

Squirrel Lodge Limited

Squirrel Lodge

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:

Squirrel Lodge provides accommodation and personal care for up to 24 older people, some of whom were living with dementia. At the time of our visit 22 people were using the service.

What life is like for people using this service:

People who live at Squirrel Lodge have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind, caring and knew them as individuals.

Medicines were managed and administered safely.

Care records were individualised and accurately reflected people's needs in sufficient detail. Risks to people were identified, monitored and managed.

People received the support they required at the end of their life. People's preferences and advanced wishes were recorded in their care plans.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

People had appropriate access to meaningful activity and engagement. People told us they were happy with the activities on offer and were able to make suggestions for future activities.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished was identified, monitored and managed. People received appropriate support from staff to eat and drink.

The quality assurance system in place to monitor the service provided to people was robust and capable of identifying areas for improvement. Positive comments about the management team were made by people who used the service, relatives and staff.

The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals in a timely way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

At the last inspection the service was rated Good. (Report published 16 March 2017)

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 safe.

Details are in our Safe 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 ●

Squirrel 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Squirrel Lodge is a care home for older people, some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers in place who were registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. 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 used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relative's to ask about their experience of the care

provided.

We spoke with the registered manager and three care staff. We looked at four records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

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 the service was rated 'good' in this key question. At this inspection we found the service remains rated 'good' in this key question.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. Relatives told us they felt confident that their family member was kept safe by the staff.
- Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

- Risks to people were identified and comprehensive risk assessments were in place for each person using the service. These set out the measures in place to reduce the risk.
- Risk assessments relating to the environment were in place. This included evacuation plans. These had been kept under review to ensure they remained accurate.
- Equipment such as fire detection systems, hoists and water quality were regularly tested for safety.

Staffing and recruitment

- People told us they felt there were enough staff to meet their needs. One person said, "The staff are quick to lend a hand." A relative told us, "There's never been an issue with staffing here." This confirmed our observations that people received support from staff when they needed it.
- Staff told us that the staffing level was flexible based on the needs of people day to day. For example, carers said they had permission to ask other staff to stay on a little longer at the end of their shift if needed. They told us the registered managers listened to them, and recent comments made about extra pressure on staffing at certain times of the day had led to extra staff being deployed to assist at these times in the morning and afternoon.
- The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- Medicines were managed, monitored and administered safely.
- People told us they received their medicines as prescribed. One said, "I get my pills morning and night." A relative told us, "They seem to handle the medicines properly. [Family member] certainly gets what is prescribed by the doctor."

Preventing and controlling infection

- We observed that the service was hygienically clean. People told us their home was kept clean and tidy. One said, "They come in and clean every day." A relative told us, "When everyone is at lunch, the staff go in and give the rooms a good clean so they don't get in their way. It's always clean."
- Audits were carried out of infection control to ensure the risk of the spread of infection was reduced.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or supporting with meals. We observed that these were changed in between tasks to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Accidents were appropriately recorded. The contents of these records were reviewed by the management team and investigations into the causes of incidents were recorded. Actions were taken to reduce the risk of reoccurrence. These included making referrals to specialists such as the Falls Prevention Team.

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 the service was rated 'good' in this key question. At this inspection we found the service remained 'good' in this key question.

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 needs were comprehensively assessed before they came to live at the service. Records demonstrated these assessments were reviewed monthly to ensure any changes to people's needs were promptly identified.
- Care plans were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received appropriate training for the role. Staff were positive about the training they received and told us they were supported to carry out higher level qualifications if they wished.
- The competency of staff was monitored to ensure that training was effective.
- Staff told us they felt supported by the registered managers. They said they had regular one to one sessions where they could discuss concerns or personal development. They also told us they had a yearly appraisal where they could discuss goals and aspirations for the coming year.

Eating, drinking and a balanced diet

- We observed the meal time experience was positive and people were given a suitable choice of food and drink.
- People received appropriate support to eat and drink based on their assessed needs. This included the provision of equipment such as plate guards to enable people to eat independently.
- People told us the food was good quality. One said, "The food is very very good. I can't complain." A relative told us, "The food is really tasty. I've never seen such big Yorkshire puddings. [Family member] eats well here."
- The service assessed and monitored the risk of malnutrition and dehydration. The registered managers monitored people's weight monthly and made referrals to dieticians where required. Plans were in place to guide staff on how to reduce the risk of malnutrition and dehydration.

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

- People told us the service helped them to access support from external healthcare professionals. One said, "The doctor comes once a week and they will call them at other times if you need to see someone."
- Records were kept of the contact people had with other healthcare professionals and the advice which was provided. Advice given was transferred into care planning and the service printed off fact sheets for staff to

refer to. For example, fact sheets on increasing the calorific value of food.

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

- The décor was pleasant and well maintained. It was stimulating for people and made it easier for those living with dementia to navigate around the building.
- Appropriate signage was in place to direct people to key areas such as the bathroom or dining room.
- Plans were in place to redecorate the service and this was being discussed with people using the service so they could have input into how their home looked.

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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions was assessed and plans were in place to guide staff on how people should be supported with decision making.
- Staff demonstrated a knowledge of the principles of the MCA. We observed that staff supported people with making day to day decisions according to their ability.
- People told us they did not feel restricted by staff and that they were able to make their own decisions. One said, "The staff aren't imposing people. They ask me how I would like things done."

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 the service was rated 'good' in this key question. At this inspection we found that the service remained 'good' in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with told us that staff were kind and caring towards them. One person said, "They treat us all with kindness." Another relative told us, "The staff are very professional, caring but most importantly dignified."
- We observed that staff treated people with kindness and empathy.
- It was clear from our observations and discussions with staff that they knew people well. This was particularly important for people living with dementia, as they could provide them with individualised support to reduce their distress.
- Everyone we spoke with told us that the service was warm, inclusive and offered a homely 'family atmosphere'.

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

- People's views on their care and the way in which they would like this delivered was reflected in their care planning.
- The service understood their role in supporting people to make decisions about their healthcare options. Records were kept of these discussions and the outcome.

Respecting and promoting people's privacy, dignity and independence.

- The service promoted and encouraged independence. Care plans made clear the parts of tasks people could carry out themselves to reduce the risk of them being over supported.
- Our observations and discussions with people and their relatives demonstrated that staff treated people with dignity and respected their right to privacy.

Is the service responsive?

Our findings

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

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- It was clear from observations, reviewing records and speaking with people that they received a personalised service. Care plans included information about people's individual preferences and routines. A relative said, "Staff always remember people's choices, they are very observant and take note of every situation."
- It was clear from our observations that staff knew people well. We overheard a member of care staff telling a new staff member about people's individual preferences, such as how they liked their gravy in a jug so they could pour it on their meal independently.

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.

- Information was communicated to people in a way they could understand, taking into account their individual needs.
- Where people were unable to verbally communicate, there was information about the other ways they may communicate. For example, through their behaviours, body language or facial expression.

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 were positive about the activities provided by the service. One said, "We play games, you don't always get many people want to play but it's still good fun." Another person told us, "I don't really get bored, they get in singers, artists. They ask us what we would like to do and then they will try their best to get it organised."
- Relatives told us they were free to visit at any time without restriction. One said, "I visit daily with the dog. I'm always welcomed, offered lunch. They couldn't be more welcoming."

End of life care and support

- The registered manager and provider had recently completed training in the principles of the Gold Standards Framework and plans were in place to further develop end of life care planning in line with these principles. The Gold Standards Framework is used by healthcare professionals to enable earlier recognition

of people with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end of their life.

- Care staff had received training in end of life care. Care planning was in place to advise staff on any wishes people might have in coming to the end of their life. Changes were made to the way staff supported people who were at the end of their life. This ensured they were treated with compassion and care at this time.
- The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area and people told us they knew how to complain.
- The service had not received any complaints at the time of our visit.

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 the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility and continuous learning and improving care

- There was a robust quality assurance system in place which was capable of identifying areas for improvement.

- Audits focused on areas such as infection control, care planning, the completion of daily records, medicines and the maintenance of the building. Checks were also carried out on equipment such as hoist slings to identify whether these required replacement.

- Plans were in place to redecorate the service and this was being discussed with people.

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

- The registered managers carried out a regular in depth audit of the service and assessed the quality of the audits carried out by other staff. Area's for improvement were identified and acted on.

- The registered managers had recently arranged for significant changes and improvements to be made in order to improve fire safety in the service. This was following an independent survey by an external company. These recommended changes had been made promptly.

- Positive comments were made by people using the service and staff about the registered managers. A person using the service said, "The managers are really nice people, the family who own the place are really nice." A relative told us, "Quite honestly, the care and consideration they show people, I absolutely admire them."

- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- Surveys had recently been sent out to people using the service and their relatives. The registered managers also sent out themed surveys, such as on the quality and provision of food. We saw that the responses to these surveys were very positive.

- Regular discussions were held with staff about the service and the people they cared for. Staff told us these meetings were helpful and that the registered manager welcomed comments and suggestions.

- Meetings were also held with people using the service and relatives. People were given opportunities to

make suggestions, including suggestions for upcoming activities.

Working in partnership with others

- The registered manager and provider had positive relationships with healthcare professionals who supported people using the service. They had also developed links with external organisations who support care homes with driving excellence in care.