. My client is happy and settled in the home and

often comments about how kind the staff are to her. The only complaint she makes is about the food. We have spoken to the management about this and I know that the cook has spoken to my client in order to ensure she is given food that particularly suits her taste. The home itself is always very clean and well maintained and provides a pleasant environment in which to live. Whenever I visit my client she is always clean and smartly dressed. I know that she needs assistance with personal care and personal hygiene is very important to her. There also appears to be a good programme of activities in place, as there is usually something going on whenever I visit. I find Aughton Park to be consistently good.’

Is the service well-led?

Our findings

On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.

At the time of our inspection the regional service manager was on site and the regional director of the company made a scheduled visit during the course of the day. The staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work.

The registered manager of this service had been in post for almost 20 years. She was well organised and very positive about providing a high standard of service for those who lived at Aughton Park. Records showed the turnover of staff to be very low, with a good percentage of the team having worked at the home for many years. One person told us, “I think it’s managed very well, but there’s a lot to do. I know Michelle (the manager), she’s very nice, and sometimes she has time to talk.”

Aughton Park was very organised and well managed. The atmosphere was calm and relaxed. Everyone we spoke with was very complimentary about the management of the home and the staff team.

We found monitoring of the service to be very good. A wide range of health and safety audits had been periodically conducted by an external organisation. Internal checks were also conducted regularly in areas such as fire safety, falls, accidents, pressure ulcers, nutrition, care planning and complaints. The results of these audits were produced in pie charts for easy reference. Any areas identified as needing improvement during the auditing process were then analysed and incorporated into a structured action plan, which was effectively monitored. A detailed report was frequently produced in relation to unexpected deaths. This was forwarded to Head Office for analysis and continuous monitoring.

An annual business plan clearly summarised the organisation’s aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

A company representative conducted unannounced inspections on a regular basis and formally recorded their findings, with action plans developed to make improvements in response to issues identified.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. These covered all areas provided by the service. The philosophy of the home offered people who lived with dementia a meaningful and purposeful life style. There was a strong emphasis on continually striving to improve in response to feedback received from people who used the service, their relatives and community professionals.

Feedback from those who lived with dementia was actively sought by staff being able to recognise individual reactions to different circumstances. This was because the staff team knew people in their care well. This was observed at the time of our inspection.

There was plenty of opportunity to provide feedback. Meetings were held for those who lived at the home and their relatives. This allowed people to talk about things they felt were important in an open forum. One relative said that although the home did act on suggestions made, people were not always advised of the outcome at subsequent meetings. However, people who lived at the home told us that communication was good and took place on a daily basis as the registered manager was always around to speak with.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

We saw minutes of a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and so that any relevant information could be disseminated amongst the entire workforce. Agenda items included, staff training, health and safety, clinical governance and the management of safeguarding concerns.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These

Is the service well-led?

included areas, such as health and safety, cultural, religious and ethnic needs, autonomy and choice, consent, advocacy, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

A variety of community links had been embedded in the everyday operation of the home. For example a number of people provided voluntary support on a regular basis. These individuals formed an important part of the support network for Aughton Park. They served beverages and snacks, chatted with people, supported people in activities and provided escort duties. Other links with the community included attendance by religious ministers, performances by musicians and visits from local school children.

Four relatives we spoke with all said they could not have found a better home than Aughton Park for their loved ones. One of them commented, "I'm informed about everything. I can now sleep at night without worrying. It's the best home around." Evidence was available to demonstrate that the manager responded positively to any suggestions made by those who lived at the home, visitors or staff members."

Staff spoken with told us they felt well supported by the manager of the home on a day-to-day basis and also through regular supervision meetings and annual

appraisals. We noted the staff turnover was very low. Staff members we spoke with had worked at Aughton Park for between 5 and 12 years. They were evidently very happy to be working at the home. They told us, "I am really happy working here." "I love my job, it's a pleasure coming to work." "This is the best place I have worked in."

One person who was on respite care told us, "I would recommend it (Aughton Park). I think this is one of the better ones. I would consider it for permanent care. They (the staff) are very kind and thoughtful." A relative commented, "I think it's just marvellous and would recommend it to everybody. When I was looking for somewhere for Mum I just walked in and it's like a hotel, it's just wonderful." And another said, "My sister and I did the research and went to various other homes. When we walked through the door here we said, 'This is the one'."

We had a discussion with one ancillary member of staff who told us that the home was very well run and that the manager was very strict about maintaining the décor to a high standard. He said if a wall was marked or damaged it would be immediately repaired and repainted. He went on to say, "I think it's a great home. The manager plays a big part and they are good staff. It's a good team and it seems to work here."