

# The Trustees of Susan Day Old People's Home South Lodge

## Inspection report

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Date of inspection visit:  
25 August 2016  
30 August 2016

Date of publication:  
12 October 2016

## 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

This inspection took place on the 25 and 30 August 2016 and was unannounced. This service was previously inspected in January 2014 and was found to be meeting all regulations inspected at that time.

South Lodge, also known locally as Susan Day Care Home and is registered to provide care and support for up to 33 older people. It does not provide nursing care. At the time of the inspection there were 33 people living at the service.

The service had a registered manager in place who is due to retire in April 2017. They have appointed another manager who will be applying to Care Quality Commission (CQC) to become the registered manager. They will begin work in October 2016, so there is a good amount of time for a handover. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were very positive about living at the service. Comments included "I made my own decision to come here as I knew it had a good reputation. The staff are brilliant, very good, very helpful, couldn't ask for better."

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make decisions in their day to day lives.

People felt able to make their views known, they were valued and included in the running of the service. This included some people being involved in the interview process for new staff. Any issues identified were acted upon to ensure the service was continually improving. For example when people said they did not like the runner beans. The registered manager asked how they preferred them to be cooked and invited some of them to help prepare the vegetable for the roast dinner.

Care and support was well planned to ensure every aspect of people's needs, including any risks were clearly identified. Staff understood people's needs and knew how to support people in a way which honoured their wishes and preferred routines. Staff felt valued and had training and support to do their job effectively.

Staff were motivated and inspired to provide the best care. It was clear the ethos of the service to provide a homely high quality care service, had been embraced and embedded in everyday practice.

People were protected because staff understood how to identify potential abuse and who they should report this to. Staff also knew how to identify risks to people and what they should do to reduce risks as far as

possible to keep people safe.

Staff recruitment processes ensured only staff who were suitable to work with vulnerable people were employed. New staff were given an induction programme to help them understand their role and the running of the home. All staff were supported with one to one supervisions and appraisals to help identify good practice and areas of learning.

People were given a good range and choice of meals, drinks and snacks to ensure they maintained good health. Mealtimes were relaxed and social. The cook understood how to provide additional calories for those who needed this and had a good knowledge of people's likes and dislikes.

People's medicines were being well managed and people were supported to manage their own medicines, where assessed as safe to do so.

People were supported by kind and compassionate staff. People and relatives spoke highly about the skills and attitude of staff working at the service. One said "Staff are very kind here, they are always lovely."

The service had received a high number of compliments about the kindness showed by staff. One said "We really appreciate all the support and kindness and now know why local people speak so highly about this home."

Well established systems ensured the home was well maintained, records were kept up to date and medicines management was robust.

## 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.

There were enough staff to provide care and support to people in line with their assessed needs and wishes.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately, whilst allowing people to retain their independence where possible.

Medicines were well managed, and people were supported to manage their own medicines where possible.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Staff recruitment ensured people were kept safe.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

### Is the service responsive?

Good ●

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

Concerns and complaints were dealt with swiftly and comprehensively.

### Is the service well-led?

Good ●

The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

# South Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 25 and 30 August 2016 and was unannounced. The inspection was completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met most people using the service, and spoke with 12 people to gain their views about the care and support they received. We also met with five care staff, two care managers and the registered manager. We spoke with three relatives during the inspection and one health care professional. Following the inspection we contacted healthcare professionals and received feedback from two of them.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

# Is the service safe?

## Our findings

People told us they felt safe. One person said "I do feel safe here. I know staff are around if I need them." One relative described how they felt they had 'peace of mind' knowing their relative was being cared for 24 hours a day. They said "It was a difficult decision but I now know (name of relative) is safe." One thank you card said "(name of person) felt safe, happy and well cared for during her stay with you."

People were protected from risks because care plans included risk assessments which detailed how to minimise potential risks. This included areas such as risk of pressure damage. Risk assessments included what equipment was needed to help reduce risk of pressure damage. It also included instructions for staff about how to reduce any identified risks. For example to assist people to move positions on a regular basis if they had mobility problems. Risks were reviewed monthly or sooner if people's needs changed. Staff said they used the care plans and risk assessment to plan how they worked with people to ensure they worked safely. Staff confirmed they had the right equipment to provide care and support safely.

Medicines were well managed and people received their medicines at the time they were prescribed to be given. The medicines storage room was well organised and tidy. Some people were supported to manage their own medicines, which had been risk assessed and kept under review with the person. Only staff who had completed training, administered medicines. Our observations of staff completing this task showed they followed the home's policy and procedures. A staff member told us their competencies were checked by the registered manager who watched how medicines were being administered and recorded. This was also discussed as part of staff supervision with the registered manager.

The dispensing pharmacist had recently completed an audit and some minor recommendations had been suggested. These had been actioned and included keeping a check on the temperature of the room where medicines were being stored. The service completed monthly audits on the medicines and records to ensure practice was safe and people were getting the correct prescribed medicines. Where gaps in records had been identified, staff were offered supervision and training to ensure their medicine management skills were up to date.

People were protected from potential abuse because staff had received training in understanding types of abuse and how to report any concerns. Staff we spoke with knew how to report any concerns and were confident the registered manager and provider would take immediate actions if needed.

Staff recruitment checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were sufficient staff available on each shift to ensure people's needs were met safely and in a timely way. People said their call bells were answered promptly and their needs were met at a time which suited them. Staff said they were busy but always managed to meet people's needs in a way they preferred. For example if someone wanted a shower in the morning or afternoon, their request was usually granted. One member of staff said "Of course there are times when we get busy, but people's care comes first and we make sure everyone has the care they need." Care staff were arranged so there were four care staff each morning plus a care manager, three each afternoon and evening plus a care manager. The care team were supported by a cook, kitchen assistant, maintenance person and assistant, plus a day care coordinator who worked 20 hours per week. At night time there were two staff available throughout the night. The registered manager worked throughout the workday week. She explained the provider was looking at having some administration time to support the new manager when she came to the service.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had hand washing facilities and used gloves and aprons appropriately to reduce cross infection risks. Staff confirmed there was always a plentiful supply of gloves and aprons for them to use. Housekeeping staff used suitable cleaning materials and followed cleaning schedules. The kitchen had been awarded the highest rating of five for its cleanliness by the environmental health authority.

Plans were in place to keep people safe in an emergency such as a fire. Each person had a personal evacuation plan to inform staff about what support they would need in the event of a fire. The environment was safe and well maintained. There were a range of audits to ensure on-going safety of the home. These included water temperature checks. Following feedback, the registered manager agreed they would ensure records were kept of other checks such as window restrictors and bed rails. These had been checked as part of room checks, but had not always been recorded.



## Is the service effective?

### Our findings

People said they received care and support which was effective and met their needs. One person said "When I am not feeling well, staff make sure I have extra help and I have my meals here in my room."

Some people shared their views that they felt the quality of meals had gone 'downhill', but were unable to give specific examples of what this meant. When we fed this back to the registered provider, she said she had spoken with individuals about meals in recent weeks. She was aware several people did not like the way the runner beans had been served. She had invited them to help with the preparation of them. She also said she frequently discussed the menu and always tried to include people's suggestions. This had included having chinese takeaway and fish and chips from a local takeaway shop. The registered manager explained that there is always two choices of meal offered plus soup during the main meal. They also have detailed records of people's likes and dislikes and will offer other alternatives if people wish. She said they often have four or five meal options going out each day.

We observed the lunchtime meal to be a relaxed and social occasion. People were offered a choice of two main meals. These had been pre-selected by them the day before. However when one person said they wanted something else, an alternative was provided. For another person, staff showed them both options to help them to make a choice. The tables were nicely laid with condiments, flowers and people were offered seconds and extra vegetables. Where people needed support to eat their meals, staff assisted people discreetly and with kindness.

The cook was aware of people's likes and dislikes, plus any special dietary requirements. They explained how they ensured meals were prepared from fresh ingredients and used fresh cream and butter to fortify foods to help ensure people who were at risk of losing weight had additional calories.

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. Staff were skilled and knowledgeable about people's needs and preferred routines. Staff described ways in which they provided effective care to people. For example one staff member described how some people had increased mobility needs and so they had more specialist equipment such as hoists and slide sheets. Staff were also able to describe how people preferred their care to be delivered as described within their care plan. Plans had been shared and agreed with people to ensure the details were correct and in line with people's needs and wishes.

The service acted in a way which ensured people's human rights were upheld. This included ensuring they worked in a way which encompassed the principles of the Mental Capacity Act (2005). The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

It was clear the registered manager had made appropriate applications to safeguard people's rights and work in the least restrictive way. Staff were aware of who had such safeguards in place and why. Mental capacity assessments were decision specific and where people lacked capacity best interest meetings were held. This was to ensure best interest decisions included people who were relevant to the person such as their relative, GP and community nurse.

Staff worked in a way which upheld people's rights. Always ensuring they sought people's consent to care and treatment. One staff member described how they would offer people choice about when they were supported with personal care. They said that some people were reluctant to accept help, but "With gentle coaxing and a sense of humour we can normally get people to agree to their care being given." Our observations of how staff worked with people supported this. Staff gained consent and explained what they would be doing before delivering any care.

People and relatives were confident healthcare needs were being met. One relative said "We are always kept abreast of any health issues. The staff are very good. They closely monitor and call in the GP when needed. I have no worries on that score." One healthcare professional said the service were quick to respond to people's changing healthcare needs and listened and responded to advice and support given. It was clear from daily records, staff handovers and care files, people's healthcare needs were being well met.

## Is the service caring?

### Our findings

People said staff were caring and considerate. Comments included "Staff are very kind here, they are always lovely." And "The staff are brilliant. ...all of them, very good." Relatives similarly were complimentary about the staff and their caring attitude. One said "Staff are very very caring, that's one thing which stands out here."

It was clear staff had respect for people they worked with. When having staff handover for example they talked about people in a way which showed they cared about their social, emotional and physical needs. Staff described ways in which they worked to maintain people's dignity and respect. For example always providing care and support in the privacy of people's rooms, making sure bathrooms doors were locked and always knocking and waiting for a response before entering someone's room.

It was clear staff had developed strong bonds and genuine friendships with people they cared for. Staff were aware of who and what was important to each person. When talking with people, they ensured they spoke about these things. Staff showed a great deal of patience when supporting one person who asked about their relative visiting. They gave reassurance they would visit over the next few days and offered the person a distraction, asking them if they wanted to help with a household chore. Staff talked about people with affection and admiration. One staff member described how they loved reading about people's histories and what they had achieved in their lives.

People were offered choice and staff understood the importance of ensuring this was offered and respected. For example, although they liked to encourage people to socialise, they respected the fact some people preferred to spend most of their time in their room. Staff said they tried to make time to chat to people who spent time alone in their room. One said "I love having chats; it's the best part of this job. We have some very interesting people here, they love talking about the past and I love hearing about it."

The service had received many thank you cards and letters, including "Words can never say how grateful I am for the care you gave my mother. The smiles you put on my mother's face will stay with me forever."

Throughout the day we observed lots of laughter, compassion and kindness being shown to people. We also received some positive feedback from a relative who completed a web form and wanted to share that "My relative was empowered by forming positive relationships with others and made a variety of new friends. In forming these relationships she gained back her own sense of identity. She developed strong, consistent relationships with the staff and I frequently witnessed this." This relative also described the compassion shown by night care staff in ensuring their relative remained safe but also independent.

The provider information return (PIR) stated "Our supervision has recently been changed to cover the elements of the Care Commitment. Our staff get a real satisfaction out of delivering end of life care. They do this with respect and dignity and do everything possible to relieve distress and suffering. We have fantastic back up from the local Doctors, nurses and the Hospice who are always more than satisfied with the way that we look after our terminally ill residents." The Social Care Commitment is the adult social care sector's

promise to provide people who need care and support with high quality services. It follows seven prescribed 'I will' statements with associated tasks to ensure quality of care.

## Is the service responsive?

### Our findings

Peoples care and support was well planned which helped show how the service was being responsive to people's needs. One person told us "You only have to ask and staff respond. They are very good. When I was poorly recently, they got the GP in quick and I had some tablets to make me better. You can't ask for better than that."

Prior to people being admitted to the service, a pre-admission assessment was completed looking at all aspects of the needs and wishes. This was then used to develop a care plan for staff to follow. This detailed each aspect of people's care and support needs and was reviewed on a monthly basis and agreed with the person where possible. Staff confirmed they referred to people's plans to ensure they delivered the right care in a consistent way. Staff also had handovers between shifts which ensured people's changing needs were discussed and staff who had been away from work for any length of time would be brought up to date with people's current needs. The registered manager said they were going to move to using electronic care plans and records in the future.

The PIR detailed "Prospective residents are encouraged to visit the home and some have lunch with us on several occasions before actually deciding to join us. This gives us the opportunity to assess their needs and to be sure that we can meet those needs. They are all given a Statement of Purpose and a comprehensive contract. The first four weeks of any visit is on a trial basis, and it is very important for some to realise this as it allows them to have options."

Activities were offered throughout the day. Although the activities person worked 20 hours per week, she was flexible in her approach and was in most days doing an activity with people. This could range from a group activity of a quiz, bingo or a game, to one to one sessions with people in their room, chatting. The activities person said she also provided a shopping service for people. They had some basic provisions within the home, but she would go to the shops for any items people requested. She described how one person shopped on line and she collected bought items for them from a department store.

People said they enjoyed the activities provided. This included trips out to places of local interest or simply to the seafront for a change of scenery and an ice cream. One said they enjoyed helping out at the coffee morning. The PIR stated that regular coffee mornings were held for people's relatives to attend as well as members of the public. People helped to make items for sale and the proceeds went towards meals out when people went out on trips.

The service was responsive to people's diverse needs and beliefs. There was a weekly all denominations service held and arrangements were made with local priests and vicars to visit to offer communion.

People said they knew how to raise any concerns and were confident they would be dealt with. One person described how she had raised an issue with the registered manager when they first moved in. They said it was dealt with appropriately. There were regular opportunities for people their families and friends to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the

registered manager. People were made aware of the complaints system. There were also regular meetings held to enable people and their relatives to discuss their views and suggestions. At the last meeting held in June 2016 menus had been discussed in great detail, and suggestions such as fish and chips from a local takeaway had been implemented.

There had been no new complaints recorded in the last 12 months. The registered manager said they worked hard to try ensure people's needs and wishes were met in a way which meant they did not need to raise a complaint.

The registered manager has identified one area for development to encourage people to share skills across generations. They described how one person was sharing her skills in needlework with a younger person and another had visited the local school to show their skills knitting. The registered manager hopes to build on this to encourage people to share skills, be part of the wider community and reduce social isolation.

## Is the service well-led?

### Our findings

People benefitted from a well-run service. People said the registered manager and staff were open and inclusive. One person described the registered manager as "easy to talk to, you can tell her anything." The registered manager worked closely with members of the committee who were the providers of the service. Together they had developed an ethos of offering 'a home from home for local people, which ensured high quality care and encouraged people's independence.' Staff had clearly adopted this ethos in their ways of working. They described how it was a "Great place to work with good team spirit." Most care staff had worked at the service for many years. One staff member told us they had worked at the service for a number of years, had left and then returned because they "enjoyed it so much." Every staff member we spoke with said they enjoyed the teamwork and ethos of the service.

People, relatives and staff felt valued and believed their views were listened to. One person said "We do questionnaires and have meetings, I am even involved in interviewing for new staff." Staff confirmed the management approach was open and inclusive. Staff said they had regular opportunities to meet as a team and individually to discuss their role and put forward ideas and suggestions.

The PIR stated "We value our staff highly and treat them well which is borne out by the extremely low turnover of staff that we have. Three staff have been employed by the home for over 25 years, and 15 were given long service awards for completing 10 years' service last year. We encourage staff to undertake all training available and seek their advice on many matters before making final decisions. All but two of the care staff have a minimum of NVQ2 (a healthcare qualification), one of these has completed the care certificate." This showed staff felt valued and enjoyed working at the service. It also demonstrated the provider valued well trained staff to help deliver a quality service.

The registered manager was due to retire in April 2017 and a new manager has already been employed to start in October 2016 so that there will be a reasonable period of handover. They are also looking at ways to assist the registered manager. The service were looking to have administration support and for care plans to become electronic records.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances.

There were a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. These did not currently include window restrictors or bed rails. The registered manager assured us these were all checked regularly, but had not been recorded. She said they would now be included in the written audit records.

The committee who is the registered provider visits the home monthly to complete checks on all aspects of care and records. They speak with people and staff and provide a written report.

