# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Autumn Lodge - Bognor Regis

172 Aldwick Road, Bognor Regis, PO21 2YQ

Tel: 01243868242

Date of Inspection: 13 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

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|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Autumn Lodge |
| Registered Manager | Ms. Nicola Hunt |
| Overview of the service | Autumn Lodge - Bognor Regis provides care to elderly people who require support. There were 18 people living at the home on the day of our visit. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

### What people told us and what we found

During our visit we talked with nine people living at the home.  We also gathered evidence of people's experiences of the service by indirectly observing the care they received from staff.

Everyone told us that they were happy with the care and support they received. One person told us, "I am happy here, the staff are so nice. I think I am very lucky living here".

Another person said, "If I need anything I just ring my bell, they always come quickly when I need them, although at some times of the day it can take a little longer for the staff to come. I'm not grumbling though I understand that they can't always come straight away".

All of the people that we spoke with told us that they felt that the home was clean. One person said, "They come into my room everyday and vacuum and dust around, they clean my toilet every day too, you can't ask for a better service than that."

All of the people that we spoke with told us that staff asked their permission before entering their room, and before assisting them with personal care.

People also told us that staff treated them with respect and promoted their privacy. They told us that they felt safe from harm living at the home and that they would be listened to if they raised any concerns. Our evidence gathered during this inspection supports the comments made by people who were receiving a service.

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with nine people during our visit who all told us that staff always gained verbal consent before starting any personal care. One person said, "They ask to see if I am happy for them to help me wash, or if it's alright for them to come into my room."

We spoke with two members of staff who were both aware of their responsibilities regarding consent. One staff member said, "I always ask people want they want and give them a choice. If I am assisting someone with personal care I will check throughout that they are happy for me to go ahead".

We looked at five care records and saw that care records had been signed by either the person, or their relative or advocate. These had been signed to verify that the person had been involved in their care planning and agreed to the treatment and care detailed in it.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

In three of the records that we looked at we saw that people had participated in mental capacity assessments in order to ascertain whether they had the capacity to make decisions about their care. We saw that these forms had been completed correctly. The manager discussed the decisions around using these forms and demonstrated a good understanding of The Mental Capacity Act 2005 (MCA).

In two care records we looked at people had a form which told staff that they should not be resuscitated in the event of their death. This form had been completed, signed and dated

by a General Practitioner (GP). The form also stated that the person and their family had been consulted about this decision. In both cases the person or their family member where appropriate had signed the form along with the GP. In both of these records we also saw that the records contained an Advanced Care Plan. This document outlined the person's wishes for their care at the end of their life, and had been signed by the person or their relative where appropriate.

We spoke with two members of staff who both showed an understanding of The MCA. We were told by both staff members that they had undergone training on The MCA within the past two years. During our inspection we observed staff applying some of the core principles of the Mental Capacity Act 2005 when supporting people. For example, staff followed the presumption that people had capacity to consent by asking if they wanted assistance and waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them, positioning themselves so that eye contact was made, and repeating questions if necessary in order to be satisfied that the person concerned understood the options available. Where people declined assistance or choices offered we saw that staff respected these decisions.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of five people who lived at the home. These were personalised and provided detailed guidance about how their needs should be met. Staff that we spoke with told us that they were given time to read peoples care records and that they used them to help them with their understanding of people's care needs.

Care records had risk assessments which identified hazards that people may face and provided guidance on how staff should support people to manage the risk of harm. For example, people had malnutrition risk assessments in place which along with peoples weights which were recorded monthly, assessed the person for their risk of malnutrition. Risk assessments had been updated monthly or more frequently if care needs or risks had altered.
During our visit we observed the care and support people received and found this was appropriate and reflected the instructions in the corresponding care records. We saw that care records were altered to reflect a change in the persons care needs.

People's health care needs were documented in their records and contact with health professionals was recorded. Additional monitoring records were in place where required for people with specific needs. For example, people at who were identified as at risk of dehydration had fluid balance charts in place. This allowed staff to monitor how much a person was drinking.

All nine people that we spoke with expressed satisfaction with the care and support they received. One person said, "I have everything I need here, I couldn't look after myself at home anymore but now I don't want for anything and my family don't need to worry about me".

We saw that some people in the home had chosen to remain in their rooms throughout our visit. We observed that these people had a call bell and drink to hand. Staff were observed checking on them to ensure that they were comfortable. We spoke with two of these people who told us that they preferred to stay in their rooms. They also told us that they

were receiving good care at the home. One of them said, "I am looked after here, I prefer to stay in my room but I don't get lonely as staff are constantly checking up on me."

Staff that we spoke with told us that they felt able to give people the care that was required as they were given the information they needed to do so. Staff told us that they were encouraged to read people's care plans and record the care that they had given on every shift at the home. Staff told us that they received a verbal handover of care before every shift so that they were aware of any changes to people's care needs.

We observed people eating their lunch and found that people were being supported by staff with their nutritional requirements. We saw that staff had ensured that people who required aids to assist them with their independence had them in place. For example, one person who could only use one hand had a plate guard on their plate which allowed them to eat independently. We also saw that staff were receptive to people's needs and were offering people assistance when needed throughout the meal service whilst promoting independence where possible. We saw one person tell a member of staff that there was too much food on their plate. The staff member immediately removed the plate and took some of the food away checking that the person was happy with their meal on returning it to them.

The atmosphere throughout the inspection was calm, and friendly. Staff were observed to have a good relationship with the people living at the home. When talking to people, staff were friendly and professional.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. We spoke with the manager who explained how and when DoLS had been used in the home. The manager demonstrated a clear understanding of the legislation.

We asked staff about the home procedures in the event of a medical emergency. Staff were aware of their responsibilities. Staff had received first aid training in line with the provider's policy. They told us that they felt that they had received sufficient training and support and therefore felt able to deal with medical emergencies should they arise.

There were arrangements in place to deal with foreseeable emergencies. The home had policies in place in the form of contingency plans for emergency situations such as fire, electrical failure, and gas leaks.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

## Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The nine people that we spoke with all told us that they felt that the home was cleaned frequently and to a high standard. One person said, "They come in every day and hoover, dust, and clean my room. I am really impressed with how clean everything is here".

During this inspection we walked around the home looking at the cleanliness of communal areas, bathrooms, toilets, and some bedrooms including their en suite facilities.

In all the toilets, bathrooms, and en suite facilities that we looked at in the home we observed that the hand wash basins and wet areas were clean. We observed that raised toilet seats and toilet surrounds were clean. We also saw that hoists, bath seats, and shower chairs were clean and stain free.

The carpets in the home were seen to be generally clean and in a reasonable state of repair. We were shown the cleaning schedules of the communal areas and saw that they were being vacuumed daily and cleaned on a regular basis.

The manager also showed us the cleaning schedules and checklists for the home. We saw that cleaning checklists were being completed appropriately and that they reflected what we saw when we were walking around the home. All areas of the home smelt fresh and clean on the day of our visit.

We were shown the homes policies and procedures for infection control. They were all current and in date at the time of our visit. Staff had signed a 'sign off' sheet to indicate that they had read and understood the policy. The home had a lead person responsible for infection control.

We were shown evidence that all staff had attended training in infection control within the past year. This training had been delivered in line with the provider's policy.

We saw that rooms were equipped with hand washing facilities. We saw that the home had a good supply of personal protective equipment (PPE) and watched staff using and disposing of their gloves and aprons correctly.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely.

## Reasons for our judgement

Staff received appropriate professional development.

We were told that all new staff completed an induction programme. We were told by the manager that new staff shadowed experienced staff for two to three weeks when they started work at the home. Staff that we spoke with confirmed this. New staff were given an induction workbook to complete which prepared them for their work at the home. Records confirmed that during induction new staff completed training in health and safety, fire safety, infection control, and first aid.

The home had a policy in place which stated that all staff received an annual appraisal. We spoke with two members of staff who told us that they had received an annual appraisal. They also told us that they felt supported in their role by their manager and that they were encouraged to develop within their role. They said that they found their appraisal to be useful as it gave them an opportunity to discuss training and developmental needs.

The manager told us that staff attended formal supervision every three months and that each member of staff was allocated a supervisor to support them with this. The manager also said that they attended the staff handover at least twice a day and used this opportunity to observe practice and discuss ways to improve practice and development.

We were shown minutes from quarterly staff meetings. We saw that during these meetings staff discussed training needs, along with other areas affecting the quality of the service being provided. For example lessons learned from people's feedback, infection control, and safeguarding.

Staff received appropriate professional development. A training and development programme was in place to ensure staff were suitably qualified to meet peoples' needs. We were able to see evidence that staff training was being delivered in line with the provider's policy. Staff we spoke with told us that the training provided was good.

The staff that we spoke with confirmed that they were supported to undertake their roles. They also expressed the view that communication was good between staff and management.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were shown questionnaires which were being completed and collated throughout the year. The manager completed a questionnaire each month with people which they tailored to different areas of quality. For example one questionnaire was devised to capture people's views on dignity and respect within the home. We were shown that the results of these questionnaires had been analysed and that where potential service improvements had been recognised that they had been acted upon.

The manager showed us a number of audit tools used to monitor service provision and outcomes for people. These included audits of health and safety, infection control, and care records. Where necessary these audits included actions plans which stated what the home needed to do to improve.

The provider took account of complaints and comments to improve the service. All of the people that we spoke with told us that they felt their comments would be listened to and acted upon if needed. People told us that they would speak to the manager of the home if they had concerns. For example, one person told us, "I am happy, but if I wasn't I would tell the manager ". We saw that the home's complaints procedure was displayed in the service users guide which was kept in each person's room. We were able to look at one complaint and we were told by the manager that this was the only complaint that they had received. This complaint had been dealt with in line with the provider's policy. We looked at the home's complaints policy and spoke with the manager who had a clear understanding of this policy and was able to describe to us how a complaint would be dealt with in line with the provider's policy.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The home had a policy in place for reporting accidents, incidents and significant events. We were told that staff recorded any event/incident in a book and that the manager would then be responsible for ensuring any necessary action was taken and the appropriate people informed where necessary. The manager showed us that they audited incidents and accidents quarterly and used the audit

to look for any trends associated with incidents and accidents. The manager said that were any trends noted that they would complete an action plan and would make changes as required to the service to alleviate the opportunity for accidents to be repeated. 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.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

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| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – 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.

**Moderate impact** – 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.

**Major impact** – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |