

South Africa Lodge Limited

# South Africa Lodge

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

South Africa Lodge is a residential care home providing personal and nursing care for people with complex needs, specialising in supporting people with a neurological condition. The service can support up to 99 people who live in one of six individual units or "lodges". There were 89 people at the home when we inspected.

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

We received positive feedback from people's friends and relatives. One relative wrote, "I cannot speak highly enough of South Africa Lodge and the care our Mum received...staff showed her such love and care I was moved beyond what simply words can convey." Another relative told us, "When we were clapping for all the nurses (during the COVID-19 pandemic) I actually wasn't clapping for the nurses. I was clapping for the carers at South Africa Lodge who were doing such a great job and looking after my [relative] so well. In the darkest hour they still continued to do a wonderful thing."

We found people were safe and protected from avoidable harm and abuse. The provider supported people in a way that kept them and their belongings safe and secure. There were sufficient numbers of staff, and systems were in place to prevent and control the spread of infection, and to manage medicines safely.

People's care and support were effective. People had good outcomes. Relatives' feedback about the effectiveness of the service was consistently good. 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.

The service was consistently well managed and led. The leadership and culture promoted high-quality, person-centred care. There was an open, transparent and empowering culture with a focus on continuous improvement.

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

### Rating at last inspection

This service was registered with us on 2 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was good (published 28 December 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about people's care and support including falls risks, nutrition, choice and restrictions on mobility. We decided to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective, and well-led.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. As the key questions caring and responsive have not been inspected under the current provider we cannot give an overall rating based on this inspection alone.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for South Africa Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# South Africa Lodge

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand the service's preparations to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

#### Inspection team

The inspection team comprised four inspectors and an assistant inspector.

#### Service and service type

South Africa Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with CQC at the time of this inspection. The general manager of the home had applied to register as the manager. Registered managers and providers 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 inspection

We reviewed the information we had about the service, including the last inspection report under the previous provider. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four relatives of people using the service about their experience of the care provided. We spoke with 11 members of staff including the general manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed care and support of people in the shared areas of the home, including how medicines were administered and precautions taken to prevent the spread of infection.

We reviewed a range of records. This included four people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records the provider sent to us. We looked at all the evidence gathered in the light of CQC's published characteristics of ratings in order to make our judgements.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse, harm and discrimination. Relatives told us they had no concerns in this area. One relative said, "To be honest it's brilliant, we know they are safe and well-looked after. In the main they do an amazing job."
- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them.
- The provider managed safeguarding concerns promptly, following local safeguarding procedures and cooperating with the local authority. Records showed investigations were thorough and detailed.

Assessing risk, safety monitoring and management

- There was a proactive approach to managing risks which took the least restrictive approach. The provider used standard tools regularly to update risk assessments for poor nutrition and skin health. People's care plans included individual risk assessments, such as for choking, poor mobility, and risks associated with poor mouth care. There were individual evacuation risk assessments for the event people had to leave the home in an emergency.
- The provider shared information about risks. Staff knew people well and were aware of risks to their health, safety and welfare. Staff knew how to reduce, avoid, and manage people's individual risks. Records showed staff put risk assessment plans for pressure injuries into practice promptly. We saw staff knew how to support people to move safely, using individual equipment assessed for the person.
- The provider took action to assess and reduce risks associated with people's living environment. There had been an independent fire risk assessment in the month before our visit. All urgent actions arising from the risk assessment had been completed or were in progress with an action plan for other identified actions. The provider had received the report of an independent legionella risk assessment in the days before our visit. They had put a plan in place to address high priority actions from this. There was a COVID-19 risk assessment in place which was reviewed and updated monthly.

Staffing and recruitment

- There were enough staff with the right mix of skills to support people safely. People's relatives were satisfied with the numbers and skills of staff. One relative told us, "We have never felt that [name] is vulnerable because there's not enough staff, and they all seem like they're trained enough." We saw staff went about their duties in a calm, professional manner without having to rush. Where people needed individual one-to-one support, this was in place.
- There were robust recruitment systems, and the provider made the necessary checks. The provider had maintained their recruitment process during the COVID-19 pandemic, and they had continued to obtain

records such as evidence of a Disclosure and Barring Service (DBS) check. New staff routinely worked alongside experienced colleagues for two weeks. This period could be extended to three weeks if necessary. The provider had covered all shifts at the required staffing level during the pandemic.

#### Using medicines safely

- People received their medicines safely and in line with good practice standards. There were appropriate processes in place for medicines prescribed to be taken "as required", and over the counter "homely" medicines. Where people received their medicines covertly, such as crushed in their food, this had been agreed with their GP or pharmacist to make sure this was safe and effective. Relatives we spoke with all said they were confident their family member received their medicines safely and as prescribed.
- Medicines were stored safely, and staff kept accurate records. Nurses checked medicines records and stock levels daily. Any recording errors were followed up promptly. The provider's monthly audits of medicines records showed 98% and 99% compliance for the previous two months. There were rigorous checks in place to make sure people's medicines were managed and administered according to good practice standards.

#### Preventing and controlling infection

- Staff felt supported to maintain high standards of cleanliness and hygiene. Additional cleaning was in place as a result of the COVID-19 pandemic, for instance more frequent cleaning of surfaces that were touched often. Relatives all said cleanliness was of a high standard, and that they had been kept informed of protocols in place for visiting. One relative said, "I feel we have been well informed, notifications on Facebook and letters. We have been informed in a timely manner. Visiting is appropriate. Staff wear masks".
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- In the event of accidents and incidents there were thorough investigations and analysis. Staff were aware of the need for openness and honesty when reporting incidents. There had been a recent initiative by the provider to encourage the reporting of all incidents. Recent analyses of bruises and falls reported had led to increased one-to-one support for people who moved into South Africa Lodge. This had in turn led to a reduction in falls amongst people newly admitted to the service from a peak at the end of 2020. The provider made sure all staff were aware of lessons learned by using daily meetings, group supervisions and unit meetings to pass on lessons.



# 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.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was planned and delivered in line with current standards and legislation. Policies and processes were updated in line with changes in legislation and new standards. Staff were kept up to date with changes to people's care, and they put the changes into practice. People's relatives told us the care and support they received at South Africa Lodge led to good outcomes for them.
- There were comprehensive assessments of people's needs, and support was regularly reviewed and updated. People's care plans were detailed and thorough. Staff confirmed the care plans contained the information they needed to support people according to their needs and preferences. Care plans were reviewed monthly.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. Staff told us they received the training and support they needed to support people effectively. There was a wide-ranging programme of mandatory and additional training which included training in dementia, end of life care, and the use of specialist equipment. Staff received training in how to respond to behaviour that challenges in the least restrictive way.
- The provider had systems in place to monitor staff progress in training. This included mandatory and additional training, and competency checks. A similar process was in place for monitoring supervisions and appraisals. This included an overview of shadow shifts for new starter and probationary supervisions. Processes were in place to make sure new staff only worked unsupervised when they were ready to do so.

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

- People had choice and access to sufficient food and drink throughout the day. People's relatives were happy that their family members had a healthy diet and were supported to eat and drink enough. One relative told us staff had contacted them when their family member's appetite changed. They said, "It is good they got onto it straight away." Kitchen staff took into account people's needs and preferences, with some people having individually produced menu plans.
- People were protected from the risks of poor nutrition, dehydration, and swallowing problems. Staff used a standard system to describe the consistency of food and drinks to avoid the risk of swallowing problems. Where necessary people had a fortified diet. One person's relative said, "[Name] has a lot of little puddings to help her maintain her weight." Staff encouraged people to drink enough during the day, and they supported people with specialist equipment such as adapted beakers.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked collaboratively with other services to understand and meet people's needs. Staff worked in cooperation with a variety of specialist professionals including neurological specialists, mental health professionals, and occupational therapists. One visiting professional had commented, "I feel they do an outstanding job in keeping people with very challenging needs safe and happy where possible. The team always put the need of the resident first, and the philosophy of care is very obvious and well adhered to."

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

- People had access to outside space, quiet areas, areas for activities and private areas. People's relatives praised the garden and other shared areas. One relative said, "Lovely gardens. They have an aviary, it's nice to be able to sit in the garden. They have a fish tank and before COVID-19 you could walk round the lodges. Everyone has their own room and they can have their own things which is important." People's rooms were individual and personal, with lots of photographs and other personal items.
- People had access to specialist and adaptive equipment. There was a wide range of equipment and technology in use which was tailored to people's individual needs. This included equipment to help support people to move and position themselves, equipment to alert staff if a person was having a seizure, and equipment to reduce the impact of falls, such as low-profile beds, and head and hip protectors. The provider assessed the effectiveness of equipment, and upgraded or changed it if there were better options to meet people's needs.

#### Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. People's relatives told us there were good outcomes for people. One relative described their family member as "well presented and well looked after" and there was "nothing negative to say". Another relative whose family member had individual one-to-one support said, "I think it is working. I know they cannot prevent all falls, but it is reassuring to know someone is always with her. It gives us comfort to know she is safe."

#### 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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA.

- Staff made sure people's human and legal rights were upheld by involving them in decisions about their day to day care. Staff were aware of the principles of the MCA, such as assuming capacity and always acting in the person's best interests.
- Records showed the provider followed best practice guidance in assessing mental capacity, making best interests decisions, and applying for and complying with authority to deprive people of their liberty to receive care and support they needed. The provider sought the least restrictive option to keep people safe.

# 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.

This was the first inspection for this newly registered service. This key question has been rated 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

- There was a positive culture based on the provider's values of "dignity, respect, being the best, openness, and believing in people's ability". These values were shared throughout the home by means of posters using the "DRBOB" acronym. The provider's values were reflected in our conversations with staff, and the management team led by example in this respect. Staff told us they particularly appreciated regular email communications from the chief executive.
- Staff were positive about the management of the service, saying there was a "good relationship" between management and staff. One staff member told us, "To be honest, I don't have any issue with the management. They always have an open door policy, and I can confide in them."
- People's relatives were positive about the management of the service. They told us the management team were approachable and responsive. One relative said, "They also seem to be able to retain good staff. This just shows they care. They are not just a business, they do genuinely care about people in the home."

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 manager was aware of the need to be honest and transparent with people and their families. People's relatives told us they were informed in a timely fashion of any significant incidents, and that the provider listened to their feedback at the time.

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

- Staff understood their role and responsibilities. Staff were clear about their job descriptions, and they told us there was a system of internal meetings and supervisions which led to effective communications. Staff said there were good two-way communications.
- The manager was supported by the provider organisation. There was regular contact from the provider chief executive and daily meetings with the chief operating officer, who was also the nominated individual for the service.
- There was an effective quality assurance system with monthly audits for infection prevention and control, medicines, care plans, risk assessments for nutrition and skin health issues, and supervisions.
- The manager understood legal and regulatory requirements. We received the manager's application to register as manager of South Africa Lodge shortly before this inspection.

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

- People's relatives told us they were involved meaningfully in decisions about people's care. One relative said, "They involve us with lots of decisions about care. They make us feel our opinions count." Other relatives said they were "always" involved in significant decisions.
- The provider used regular surveys to monitor the satisfaction of both families and staff. These surveys were organised according to the CQC key questions and covered South Africa Lodge and the provider's other home in the same area. Responses in the staff survey were 68-92% positive. Responses in the families survey were 87-98% positive.

Continuous learning and improving care

- The provider had an ongoing action plan in place to track actions from a June 2020 internal audit based on CQC's inspection key lines of enquiry. This included, for instance, the implementation and consolidation of an NHS system for care homes to take regular observations of early-warning indicators such as people's pulse, oxygen levels and blood pressure. The action plan had been monitored and updated at regular intervals, most recently in February 2021.

Working in partnership with others

- The provider worked with other agencies and organisations to deliver joined-up care for people. These partnerships included the older people's mental health team, and community nurses specialising in diabetes and skin viability. When there were concerns around people's consent and mental capacity, the provider sought advice from other interested parties, such as the person's family or GP.