

GCH (Hertfordshire) Ltd

# Autumn Vale Care Centre

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

### About the service

Autumn Vale Care Centre is a purpose-built residential care home providing personal and nursing care to 61 older people at the time of the inspection. The service can support up to 69 people. The home is split across four units providing care for people living with dementia, nursing needs and short stay care.

### People's experience of using this service and what we found

People felt safe with the care provided. One person said, "Here is so different, I feel safe because I don't have any worries. For the first time I feel that I don't have to worry about anything." Staff knew how to keep people safe, and how to report concerns. There were enough staff to meet people's needs. Risks to people's safety and welfare were identified and responded to promptly to keep people safe from harm. People's medicines were well managed, and they received them as prescribed. People lived in a clean environment that was well maintained.

Staff felt supported in their role, and further development of staff roles was being implemented. People enjoyed the meals provided to them and staff monitored people's weight and fluid intake. The environment was pleasant with plenty of communal space for people to enjoy including garden areas. Items of interest were placed around the service which supported people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People were involved in planning their care and they, along with their relatives felt listened to.

People felt that care was delivered in a way that met their needs and preferences. People enjoyed the activities on offer and there were systems in place to help prevent people becoming isolated. People felt able to approach the management team if they had a concern and were assured this would be acted upon. Complaints were well managed, and feedback was sought through meetings and surveys.

Feedback about the registered manager and management team was positive. The registered manager had developed a culture in the home based upon an open and caring environment. Quality assurance systems were effective in ensuring the home was running how it should and people received a good service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was requires improvement (published on 24 July 2018). We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection the service has improved its rating to Good in all KLOES.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Good.

Details are in our Good 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 Well Led.

Details are in our Well Led findings below.

Good ●

# Autumn Vale Care Centre

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Autumn Vale Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager 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 before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and 10 relatives about their experience of the care provided. We spoke with the senior regional manager, quality manager and the registered manager, deputy manager and six members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service such as audits, assessment tools and service development plans including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found, which was provided to us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This was because the deployment of staff, particularly those in leadership roles was not effective. Risks to people's safety and welfare were not managed safely. This inspection the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe. Nobody rushes me, the carers are very patient and supportive. I will be looking into staying longer than what was planned. I must admit this period has helped me decide what is the best for me. I really like this place and would love to stay feeling safe."
- Staff had training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings. Staff were able to describe occasions where they had raised their concerns and told us they were confident with how the registered manager reviewed the incidents to keep people safe.
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately.
- Staff were aware of agencies such as CQC and the local authority that they could report their concerns to anonymously if they wished.

Learning lessons when things go wrong

- Learning from incidents, accidents and complaints were shared with the staff team through meetings, information posters and supervisions.
- Staff confirmed that they were kept informed of changes. For example, one person fell at night. After review, staff used an adapted glow in the dark line and signage that directs the person to the toilet and to the door, which reduced the likelihood of them falling.

Assessing risk, safety monitoring and management

- People had their individual risks assessed and care plans were developed to manage these risks. Equipment such as hoists, bed rails, wheelchairs and pressure mattresses were in plentiful supply, well maintained and staff had received training to use this equipment.
- Staff were aware of individual risks and we saw them working safely with people
- Accidents and incidents were reviewed for themes and trends. Falls and dementia champions met to ensure that action had been taken and to remind staff of what was expected following a fall or incident.
- Risks relating to the environment were reviewed and assessed. Regular checks were in place for areas such as legionella, fire, electrical safety and health and safety. Staff spoken with confirmed fire drills were carried out and were aware of how to safely evacuate people in the event of an emergency. Personal emergency evacuation plans [Peeps] were in place for people and current.

Staffing and recruitment

- People told us that there were enough staff to meet their needs. One person said, "Day or night I see staff all around the place. All I need to do is press this [call bell] and they will come, we don't wait for long."
- Staff told us there were enough staff and that when agency staff were used they were known to them and aware of how to meet people's needs. This helped to ensure consistency among the staff team.
- People received support in a timely manner. Call bell analysis was completed by the manager to ensure people were not waiting for extended periods. For the previous month, most call were responded to within three minutes, demonstrating people were not left for extended periods.
- The recruitment process ensured only suitable staff were employed at the service. Appropriate checks, such as a criminal records check and references checks, were carried out.

#### Using medicines safely

- People received their medicines when needed and confirmed this.
- Medication administration records [MAR] tallied with stocks held. Records were maintained relating to receipt and disposal of medicines, along with regular checks of the storage temperatures to ensure medicines were stored within safe temperature ranges.
- There were regular checks on medicines management within the home and any shortfalls were addressed.
- Staff had received training in medicines administration and their knowledge and competency was routinely assessed.
- Care records showed that where people were prescribed medicines to support their mood or sleep, these were regularly reviewed by the GP and only kept in place for the minimum period of time. This helped ensure medicines were not used a method of controlling behaviour.

#### Preventing and controlling infection

- The home was clean when we arrived and throughout the day, and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice with use of protective equipment.
- People and their relatives told us the house was kept clean. One person said, "It's lovely, always very clean the staff are quick to mop anything up. They even come in and do my room. Its like having my own personal cleaner."

# Is the service effective?

## 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.

At the last inspection this key question was rated as Requires Improvement. This was because staff were not provided with sufficient training, and consent had not been obtained in line with legal requirements. At this inspection the rating has improved to Good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the service. Any plans and equipment required was in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards of care and support by the management team and this was checked at daily meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People told us staff were trained and competent. One person said, "[Staff] are very good, confident and efficient. I should think they go through a lot of training because they are top quality."
- Staff had received training in subjects relevant to their role. In addition to training around safeguarding, moving and handling and medication administration staff had been developed in other areas. All care staff had completed a nationally recognised level two dementia awareness training, in addition to champion training in nutrition, dementia and falls.
- Staff said they felt supported and had regular one to one supervision meetings. New staff received an induction. One staff member said, "I've been here a long time, it is the best it has ever been. Its organised, there is more structure, communication is better, training is better and the manager now involves us and supports us."

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

- People enjoyed a varied and balanced diet. Drinks were provided regularly. At the time of the inspection there was a heatwave and staff were ensuring people were kept cool by providing additional fluids, ice creams, loose clothing and people were using cool areas of the home. However, we did note that food and fluid charts were not completed when people ate or drank. Staff had completed these later on instead.. We raised this with the registered manager and quality manager who took immediate action to resolve this issue.
- Food looked appetising and choices were available. Food was fortified when needed and staff were aware of people's individual preferences and allergies. Kitchen staff then amended these people's menu's accordingly. However, pureed food was still not served using the available moulds but using an ice cream scoop. This is not considered best practise to ensure pureed food appears appetising for this person. We raised this with the registered manager who said they would ask the kitchen team to use the moulds previously ordered.

- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk. Each day there were two menu options with an additional three alternative meal choices. People were happy with the food provided. One person said, "Food is lovely, its just the sort of thing we eat and there is lots of it."

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

- People had access to health and social care professionals. One person said, "If I need a doctor, nurse, chiropodist or anyone then [Staff] arrange it. There is always someone in the home so we never wait long."
- We saw that people were visited by the GP, optician, dietician, speech and language therapist and chiropodist as needed. When required mental health teams supported living with dementia or other conditions.
- The team worked with the local authority and clinical commissioning group to help ensure people received safe and effective care.

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

- The building had been designed in a way that allowed people to move around freely. There was clear signage and ample communal areas for people to use. The garden areas were inviting, although some further maintenance was required to some of the communal garden areas.
- There was an accessible garden which we saw in use at lunchtime with one person who had chosen to sit quietly with a staff member eating their lunch.
- Bedrooms were personalised and reflective of people's character, hobbies and interests.

Ensuring consent to care and treatment in line with law and guidance

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were caring and respectful to them. One person said, "Everybody who works here are lovely people. But there is a very special carer who will always put us first, they make our life a special one." A relative said, "I cannot commend the home more. It is efficiently run by a number of staff that quite frankly have become family. [Relative] looks fresh and is well cared for and quite happy. I would definitely recommend anyone to live here. We could not wish for better place."
- There was a calm and friendly atmosphere at the home. There was relaxed and easy conversation between people and staff with staff being attentive and reassuring people when they required support.
- Staff had taken time to get to know people as individuals. We could see from the passionate way staff spoke about people, and the friendly way they engaged with them that meaningful relationships had developed. For example, one person was visibly restless. The staff member allocated to support them had seen this and was calmly and patiently supporting them, reassuring them and findings way of distracting them and keeping them calm. Over the course of the morning, the person gradually settled, and by lunch time was seen to be calmly sat with the staff member eating their lunch.
- Staff were discreet when they asked people if they wanted to use the bathroom and they respected people's choices if they refused.
- People were supported to practice their faith and engage in cultural festivities.
- People were supported to maintain relationships that were important to them and relatives said they could visit at any time. One relative said, "I visit [person] all times of the day and night. I have not been made to feel unwelcome or that I need to hurry my visit in any way."

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

- People and their relatives were provided with choice and control in the way their care was delivered. One person said, "I like it here because carers help me do things for myself and in a nice way. [Staff] listen. I told them I prefer to skip my breakfast, so they bring me a snack mid-morning."
- Care plans included a record of people's involvement. Where people were unable to make their own decisions, staff continued to seek their views and documented their involvement.
- Staff were seen to ask people if they wanted assistance and did not take it upon themselves to intervene without permission.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and promoted their dignity. One person said, "It's a pleasure asking for something to be done. Staff don't just do it, we do things together. If I am having a wash, they give me the

flannel and I wash what I can. That's important, its not much fun getting old, so whatever I can still do myself I do."

- Staff knocked on doors to people's rooms before entering, even if the door was open. Staff were discreet when they asked people if they wanted to use the bathroom and then sensitively assisted them. People told us staff helped them dress in clothes of their choosing, and knew how people liked their hair styled or make up applied. People told us this was important to them where they were unable to completely dress themselves.

- Staff were aware of the importance of confidentiality. People's care records were kept in a locked room to ensure they were securely stored.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This was because people's social needs were not met, people were not involved in their care and complaints were not acted upon. At this inspection the rating has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "I honestly can't think when I didn't get the help I wanted when I wanted. Obviously, some carers I like more than others, but they all take the time to know how I like things done. They get me and my ways and adapt themselves to how I want things done."
- Care plans included clear information so that care could be delivered safely and appropriately. There were handover records used which gave staff a clear overview of people's current needs. The registered manager told us they were restructuring the daily briefings to implement a brief afternoon meeting in addition to the morning one. This was so if a person needed to be encouraged to drink more or if someone felt unwell staff could be made aware.
- Relatives told us that staff were very responsive to any concerns or worries about a person's welfare. One person's relative said, "We feel very well informed with what is going on in our relative's life. I can say that I am less worried and jumpy lately if they call. Before this manager and the good changes, I was always worried before thinking the worst. Now it's so much better."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took time to communicate with people who used different communication styles. Staff told us that they watched for eye movement, body language and any possible signs that the person was happy or in pain. Staff used pain scales as guidance to help them check for any discomfort or distress that people may be feeling.
- Staff were aware of how each person needed to be supported with communication and how they needed to approach people. We saw staff working in a way that aided people's communication such as ensuring people's hearing aids were in place.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that they enjoyed the activities and outings provided. One person said, "We went on a lot of small day trips. Like we went to see new Spurs stadium, lunches in the local garden centre, and a garden

party 3 weeks ago. When I had my birthday party there was 40 people present and staff helped me with everything. It was a wonderful day, my family was very pleasantly surprised."

- Activity staff were enthusiastic, passionate and always looking for ways to engage with people in a meaningful way. Staff told us that the improved activity and social inclusion in the home had been a key development that had supported positive cultural change in the home. One staff member said, "Activities has made a massive difference, we now have the sensory room, the cinema, nail salon, hairdresser. So much is better. Activities have helped bring us the culture we have now which is that we all work together. Nobody is better than anyone, we all have the same goal to make everybody's lives here better."
- There were activities going on throughout the inspection. One of these was a singer who visited the home. The event was exceptionally well attended with the majority of people in the home joining in. People who were cared for in bed were up, dressed and sat singing along. Staff told us that even where people were receiving palliative care, if they wanted to be assisted to the activities they were supported to attend. Staff too were seen to be smiling, dancing with people and thoroughly enjoying themselves. This created a positive feeling through the home.
- There was a garden party planned for the coming weekend that people were looking forward to. Preparations had started and people were involved with getting things ready. One person said, "We didn't do this a year ago, but now living here is like one long party."
- Staff took time learning about what people enjoyed so that this could be provided for people. For example, some people before moving to Autumn Vale enjoyed shopping. Staff had acquired a car, and people were taken on weekly shopping trips.
- Once a week all staff in the home stopped work in the afternoon to spend time with people. This meant people were able to have personal one to one time spent talking, listening to music and reading.

#### Improving care quality in response to complaints or concerns

- People and relatives told us that they had no complaints but felt confident to raise any issues One person said, "I would be happy to complain, I have done before and [Registered manager] was quick to resolve it."
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends. The registered manager told us they would share complaints and their outcomes with staff through team meetings.

#### End of life care and support

- End of life care was provided at the service. The team worked with a local hospice to ensure they had up to date knowledge and people were supported in a dignified and pain free way.
- The service was involved in a local initiative to reduce hospital admissions so people could have a dignified end of life in the home, and not in hospital. Initial results showed that the project was working resulting in people having a planned and dignified end of life.
- Care plans were in place for people stating what their wishes were, including if a person wished to be resuscitated.. These plans were further developed when a person was nearing the end of their life.
- The registered manager contacted people's relatives to seek their views to help them continue to develop and improve their end of life care. Feedback seen was very positive, including one relative who commented, "Would like to thank all the staff at Autumn Vale for making the last years of [Persons] life comfortable and content."

## Is the service well-led?

### 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.

At the last inspection this key question was rated as requires improvement. This was because the service had suffered from a lack of leadership that affected negatively staff morale and the quality of care provided. At this inspection the rating has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were very positive about the registered manager. One person said, "[Registered Manager] is very good. They know who I am and always pop in. They have done a great job, the deputy manager as well. I think they work well together. A relative told us, "They are all a very good team, the manager is very much on board, they are caring and want to make this place very good. I feel as a relative welcomed and I know they value my opinion. This team they have now is by far the best they have had. Staff are happy, and they were not happy before this manager arrived."
- Staff told us that the registered manager had brought about real change in the home and their influence had a positive impact on the service. One staff member said, "[Registered Manager and Deputy Manager] are very supportive. The door is always open, and they will let me do what I want really. I can honestly say before when we had a lot of managers it wasn't a company I wanted to stay in, but now I feel I can actually do things that can make a change in the residents' lives and I am happy to stay here."
- The registered manager worked well with the deputy manager to ensure that people received care in a person-centred way. They gave guidance to staff and explained the importance of following this guidance.
- The registered manager told us, "It's all about ownership now. The culture of the staff is that they take responsibility for the care. That whatever people need they get, and that Autumn Vale is one big team, no matter where the staff work. You will see that when you walk round." Staff echoed the ethos of the registered manager, and we observed this being put into practise. One staff member said, "Since twelve months ago the biggest change is we work as a team. We can really make a big difference to people and that has made it a nice home to be at."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team took their responsibility regarding duty of candour seriously. When things went wrong they acknowledged the mistake, apologised and sought to find ways to mitigate the likelihood of it recurring. One relative said, "Things happen, of course they do, but the manager is honest about it and looks to put things right."
- The registered manager reported notifications to the appropriate bodies.

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

- There was a clear management structure, with lines of responsibility and authority for decision making at all levels.
- The management team carried out checks and audits to satisfy themselves that standards and regulations were met. These were monitored by the provider through weekly reporting and regular checks by operations and quality managers. Service development plans were regularly reviewed and updated as areas for improvement were found. The registered manager had developed further systems to monitor the safety of the service, particularly in relation to falls. The results of these they planned to share with each of the unit leads to better understand the themes and trends that emerged.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. We found that this had been effective as the service provided people safe and appropriate care. This was indicated by the low number of incidents, falls and concerns such as infections and pressure ulcers.

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

- People, relatives, staff and health professionals were invited to take part in an annual survey to share their feedback about the service. There were regular opportunities for meetings where people told us they could speak openly.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team. One staff member said, "Meetings are good. The manager tells us what is going on and we are able to talk about the residents and share ideas."
- A relative's forum had been formed which organised events and raised money for projects in the home. The registered manager said, ""It's nice now that we are winning back the trust and people take the time to raise money and spend time giving back to us and the residents."

Continuous learning and improving care

- Incidents and events were reviewed, and meetings discussed any learning as a result.
- The provider held regular managers meeting where they discussed issues arising, changes in the care sector, organisational developments and sharing best practise.
- Staff meetings enabled the manager to discuss matters arising in the home or wider sector. The registered manager planned to share their improvements plans and results from audits with staff. This would provide staff with a greater awareness of the continual development needed and where the risks were to people.