

Autumn Lodge Ltd

Autumn Lodge - Bognor

Regis

Inspection report

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Tel: 01243868242

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service: Autumn Lodge is a care home that supports up to 18 people.

People's experience of using this service:

People enjoyed living at Autumn Lodge and there was happy and relaxed atmosphere within the service. Staff were attentive and had a good understanding of people's backgrounds and current support needs. All new staff shadowed experienced carers for a month before providing care independently and staff training was regularly refreshed.

People felt safe in the service and staff had a detailed understanding of their role in protecting people from all forms of abuse or discrimination. Diversity was valued and celebrated within the service and staff were supported to become dignity champions.

Staff were recruited safely and there were enough staff available to meet people's needs. Support was provided at a relaxed pace and staff took every opportunity to spend time chatting with people.

Care records were informative and staff understood people individual needs. There was a programme of activities which included external entertainers. On the day of our inspection there was plenty of laughter and people enjoyed playing games and singing along with the registered manager.

Wi Fi internet access was available throughout the service to people and visitors and the service had trialled and adopted the use of new technologies where this impacted positively on people's well-being.

The service was exceptionally well-led. Staff were well motivated and told us they enjoyed working at the service. Relatives and professionals were highly complimentary of the service leadership and told us they would happily recommend this service to anyone.

At our previous inspection the service was rated Good. (Report published 25 August 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

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Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: Autumn Lodge is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed all information we had received about the service since the last inspection. This included, previous inspection reports and details of incidents that the provider had notified us about.

During the inspection we spoke with nine people and two relatives to ask about their experience of the care provided. We observed how staff provided care throughout the inspection including during the mid-day meal. We also spoke with three staff, the deputy manager, the registered manager, the provider and two visiting health professionals about the service's performance. Following the inspection, we received

additional feedback from a further four relatives and five health care professionals.

We reviewed a range of records. This included three people's care records and a selection of medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and the service policies and procedures.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had extensive knowledge of local safeguarding procedures and a strong understanding of their role in ensuring people's safety. They told us, "It is definitely, without a doubt safe".
- Information about how to report safeguarding concerns was readily available in the service's communal areas and records showed safety concerns had been appropriately resolved.
- People said, "I like it here and feel safe and looked after" while relatives told us people were safe in the service.
- The service was not involved in the management of people's finances.

Assessing risk, safety monitoring and management

- Risks in relation to the environment and people's support need had been assessed. Staff understood how to manage identified risks and people's care plans included guidance for staff on how to ensure people's safety.
- Where people experienced periods of confusion or anxiety staff knew how to respond effectively. Care plans included information on how to distract or otherwise support people if they became upset or anxious.
- The environment was well maintained and all equipment had been regularly tested and serviced to ensure it was safe to use.
- Where equipment was needed to help people move around his support was provided safely with staff providing reassurance and clear instructions during transfers.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed.
- There were sufficient numbers of staff available to meet people's needs on the day of our inspection and records showed these staffing levels were routinely achieved.
- Staff responded promptly to people's request for support throughout our inspection.

- People and their relative's comments included, "There is always someone there to help", "I have a bell which is answered by them within minutes" and "There are always staff available on duty - when I visit my mother likes to call for a pot of tea and this is always provided very promptly".
- Staff told us current staffing levels were suitable and told us the registered manager was currently in the process of recruiting additional staff for the afternoon to give them more time to spend with people on an individual basis. Their comments included, "I think there are enough staff" and "I would say there are enough staff, they are advertising for extra for the afternoon but managers always come if you need them"

Using medicines safely

- Medicines were managed, stored and administered safely and staff were appropriately trained to support people with their medicines.
- People told us, "They never miss your medicines" and "They give me my medicines when I need them."
- While administering medicines staff explained to people what each medicine was for so they could consent to its use.

Preventing and controlling infection

- Staff had received training in infection control and appropriate equipment was available throughout the service to manage infection control risks.
- The domestic staff duties were well defined and the service was clean. Professionals told us, "It's always clean and fresh smelling."
- Relatives comments included, "It is always clean and tidy and it doesn't feel like a home when you walk in" and "I cannot fault the cleanliness of the home as it is always spotless."

Learning lessons when things go wrong

- All incidents and accident that occurred were reported to the registered manager and investigated.
- Where investigations identified trends or opportunities for learning this information was shared promptly with staff to prevent similar events from reoccurring.
- Records showed that changes to procedures introduced following incidents had been successful and led to reductions in similar events.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The Registered manager had correctly identified that some people who lacked capacity had potentially restrictive care plans. Necessary and appropriate applications had been made to the local authority for the authorisation of these restrictions.
- Where people's needs had changed and additional restrictions introduced, to ensure their safety, this information had been reported to the local authority.
- People were able to make decisions and choices in relation to how their care was delivered. These decisions were respected by staff.
- People's needs were assessed before they moved into the service and initial care plans developed using this information and details provided by relatives and care commissioners

Staff support: induction, training, skills and experience

- Relative's told us, "The staff are friendly, helpful, very patient with all, competent which I believe is due to the guidance and training they receive within Autumn Lodge" and professionals said, "The staff are brilliant, they know just what to do."
- All new staff completed a month of shadow shifts and received nationally recognised induction training before they provided support independently.
- There were systems in place to ensure training was regularly refreshed and staff told us, "We get supervision and training regularly" and "The training is really good here."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us "The food is very good there is always a selection of dishes" and "You can have what you want."
- There was a pleasant relaxed atmosphere during the lunch time meal. Where people required support with their food this was provided discreetly and promptly.
- There were two menu options available at meal times and people were able to request other dishes if they wished. One person had requested a fast food meal for lunch and this had been arranged.
- Drinks were offered regularly throughout the day and alcoholic beverages were available to accompany people's meals.
- Where concerns in relation to possible weight loss were identified additional, monitoring and support was given at meal times and appropriate referrals made to professionals.

Adapting service, design, decoration to meet people's needs

- The service was well maintained and people had been supported to personalise their bedrooms.
- Significant works had been recently completed to the building and there were plans to install a summer house for people to use in the service's gardens.
- New technologies had been enthusiastically adopted where they positively impacted on people's well-being. WIFI internet access was available throughout the service and people were able to use video conferencing technology to stay in touch with friends and relatives. Netflix and personal assistance devices were being used as part of the service's activities programme and were being provided for people to use in their own rooms if they wished.
- Staff had received virtual reality medicines management training and a virtual reality experience day had been arranged for people to participate in.

Supporting people to live healthier lives, access healthcare services and working with other agencies to provide consistent, effective and timely care

- The service had appropriately involved professionals in assessment processes where people had more complex needs. This ensured there were appropriate arrangement in place for professionals to support the service to meet people needs before they moved in.
- Records showed people had been supported to access healthcare services whenever required.
- The service adopted and acted upon advice from professionals who told us, "If I have any issues with a patient the staff are always keen to listen and implement any proposals that I may suggest" and "They are open to new ways of doing things and happy to receive suggestions."

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were respected and valued as individuals; and empowered as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People were grateful to the attentive and dedicated staff team for the quality of support they received. People's comments included, "The staff are good, they look after me", "We never want for anything" and "Staff are very very kind, they really do the best for you."
- Staff and managers were kind, patient and caring. We observed that took any and all opportunities to spend time with people chatting informally while not required for other duties. Staff said, "It's a lovely home", "I feel it is caring, I look after people here like they are my family" and "I think there is a happy atmosphere here. We do have some characters here at the moment."
- People's care plans included details of their life history, interests and hobbies to help staff understand what was important to each individual.
- Managers and staff knew people well and were passionately committed to meeting people's needs. Professionals told us, "Staff seem to really care for residents and people seem happy" and "Staff know people well."
- People enjoyed the company of their support staff and were confident staff would respond promptly to any requests they made. Conversations were free flowing and laughter frequent. People told us, "I would not be afraid to ask for anything", "I get on very well with the staff" and "The staff are very good I can't fault them."
- Where people began to feel upset, staff identified this quickly and provided comfort and reassurance.
- Relative's described the positive impact moving into the service had had on people's wellbeing. They described how staff's patient and reassuring support now enable people to engage more fully in activities available within the home. Relative's comments included, "The staff are all lovely and always communicate with us" and "When we visit the staff are always friendly and cheerful and nothing is too much trouble."
- Professionals were highly complimentary of the staff team and told us, "The staff are always helpful and pleasant, behaving in a quiet, professional way, and most importantly, they're caring. There's an air of quiet

competence in this friendly home", "I would have to say it is a very good home, they go the extra mile for everyone" and "We have many patients over the years who have thrived at Autumn Lodge, there is a lovely atmosphere of caring whenever I go in."

- The registered manager routinely brought her small dog to work and people clearly enjoyed interacting with the dog during the morning of our inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make decisions in relation to their needs and staff sought people's consent before providing support.

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Respecting and promoting people's privacy, dignity and independence

- All staff were supported and encouraged to become dignity champions and people's independence was valued. Staff took time to encourage and support people to do things for themselves.
- Staff respected people's privacy and took action to ensure people's dignity was protected while receiving support.
- Relatives were able to visit at 'any time' and told us they were always made to feel welcome and encouraged to visit whenever possible. They told us, "The manager has no objections as to whatever time of the day one wants to visit Mum."
- People were supported to participate in local and national democratic processes.

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided personalised care and support.
- Managers understood the Accessible Information Standard and people's care plans included detailed and specific information about the support they needed to communicate effectively.
- Staff varied how they shared information with people and used individualised communication techniques effectively throughout our inspection.
- People and their relatives had been involved in the development and regular review of the person's care plan.
- These documents were informative and gave staff enough information to ensure people's needs were met. Staff told us, "Everything makes sense" and "The manager is hot on [the care plans]".
- The service used a digital care planning system which enabled staff to record details of the care and support they had provided each day. This included information on activities people had engaged with and how they had chosen to spend their time.
- People told us, "There is enough to do" while relatives commented, "I believe there is enough for people to do" and "I have written to compliment them on their activities."
- There was a programme of activities planned within the service and on the day of our inspection the registered manager was responsible for coordinating activities in the morning. People enjoyed playing games, reminiscing and singing along to music with the manager and this activity was accompanied by much laughter.
- In addition, the service regularly hosted various guests and entertainers. These had included Elvis impersonators, reminiscence therapists, Alpacas and a visit by a virtual reality demonstration team which staff reported people had particularly enjoyed.
- Two relatives described how staff supported and encouraged people to participate in activities and said this had positively impacted on their relatives' well-being. They told us, "When [my relative] first arrived he was very solitary, but now he loves to spend all day with the other residents and enjoys the varied activities" and "My [relative] has been offered a range of daily activities and rather to my surprise has actually started to join some of these in the day lounge."

- Staff also encouraged people to participate in small chores and tasks within the home including in preparation for the mid-day meal. There were numerous volunteers and people enjoyed completing these tasks.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise complaints but told us this had not been necessary. Their comments included, "I do really think you can't fault it here", "I have not got anything to complain about" and "[My relative] always seems very happy with his care and never complains."
- Information about how to make a complaint was readily available and the service had appropriate systems and policies in place to ensure any complaints received were investigated and resolved.
- The registered manager dealt with all concerns promptly and these were rarely escalated to formal complaints.
- Records showed any concerns or complaints received had been fully investigated. Where any failings were identified managers or staff had taken responsibility for their actions and had apologised for any errors made.
- Relatives were confident any concerns they raised had been appropriately resolved and told us, "They always come back with an answer to any issue you raise."

End of life care and support

- The service was able to meet people's needs at the end of their lives and actively participated in local programmes designed to ensure people's comfort at this stage of life.
- People had been encouraged to think about how they would like to be supported at the end of their life. Information about any specific preferences and wishes was recorded within the person's care plan and respected.
- Staff had received training in how to support both people and their relatives at this time and professionals told us, "I chose this care home for one of my relatives who lived there in the last year of his life and was very well cared for."



Our findings

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us, "It is very, very good here" and relative said they felt confident that the service's dedicated staff and management were meeting people's needs. Their comments included, "It feels very much what it is, Luxury Accommodation!", "Overall I think it is an excellent place" and "To be honest I cannot find fault with Autumn Lodge and would highly recommend it to anyone."
- Professionals who visited regularly were also highly complimentary of the service and the quality of care and support it provided. They told us, "I visit many homes in my role, and would put this one at the top of my list, and highly recommend it", "I consider this home to be one of the best, if not the best, home in the area", "It is very nice, it is one of the few I would put my own relatives in" and "Overall I feel they provide an outstanding service."
- There was a clear focus on providing personalised care and supporting people to live comfortable and contented lives.
- The provider had made significant recent investment in the service and there were further plans for development. This included installation of a summer house and purchase of a mini bus to give people additional options in relation to how they spent their time.
- The provider told us, "I tell the manager if you need anything for the home, have it" and "I have never, never skimped on anything here." One person told us, "I've got a brand-new bed, It is very comfortable" and another person enjoyed a take away meal during lunchtime. We asked about the systems in place to enable people to pay for such meals but were advised these were purchased by the service when requested.
- The service embraced positive change and had trialled and adopted the use of new technologies where this impacted positively on people's support needs. Entertainment streaming technologies were being used to support activities and the service had hosted a virtual reality experience day which people had enjoyed. In

addition, the service had trialled the use of personal assistance technologies in people rooms and was working with local partners to identify how these systems could be used to address isolation issues and facilitate communication with friends and relatives.

- Where incidents occurred, the service was transparent and open with the details of these events. Information was shared with relatives where appropriate and throughout our inspection staff, the registered manager and provider were candid and open.
- All necessary notifications had been submitted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The roles and responsibilities of the provider, registered manager and deputy manager were well defined and understood by staff, people who used the service and their families.
- Relatives told us the service was well managed and that they were confident the registered manager would ensure their family member were well cared for. Their comments included, "The [registered] manager and the assistant manager are available nearly every day and always have a very good grasp of my mother's condition and needs" and "It's well run by [The registered manager] who's very easy to communicate with, and always open to new ideas and flexible, too. I find her very helpful, caring, yet down to earth and efficient."
- Professionals were also spoke positively of the service's leadership and told us, "They know their clients very well and are proactive in their approach to care and always appear to be striving towards making things work well. They are passionate and enthusiastic about their work and appear to support their staff well" and "In my opinion this [excellent care] comes from the management who lead very effectively."
- Staff were well motivated and trusted the registered manager. They had complete faith she would address and resolve any issues they reported. They told us, "It's lovely, the best home I have worked in", "[The registered manager] is lovely, approachable and friendly. She is a good manager" and "You could not ask for a better boss."
- The registered manager was well supported by the provider who lived nearby and was well known to people living in the service. The provider recognised and valued the registered manager's commitment to the service and told us, "She is really dedicated." Records showed the registered manager had received regular supervision and annual performance appraisals.
- There were robust and effective auditing systems in place designed to drive improvements in the service's performance. Where any performance issues were identified they were investigated and actions taken to ensure the issue was addressed and resolved. The provider told us, "If I would not want my own mum here then no one else's mum should be here."

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

- The provider and manager actively encouraged people, relatives and professionals to provide feedback on their performance and surveys were completed regularly to ensure people's expectations were being met. Responses received were consistently complimentary.
- In addition, thankyou cards and compliments were regularly received. One recently received card read, "Thank you so much for all that you do in caring for [my relative]. We couldn't ask for a better home for her to be in."
- People's diversity was valued and celebrated. All staff had received training in equality and diversity

issues and support had been provided to help people using the service to recognise and understand the benefits of respecting and valuing diversity. The service actively advertised its inclusive values to visitors and was sponsoring a float at the local 'Pride' event to celebrate the benefits of diversity. Managers sought feedback from people and staff on how the service could be made more inclusive and acted on suggestions made. Records showed the service had made reasonable adjustments to staff contracts where requested to facilitate their ongoing employment.

Continuous learning and improving care, Working in partnership with others

- The service had well developed and supportive working relationships with community based health professionals who were consistently complimentary of the staff team and the service's performance.
- The service worked collaboratively with other providers and had led and supported various local initiatives designed to drive improvements in people's experiences of care. The service's manager actively participated in various local pilot projects to improve people's experiences of care. A recent trial of personal assistance technologies had been successful and there were plans in place for the roll out of this equipment to everyone who wished to use it. In addition, people using the service had been involved in developing an advertising video explaining changes to local safeguarding procedures.
- Professionals involved in facilitating local peer support and training events told us the service's leadership team were "enthusiastic" participants, open to sharing examples of good practice and learning. The registered manager actively participated in local peer support groups and shortly after our inspection was asked by commissioners to provide mentoring support for the manager of a poorly performing service with the aim of improving the quality of support that service provided.