

# Mr Asif Iqbal Alvi & Muhammad Fayyaz Chauhdry

## Afton Lodge Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This unannounced inspection of Afton Lodge Care Home took place on 17 & 18 August 2016.

Located in a residential area of Bootle, Afton Lodge Care Home provides accommodation and care for a maximum of 27 people. Access for people who use wheelchairs is located to the front of the property. A passenger lift is available for access to the upper floors. Parking is available to the front of the property and a large garden to the rear. The home is located close to shops, local facilities and transport links.

A registered manager was 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.

We found a breach of Regulation 15 of the Health and Social Care Act 2008. We raised some concerns on the first day of our inspection with regards to outstanding structural repairs requiring attention on the building as well as some safety issues with regards to the inside of the building such as the décor and standard of general fixtures and fittings. The provider met with us on the second day of our inspection and this was discussed with them, as we were concerned some repairs had been already requested by the registered manager yet there were no plans in place for the repairs to commence. The provider has since sent us a detailed plan of action to address these concerns. You can see the action we have asked the provider to take at the back of this report.

Quality assurance procedures were in place concerning care planning, medication, health and safety and the environment. However, even though improvements had been identified by the registered manager highlighting the safety of the environment and outstanding structural repairs, the provider had not addressed these concerns in a timely manner prior to our inspection.

Everyone we spoke with and their family members told us, overall, they felt safe living at the home.

There were processes in place to ensure staff were recruited safely and in line with current requirements and the home's own recruitment policy.

There were safe processes in place relating to the safe handling, administering, ordering and disposal of medications, these were regularly reviewed and updated.

Safeguarding procedures were clearly displayed, and staff were able to describe the action they would take if they felt someone was being abused or mistreated in any way.

Rotas were seen and our general observations showed that there was adequate staff on duty and employed by the home to meet people's needs in a timely manner. People told us there were enough staff.

Training schedules and staff certificates showed that staff had access to a range of training courses in addition to mandatory training, such as recognised national qualifications. Staff told us they felt the training was an enjoyable experience and development was encouraged from the registered manager.

The registered manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this.

Staff had regular supervision and appraisal. The induction process for the home was in line with The Care Certificate.

People told us they liked the food and special dietary requirements were catered for. We were able to sample a vegetarian alternative on the day of our inspection. Menus showed people had a choice about what they ate, and resident meetings showed that food and choice of menu was discussed regularly.

People had access to other medical professionals when they needed to such as GP's dentists and opticians.

We received positive feedback regarding the caring nature of the staff from the people who lived at the home, their family members and community professionals.

People told us the staff respected their privacy and dignity, and staff gave us examples of how they supported people in a dignified way.

Care plans were personalised and had been signed by the person themselves or their families. Care plans were reviewed on a monthly basis or sooner if someone's needs had changed.

There was a complaints procedure in place and we saw that complaints had been responded to in accordance with the providers own complaint guidelines. Everyone we spoke with at the home told us that they knew how to complain and would not hesitate to complain if they needed too.

The registered manager was well known and had been in post for a long time. People referred to the registered manager in a positive way throughout the inspection.

Feedback was sought from people who lived at the home annually.

## 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 always safe.

Repairs and safety measures inside and outside the building were not being addressed; we raised this with the provider at the time of our inspection, as we were concerned about this.

The service had measures in place to ensure medicines were managed safely.

Risk assessments were in place for people who required them and covered all aspects of their personal safety.

The staff understood their role in relation to safeguarding and were able to describe what action they would take if they felt someone was being abused.

### Is the service effective?

**Good** ●

The service was effective .

The registered manger understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA)

Discussions with staff and documented evidence showed that staff were suitably trained to undertake their roles.

People told us they enjoyed the food, and the menus showed there was variety.

### Is the service caring?

**Good** ●

The service was caring.

Everyone we spoke with told us they felt the staff cared about them and were complementary about the home.

People told us the staff respected their choices and treated them with dignity and respect.

Staff were able to describe how they ensured care was provided in a dignified way.

### Is the service responsive?

Good ●

The service was responsive.

There was a complaints procedure in place which was clearly visible, and people told us they knew how to complain.

Care plans were personalised, and contained relative and up to date information about people who lived at the home and what was important to them.

There were enough activities planned and going on in the home to suit most people, these were organised by staff.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not have effective quality assurance systems in place as quality and safety issues highlighted had not been actioned.

People we spoke with knew who the registered manager was and were complimentary about their leadership and management style.

The culture of the home was open and staff said that the registered manager was approachable.

# Afton Lodge Care 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.

This inspection took place on 17 & 18 August and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in the care of older people.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the intelligence the Care Quality Commission had received about the home. We also contacted and received feedback from three health and social care professionals.

During the inspection we spent time with 11 people who were living at the home and they shared their views of the home with us. We also spoke to five relatives who were visiting the home at the time of our inspection, and one family member who contacted us after our inspection by email. We spoke with eight staff, including the registered manager, the chef and the provider. We also spoke with two visiting healthcare professionals.

We looked at the care records for four people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

# Is the service safe?

## Our findings

As part of our inspection we were shown around the inside and outside of the home. We identified some issues with the outside of the building. Two steel beams were supporting the window in the lounge, and some of the window was boarded up. When we asked about the window, we were told there was a problem with water running behind the structure of the window when it rained and this had caused the window structure to become weak and crumble over time. The registered manager told us they had sourced some quotes for the repair to be fixed; however, as the job was quite large, the provider had still not agreed for the repair to take place. We were told the window had been like this for quite a few weeks. We were concerned that up until the day of our inspection there was no evidence to suggest that the provider had a plan in place to fix the window. Although the window had been made safe by the placement of the steel beams, and risk assessed by the registered manager, some of the window in the lounge remained boarded up, blocking out daylight. In addition, the upstairs bedroom which was directly above the window had been temporary closed off due to any additional weight being placed on the window.

We also noticed inside the home some of the fixtures and fittings required attention. There were ripped chairs in the lounge areas and a worn patterned carpet, which ran throughout the home. In one area of the home the carpet had come away from the wall and was flapping loosely by the skirting board. The hallways upstairs were quite badly lit, and there were some staircases in these areas which were steep and absent of gates or any other form of safety measure for people. One person told us "It is dark upstairs, but I have gotten used to it."

One of the bathrooms in the home was not able to be used due to repairs which needed to be completed. We also noticed there were no window restrictors on the windows on the second floor of the home. We discussed these concerns during day one of our inspection with the registered manager, as we could see that audits completed by the registered manager had picked up on some of our concerns, however we saw no evidence that the provider was addressing any of the concerns raised.

This is a breach of regulation 15 (1) b c d e of the Health and Social Care Act 2008 Regulated Activities (regulations) 2014.

On the second day of our inspection, the provider attended the home and we were able to discuss our concerns with them and ask them to take immediate action with regards to the building repair to the front window. We have since received an action plan from the provider informing us of the date the repairs will take place, along with other repairs and maintenance, which will be taking place within the home. We will contact the provider when the repairs have taken place, and we will check at our next inspection to ensure this has taken place.

Everyone we spoke with told us they felt safe living at the home. One person said "Yes I have no reason not to feel safe." A family member said "I feel rest assured knowing [relative] is here. They are well looked after." Another person said "I press my buzzer and they come straight away" and "I feel safe, all is fine."

Risks to people's health and safety were assessed as part of their plan of care and was documented and reviewed on a regular basis. The records we looked at for each person included a needs assessment, admission procedure, MUST (malnutrition screening tool) charts, a mental health risk assessment, diet and fluid charts and weight charts. People who were at risk of falls or malnutrition had additional risk assessments completed which explained what support that person needed and highlighted the impact of the risk the person could be exposed to.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff to reference on safeguarding people, including whistle blowing.

The deputy manager provided us with an overview of how medicines were managed within the home. Processes were established for receiving and monitoring stock, and the disposal of medicines. Medicines were held in two locked trolleys. The trolleys were stored in a locked room. Medicines were administered individually from the trolleys to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

Rotas showed the number of staff on duty at the home appeared to be consistent. During our inspection, we observed people receiving assistance in a timely manner, and there were always staff available in the communal areas of the home to help people if they required it. One person said "Yes, there are enough staff, they are smashing."

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home and the method of assistance required had been personalised to meet the need for each person. There was a fire and emergency plan displayed in the hallway.

We looked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts, which included gas, fire safety, electric and legionella testing. We spot-checked the date of some of these certificates. Procedures were in place for responding to emergencies and in the event of a fire.

We saw that incidents and accidents were well recorded, and the manager, as part of their auditing process, was analysing these for any trends and patterns.

Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks are

completed to ensure that new staff are suited to working with vulnerable adults. There were also notes from the interview saved in each person's file. Staff were required to confirm annually that their DBS status had not changed.

# Is the service effective?

## Our findings

People told us that they felt the staff had the right skills and training to be able to do their job. One person said, "The staff are well trained, they are brilliant." Another person told us "Whatever they are doing, they are doing it right." Someone else said, "I think the staff are well trained, yes I do."

The staff we spoke with told us they enjoyed their training, one staff member said "The training is great, it is all classroom based, so you feel part of a group." We saw that all training had been completed in accordance with the providers training policy, including very specific training to help support some people's clinical needs. There was a system in place which tracked when refreshers or updates were due. Staff were booked on these when required. We checked a sample of certificates in staffs' files. All staff had level 2 QCF in health and social care and over half of the staff team had their level 3 QCF in health and social care. The two deputy managers had achieved their QCF level 5 in management.

We saw that new staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. All of the staff that we spoke with confirmed that they had been given regular supervision and appraisal. We saw that this was recorded in staff records and there was a supervision schedule displayed in the office on the staff notice board.

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 saw records that showed the home was operating in accordance with the principles of the MCA. Applications to deprive people of their liberty had been submitted appropriately. The registered manager kept a record of applications and renewal dates to ensure that authorisations did not lapse. Records indicated that people's capacity to make other decisions was assessed with a view to maintaining their independence. The registered manager showed us an example of how one person was re-assessed and found that the DoLS was no longer needed due to a change in their cognitive ability, so the correct procedure had been followed to remove the DoLS.

We looked at menus and the provision of food in the home. There were some mixed comments with regards to choice, however, menus did reflect there was choice available, and most people told us they liked the food. One person said, "The food is smashing, you get a choice, but I don't like the sandwiches." Another person told us "The food is marvellous, you can have a roast dinner or sandwiches." Other comments included "The food is alright," and "The food is good." One person told us "There is no choice of food, it's the

usual dinner every day, meat, veg and potatoes." We were able to sample the food on the day of our inspection, and asked for a vegetarian alternative, which we were provided with. We observed that drinks were made available throughout the day as well as at lunchtime; people could choose whether they wanted hot or cold drinks. We spoke to the chef who told us the menus were compiled based on discussions with people during resident meetings. We observed the chef going around each person on both days asking what they would like for lunch. The chef told us "I do all the ordering of food. I get nice ingredients because I would not cook for people something that I would not want to eat myself." We looked in the kitchen and saw it was well stocked with fresh ingredients and drinks.

We asked people if they could see health professionals when necessary. We were told that they saw doctors, chiropodists, opticians and other healthcare professionals when they needed to. We saw records of these visits on care files. People were supported to maintain good health and to access healthcare services by staff. One person told us "They [staff] will call for GP if I need one." Another person told us "They [staff] called a GP for my back." We spoke to two visiting healthcare professionals who both complimented the communication of the staff. One medical professional said "They will do whatever I ask, they will always call and make referral's appropriately."

# Is the service caring?

## Our findings

Everyone we spoke with told us the staff were caring. Some of the comments we received from people who lived at the home included. "Staff are smashing," and "The staff are marvellous." We spoke to two family members on the second day of our inspection, and one family member contacted us by email afterwards to give us feedback about the home. One family member said "The staff are just amazing. They make the home what it is; I don't know what I would have done without them." The same family member told us "The staff have all been here for a long time, so you get to know them, their support and caring nature is wonderful." Another family member said "The home is amazing from a caring point of view; it could do with some attention with regards to the décor. But the staff more than make up for that." We spoke to a visiting professional who told us "The staff are fab, they are absolutely bob on with everything they do." The same person told us "It is such a lovely home to visit, the same staff are always here, and we have good relationships, they are lovely to the people who live here." One family member emailed us and stated "I would just like you to know I am extremely happy with the care, service and empathy my [family member] receives."

Before our inspection we contacted other health and social care professionals asking for feedback they would like to share about the home. One professional stated in their email "I have always found the staff to be professional and proactive in many ways." Another professional told us "I have placed many people at Afton Lodge over the years and always found the staff and the management to have a really good understanding of the needs of older people." This professional also stated, "We know that people will receive good care at Afton Lodge."

People told us they could have visitors any time they wanted. One person said "My daughters and nieces visit me whenever they want." A visiting relative told us "I can come here whenever I want; I am usually here most days."

Throughout the inspection we observed staff speaking kindly to people and offering them assistance when needed. One person told us "They knock on my door to check that I am alright." We did observe one person had spilt gravy on their top at lunch and remained in the same top throughout the inspection. When we queried why this person had not been offered a change of clothing the staff member told us "Oh [person who lives at the home] doesn't like us doing that, she specifically asked that we never ask her, as it makes her uncomfortable, if she wants to change her top, she does it herself." We checked this person's care plan and saw this information was well documented around the person's choices and preferences. This shows that staff respected the person's right to choose for themselves. Staff were able to describe other ways in which they promoted people's dignity and choice. One staff member said "We always cover people when providing personal care and ask them if they want help, not just assume we need to do things for them." Another member of staff told us "I always remember that we are working in peoples home, so I show them the same respect as I would expect a guest to have in my home."

The home was making use of advocacy services and there was information provided for people with regards the local advocacy hub.

Care plans had been reviewed and signed by the person themselves or their relative, if legally allowed to do so, and people told us they had been involved in their care plan.

## Is the service responsive?

### Our findings

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect their complaint to be responded to. We checked the complaints log and saw that one complaint had been made in the last twelve months and this complaint had been responded to appropriately. One person told us they had complained about the laundry service in the home, and we could see this had been discussed at the resident meeting and corrected at the earliest available opportunity.

Care plans were personalised and encompassed the individual needs of each person living at the home. Care plans were compiled from an initial assessment form completed by the registered manager who assessed each person prior to them moving into the home. Information regarding their likes, dislikes backgrounds and histories were captured on this documented and used to form part of their care plan. We saw that care plans were reviewed regularly, and any updates were added as and when they arose. For example, we saw that one person's care plan stated that they required support with eating, however we observed during lunch that this person did not eat much as was not supported. We queried this with the registered manager afterwards, who informed us that at a recent review, the person had stated it made them upset and uncomfortable if staff approached them during mealtimes in front of other people, it would be better if they were reminded later on to have a snack if they hadn't eaten much at mealtime. We checked this persons review record and saw this information had recently been added by hand by the staff, and just needed to be typed up in the actual care plan.

People told us they could have a bath or a shower when they wanted, and care was not completed according to a timetable. We observed most people chose to go to the toilet before lunch with staff assistance. Rooms were personalised with peoples own furniture, linens and ornaments.

Activities were organised by the staff at the home, and consisted of painting, armchair exercises and other requested activities. There were projects which the care staff and the people who lived at the home had participated in and they were also displayed on the walls. We observed photograph's on the wall of fundraiser events the home had been involved in, such as cancer research days were people and staff wore pink. People /staff also got involved in gardening and the home were proud of their home grown fruit and vegetables.

## Is the service well-led?

### Our findings

We saw audits completed by the registered manager in respect of care plans, medication, environment and health and safety. The audits in respect of the environment had picked up on some of the safety and environmental issues we found during our inspection. The registered manager had followed policy and submitted these audits to the provider and was awaiting approval for repairs. We were however, concerned because despite the audits being completed and identifying outstanding repairs to the building, there was no plan of action or discussion documented between the registered manager and the provider at the point these concerns were first identified. Prior to our inspection there was no record of when these repairs would take place. This meant that the provider had not taken action in timely way and quality assurance audits had not been used effectively to make changes and repairs as needed.

When we met with the provider on day two of our inspection, we received assurances these repairs would be actioned, and we have since received a detailed action plan addressing these issues.

A general quality audit and a health and safety audit were completed every six months and a thorough audit was completed every year and sent to head office for analysis. An audit of medicines was completed every seven days. The records that we saw indicated all audits had been completed in accordance with the home's schedule.

There was a registered manager in post who had worked at the home for a number of years. Everyone knew the registered manager by name, and were complimentary about them. One person said "Oh [name registered manager] is great. We would be lost without him." Another person said "He's a lovely chap." A family member told us "[registered manager's name] and the deputies [named them] are just great, I feel they go above and beyond, it is so well ran in here." We received some written feedback about the home, and one person wrote "[Registered manager's name] promotes independence and advocates for the people in his care." One visiting healthcare professional told us "It is really well ran, the staff know what is expected of them." We asked the staff if they felt supported by the registered manager, one staff member said "Oh yes, he is just lovely [registered manager] really fair." Another staff member said "[Registered managers name] is supportive, they have really helped me." Throughout our inspection we saw the registered manager stop and chat with people and staff and it was very friendly and relaxed.

The registered manager maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider must ensure suitable repairs and maintenance are carried out on the building consistently and in good time.