

Review of compliance

Autumn Lodge Autumn Lodge - Bognor Regis	
Region:	South East
Location address:	172 Aldwick Road Bognor Regis West Sussex PO21 2YQ
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Autumn Lodge - Bognor Regis is registered with the Care Quality Commission to provide accommodation for people who require nursing or personal care. Autumn Lodge is registered to provide accommodation for a maximum of 19 people. The registered manager is Ms Nicola Hunt.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Autumn Lodge - Bognor Regis was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 17 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with nine people during our visit to Autumn Lodge.

All of the people that we spoke with were complimentary about the service that they received at Autumn Lodge.

People told us that they were well cared for and that the staff were kind and respectful.

People were very complimentary about the food they were given, and said that they were always offered choices of menu.

One person described the home as having a lovely atmosphere they said, "We are all friends, this is a happy circle".

Another person said, "I am very happy to spend the rest of my days here."

What we found about the standards we reviewed and how well Autumn Lodge - Bognor Regis was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was

provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with nine people during our visit, they all told us that they made choices about their care, and that they were able to plan their own days as they wished.

People told us that the food was good; One person said, "The food is delicious here I look forward to coming down for a meal".

Another person told us that they always got a good choice of food, but were able to ask for something else if they did not like what was offered to them.

Eight of the people that we spoke with told us how much they enjoyed the activities at the home, with one person saying that they preferred their own company. One person said, "I don't want to spend the rest of my life sleeping so I enjoy the activities".

One person told us that the home facilitated them to go out independently they said, "I go out on my mobility buggy as far as Hotham Park, I love to get out and see the world, but when I get back I think to myself 'thank goodness I'm home'."

Other evidence

People who use the service understood the care and treatment choices available to

them.

People expressed their views and were involved in making decisions about their care and treatment.

People were supported in promoting their independence and community involvement.

We were shown a detailed pre-admission needs assessment which was completed by the prospective resident along with their relative if required. This assessment gathered information about a person's personal circumstances, individual needs, preferences, and diversity, and any actual or potential risks prior to admission.

We looked at five care records during our visit and saw evidence that people were given choices about their care needs. Where people's choices affected their potential safety we saw that this was risk assessed to ensure that this was managed appropriately. People's preferences and choices were being recorded in the care records that we looked at and in the daily record sheets.

We were told by the manager that residents and where appropriate their relatives were involved in the planning of their care, we saw evidence of this in the five care records that we looked at. All of the care records that we looked at had been signed by residents and in some cases by their relatives.

We were shown the minutes from residents meetings. We saw that resident's opinions were gathered at these meetings and that action was taken where necessary. For example menus had been discussed and changes to the menus were made following people's suggestions.

We saw that the home had an activities programme which residents were keen to tell us about. The activities programme included group games and discussion, a gardening club once a week which included practical skills and discussion, an exercise class once a week, and organised trips to places such as the local garden centre. The activities co-ordinators kept a written evaluation of each session, residents were asked for their ideas for future activities and these suggestions were also recorded and acted upon.

The home had a dignity lead and we were shown the staff and resident information board which was being produced.

The manager had recently completed questionnaires with staff designed to capture their views on dignity in care. The manager had used the 'Dignity through action (older people) self audit tool'. Staff were asked how they felt the home was performing on delivering care in a dignified environment. The results of this survey were positive with all staff feeling that they delivered a respectful and dignified service to people.

The manager had gathered resident's views using a dignity questionnaire in the first week of July 2012. Most responses to this survey were very positive with the exception of two residents who felt that staff did not always knock before entering their rooms. The manager told us that they had discussed this with staff during a recent staff meeting and this was minuted.

The provider may wish to note that two of the residents that we spoke with complained

that the gravel driveway made trips out a challenge as wheelchair wheels got stuck and wheeled Zimmer frames were unusable on the gravel. We discussed this with the manager at the time of our visit and were told that plans were in place to build a pathway for residents in order to rectify this issue.

Our judgement

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were very well cared for at Autumn Lodge.

One person told us that the care at the home was, "Wonderful, I have never been refused anything."

Another person said that the carers were, "All very kind".

Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies.

We were shown pre admission assessment documentation which ensured that the home could meet people's needs prior to them moving into Autumn Lodge. The manager told us that once a resident had moved in further assessments would take place and a plan of care would be formulated involving both the resident and if appropriate a family member. Once this plan had been made we were told that staff would read this through with the resident and if the resident was happy with the plan they would sign it. We were told that plans were reviewed monthly and that residents

would sign any changes that were made.

We looked at five care records during our visit. We saw that care records were comprehensive and clearly showed what care needs each person had. All of the care records that we looked at had been reviewed monthly.

The care plans that we looked at had all been signed by residents, three of the plans had also been signed by family members.

We saw that people had risk assessments in place for things such as falls and nutrition. These risk assessments were being reviewed monthly.

We were shown that the home had emergency contingency arrangements in place by way of a business continuity plan. This plan defined roles and responsibilities and emergency contact details.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that staff had been trained in safeguarding. This training included recognising potential or actual safeguarding situations, and the correct way to deal with any safeguarding concerns. Records showed that staff had received Safeguarding training annually and training was up to date.

We saw that staff had been trained on the Mental Capacity Act and Deprivation of Liberty. Records showed that staff received this training annually and that training was up to date.

We saw that the home had a robust Safeguarding policy and guidelines for staff which included the local safeguarding team's telephone numbers. We saw that this was available to staff at all times and the staff that we spoke with were able to tell us how to access this information.

We discussed safeguarding with two members of staff during our inspection and found that they had a good understanding of what constituted abuse and their responsibilities

with regard to safeguarding. Both members of staff told us that they had read the homes safeguarding policy.

We saw that the home had a whistle blowing policy in place. Staff had signed to confirm that they had read and understood this policy. The two members of staff that we spoke with displayed a good understanding of whistle blowing.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

Appropriate arrangements were in relation to obtaining medicine.

Appropriate arrangements were in relation to the recording of medicine.

Medicines were handled appropriately.

Medicines were prescribed and given to people appropriately.

We saw that the home had a policy in place for the safe and appropriate administration of medicines. This policy had been read by staff who had signed an assurance form to confirm that they had read and understood the policy.

We saw that medications were being reviewed by a general practitioner every six months or sooner if required.

We saw that all prescribed medications, dressings and creams were prescribed for individual use and were recorded on the persons MAR (Medication Administration Record) sheet.

We saw that the home had a written procedure in place for ordering, receipt, storage, administration and disposal of medication which met with current guidelines.

We were able to see that medications were stored in either locked cupboards or a locked trolley which was secured to the wall when not in use.

We saw that the medicine fridge was locked and that the temperature of the fridge was recorded by staff daily, we also saw that only appropriate medications were stored in the medicines fridge.

We saw that the controlled drugs (CD) were stored in a separate locked cabinet and that the correct amounts of controlled drugs present matched what was recorded in the CD register.

We saw that the MAR sheet was legible and that it had been correctly completed for the four residents that we looked at. We saw that the stock levels matched what was recorded on these sheets.

We saw that each MAR sheet contained a name and a dated photograph for all residents.

We saw the training records for all staff responsible for administering medications. We were told that staff were assessed by the manager and passed as competent before being left to administer medications independently.

We were shown that the home was audited regularly by the pharmacy that supplies medications to the home; The last audit had taken place on the 10th August 2012 where no problems had been identified over the thirteen areas audited.

Our judgement

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

All of the people that we spoke with felt that they would feel confident to speak with the staff or the homes manager if they did feel that they wanted to complain.

Other evidence

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

The provider took account of complaints and comments to improve the service.

The home had a policy in place for reporting accidents incidents and significant events. We were told that staff record any event/incident in a book and electronically and that the manager would then be responsible for ensuring any necessary action was taken and the appropriate people informed where necessary. The staff that we spoke with on our visit were aware of the reporting procedure. We were shown the incident/accident log on our visit and were able to see that staff were following procedures.

Autumn Lodge had a complaints procedure and policy in place, we were shown evidence that this policy was being followed. We saw that the procedure for making complaints was advertised on a notice board in the communal area of the home.

We were shown residents surveys by the manager. We were shown that the manager gave out surveys to residents once a month. These surveys had a different theme each month and covered topics such as dignity, personal care, entertainment and activities, celebrations in the home, religion, and mealtimes. The majority of these surveys showed very positive responses from residents. We were able to see that these surveys were analysed and that where any problems were identified these had been resolved.

The home had given a questionnaire to professional visitors to the home in June 2011 which was designed to capture their views on the service being delivered. All of the responses in this survey were positive.

We were shown that Autumn Lodge had a robust internal auditing system in place which included audits of health and safety, medicines, care plans and infection control, and clinical waste procedures.

The home also showed us external audits that were completed for Health and safety, fire and medications.

We were shown that risk assessments were in place for the equipment used in the home and the premises.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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