

Optalis Limited Suffolk Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 1 and 2 September 2015 and was unannounced. We last inspected the service on 1 May 2014. At that inspection we found the service was compliant with all essential standards we inspected.

Suffolk Lodge is a care home without nursing that provides a service to up to 40 older people, some of whom may be living with dementia. The home is divided into five smaller units, each accommodating seven or eight people. At the time of our inspection there were 25 people living at the service.

The service had a registered manager who had been registered since 19 May 2015. A registered manager is a person who has registered with the Care Quality Commission 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 protected from the risks of abuse and knew who to talk to if they were concerned. They were

Summary of findings

protected from risks associated with their health and care provision and from environmental risks. Only staff trained and assessed as competent were allowed to administer medicines.

Recruitment practices were robust and people could be confident that staff were checked for suitability before being allowed to work with them. Staffing levels were calculated on people's needs, meaning staff were available when needed.

People received support that was individualised to their personal preferences and needs. They received care and support from staff who knew them well and who were well supervised. Their rights to make their own decisions, where possible, were protected.

People were treated with care and kindness and told us staff respected their privacy and dignity. They were supported to be as independent as possible.

People told us they enjoyed the meals at the home and confirmed they were given choices. People had access to a busy activity schedule, although local community outings were limited. On the days of our inspection people were fully occupied in activities that were meaningful to them.

People benefitted from a staff team that were happy in their work and felt the staff were happy in their jobs. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues in their role. They felt encouraged to make suggestions and felt the management took their suggestions seriously.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to ensure all staff received appropriate training. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Good



Is the service effective?

The service was mostly effective. Long standing staff had not always received training in new topics or update training deemed mandatory by the provider. However, new staff were provided with an in depth induction and people benefitted from a staff team that was well supervised.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had been made where required.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Requires improvement



Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Good



Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led as active a daily life as possible, based on their known likes and preferences. The service was responsive and proactive in recognising the need for improvements.

People knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Good



Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit.

Good



Summary of findings

Staff felt supported by the management and felt the support they received helped them to do their job well.	
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Suffolk 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 1 and 2 September 2015 and was unannounced. The inspection team comprised of an inspector and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one inspector.

We looked at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke in depth with seven people who use the service and 12 people overall. We spoke with the nominated individual, the head of older people services, the registered manager and the deputy manager. We also spoke with two lead care workers, four care workers, the chef and two ancillary staff members. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing lunch in the four dining rooms. Following the inspection we received feedback from one health professional.

We looked at four people's care plans and medication records, four staff recruitment files, staff training records and the staff training log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, utility safety certificates, legionella checks, fire risk assessment, food safety checks and the concerns and complaints records.

Is the service safe?

Our findings

People were protected from the risks of abuse and knew who to talk to if they were concerned. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. The health professional felt people were safe at the service and that risks to individuals were managed so that people were protected. People told us they felt safe living at the home. One person said: "I do feel very safe, they look after me so well." and another commented: "I feel safe here and everyone is so kind, they never rush me and I can't fault them at all."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with bathing and falls or risks related to specific health conditions such as diabetes. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out weekly. For example fire safety and fire equipment checks. Hot water restrictor valves and temperatures were being checked by contractors on the second day of our inspection. Specialised equipment such as hoists and adapted baths were on a servicing contract and were up to date with their latest service checks. Staff said any maintenance issues were dealt with quickly when identified.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff

files included all recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified.

There were two care workers allocated to each unit during the day with one or two lead care workers covering each daytime shift. Staffing levels at night had recently been increased to four waking care workers and one lead care worker sleeping on the premises in case they were needed. People told us staff were available when they needed them and they never had to wait. Staff told us there were usually enough staff on duty at all times and commented that managers were always happy to help if needed.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded and reported to us as required. The registered manager investigated all accidents and incidents and kept a clear record of the cause and actions needed to prevent a recurrence where possible.

People's medicines were stored and administered safely. We noticed some liquid medicine bottles and eye drops had not been labelled with the date of opening. This meant there was a risk staff would continue to administer the medicines after the date when they should be discarded. We passed this information on to the registered manager during feedback so the issue could be dealt with. Only staff trained and assessed as competent were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration record (MAR) sheets were up to date and had been completed by the staff administering the medicines. We observed staff administering medicines on one unit. They carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

Systems were not in place that enabled the registered manager to ensure people were supported by staff who were up to date with their training.

The provider had a number of training topics that they considered mandatory for all care staff. The provider required all staff to have had initial training, followed by yearly or three yearly update training, depending on the topic. The topics the provider required the staff to have three yearly updates in included moving and handling, infection control, safeguarding adults and food hygiene. Topics the provider deemed as requiring yearly update training included first aid, and fire safety. The home had a training log in place but the log had not been kept up to date, meaning the registered manager was not able to determine which staff were fully trained and which staff were out of date or untrained in certain topics. We saw a training requirements record that had been drawn up by the registered manager on the staff team. This showed that no staff were up to date with their mandatory training. For example, of the 50 care staff, seven were overdue their moving and handling refresher training, 26 were overdue their refresher training in health and safety, fire safety, first aid and infection control. The training requirements record showed no staff had received training in topics the provider considered necessary for those working at the home. For example, falls prevention, skin and pressure area care, Mental Capacity Act 2005 and managing challenging behaviour.

The provider did not have an effective system in place to ensure all staff received appropriate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a central training manager, who oversaw the training provision for staff at the service. The training manager was in the process of developing the induction training to be in line with the Skills for Care new Care Certificate. New staff had been provided with the new induction training. This included a set "in house" induction relating to the premises, the provider's policies and procedures and introductions to the people living at the service. The initial in house training was followed by a period shadowing staff and being signed off as competent in a variety of personal care topics. Induction training covered 13 of the 15 standards of the Care Certificate. The

registered manager told us training in the remaining two standards, safeguarding children and basic life support, was still to be implemented. Practical competencies were assessed for topics such as moving and handling and the administration of medicines before staff were judged to be competent. Some courses involved classroom training in topics such as moving and handling. The majority of staff training was "eLearning" that staff completed on computers. New staff felt their induction had been thorough and confirmed they were never asked to do things they were not confident to do. One member of staff commented on how useful they had found shadowing more experienced staff members.

People received care and support from staff who knew them well. We observed staff working with people and providing assistance, were at all times skilful and professional. People felt staff had the skills they needed when supporting them. One person told us: "The carers are very kind, they know me and they know how I like things done."

People benefitted from staff who were well supervised. Staff had regular, three monthly, one to one meetings (supervision) with their manager to discuss their work. The registered manager supervised the deputy manager, the lead care workers and ancillary staff. The deputy manager and lead care workers supervised the care workers. Staff felt they were well supported by the managers and found the regular supervision meetings useful. Staff also confirmed they had yearly performance appraisals of their work.

People's rights to make their own decisions, where possible, were protected. The registered manager and some of the staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity, are made in the person's best interests. The registered manager had a good understanding of the MCA and was aware not all staff had received MCA training. However, staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Throughout the inspection we observed staff asking people's permission before providing care or assistance.

Is the service effective?

The care plans did not always include evidence of people's consent to their care or agreement with their care plan. The service had instead sometimes asked relatives to provide written consent. However, the service did not record if the relative held a lasting power of attorney for health and welfare for the person and was therefore legally able to give consent to the care. The service had recently introduced new care plans. On discussion, the registered manager decided to adapt the consent forms to be more in line with the requirements of the MCA. Also discussed was the need to improve documentation of best interest decisions. For example on the use of floor mats and door alarms that alerted staff if people at risk got out of bed or left their room during the night.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The service had assessed people living at the home and, where applicable, had made DoLS applications to the local authorising body appropriately.

People told us they enjoyed the meals at the home and confirmed they were given choices. Each main meal had two alternatives from which people chose the day before. Menus were available on the units and some units had the meals for the day on a notice board with pictures of the available dishes. We saw people were offered alternatives if they did not want what was on the menu. Comments received about the food included: "The food is lovely." and "It is always tasty." On the days of our inspections we saw people were enjoying their lunch, which was served hot and was well presented.

People received effective health care and support. People could see their GP and other health professionals such as occupational therapists and chiropodists when needed. Care plan notes showed that specialist health professionals were consulted as necessary. A health professional confirmed the service worked in partnership with other agencies. They thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People were treated with care and kindness. People said staff were caring when they supported them. Additional comments made by people included: "They are very kind." and "Very much so." Staff we observed were kind and compassionate. They made eye contact and spoke to people in a kindly manner.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and maintain people's independence. The majority of people could not remember being involved in drawing up their care plans, although two people could. However, people felt staff listened to them and acted on what they said. One person told us: "They are very caring. I tell them how I like things done and they do it."

Care plans included people's preferences in who they wanted to care for them. For example, whether they would prefer care staff of the same gender providing personal care. Where people had stated that was their preference their wish was respected and complied with. Staff explained how that was managed practically. Whenever necessary, staff would swap with staff of the opposite gender on another unit so that same gender care could be provided.

People confirmed staff respected their privacy and dignity. When asked if they felt staff treated them with respect one person commented: "Of course they treat me with respect." and another said: "They definitely treat me with respect and protect my dignity by drawing the curtains." Visits from health professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

People were supported to be as independent as possible. Care plans included details of what people were able to do for themselves and where they needed help. We saw people were provided with aids that would help them with independence, such as walking frames. At mealtimes those needing assistance were helped as needed. For example, staff cut up their food and made sure the correct cutlery was available and positioned within reach so the person could feed themselves. We saw care staff speaking with people all the time they were working with them, taking care to explain what was happening. We saw, where people were mobilising slowly, staff did not hurry them but walked along with them at their own pace.

People's right to confidentiality was protected. All personal records were kept securely and were not left in public areas of the service. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Since our last inspection the registered manager and management team had developed and implemented a new care planning system. The new system was focused on the needs of the person and how they liked things done. A "one page profile" at the front of the care plans set out what were the most important things in the life of the person. For example, their family and friends, preferred activities and hobbies. This meant staff were able to see at the start what mattered to people they cared for.

People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any increased dependence was noted in the daily records and added to the care plans. The care plans had all been written over the past two to three months. This meant all people's needs had been recently assessed. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

People had access to a busy activity schedule, although local community outings were limited. The provider employed an activity coordinator who oversaw activity provision at the home. Activities included films, reminiscence sessions, armchair exercises, bingo, board games, quizzes, baking, art classes and flower arranging. People's birthdays were celebrated on their units and special occasions or holidays were marked with an activity. On the days of our inspection people were fully occupied in activities that were meaningful to them. When no organised activity was taking place staff were sitting and chatting with people, others were having manicures or hand massages. Music was playing in the background and some people were singing together, encouraged by staff. On one unit a birthday celebration was taking place and everyone was joining in.

People were aware of how to raise a concern and told us they would speak to one of the "staff in the office" (managers). Complaints were dealt with quickly and resolutions were recorded along with actions taken. Each unit had forms for people to write any compliments or concerns. The forms were also available at the entrance near the signing in book.

People were supported to maintain relationships with their family and friends. We saw a compliment left by a relative that had been written to the home: "Suffolk Lodge staff are amazing! Always so friendly and welcoming on every visit."

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service. One person said: "They seem to be (happy), they are nice, so helpful and friendly. I would recommend the home."

Since our last inspection the service had seen a number of changes, and improvements had been made to the service provided. Structural improvements had been made with redecoration and alterations made to make the service more dementia friendly. For example, dementia signage and colour coding had been used on bathroom and toilet doors and lighting had been improved in some areas. The three ground floor units were nearing completion, with one unit having had a conservatory added to increase the space available for people.

The improvements were ongoing and the registered manager had clear plans in place to complete the work. For example, plans to make the units on the first floor more dementia friendly in the same way as the ground floor and plans to have the grounds and gardens improved so people had access to safe outside areas. To ensure the changes were in line with current best practice the service were working with a specialist in developing dementia care services and dementia friendly environments. Staff felt the changes had improved the service they were able to provide. They supported the registered manager in the changes that had been made so far and the plans for future changes. Staff felt included in the service development and confirmed they had been asked for their ideas. Minutes from a residents meeting held in February showed the building works had been discussed and ideas sought.

Staff told us the management was open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff said they got on well together and that management worked with them as a team. Staff had the opportunity to talk with their managers informally anytime they wanted and formally in their supervision meetings. There were weekly senior staff

meetings, whole staff meetings took place every two to three months with unit staff team meetings more frequently. Ongoing plans for the units individually and the service as a whole were discussed and shared in those meetings.

The provider had a number of quality assurance and health and safety checks in place. Those systems included management audits covering different areas of the management and running of the service. For example, checks on health and safety, concerns and complaints and maintenance issues related to the premises. Other regular audits included fire equipment operation checks, emergency lighting checks, care plan audits and medication administration record audits. Food safety and kitchen checks were carried out by the contract caterers and were seen to be fully completed and up to date. The home had been awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council in October 2014.

The service had a registered manager in place and all other registration requirements were being met. The service had not always notified us of incidents they were required to in a timely manner, but had made improvements and changed their practice so that notifications were made to us without delay. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues in their role. They felt encouraged to make suggestions and felt the management took their suggestions seriously. One member of staff said: "I love working in this home, I enjoy coming to work and chatting to the residents. It is a great place to work and we all work as a team."

One person living at the home told us: "I can't think of anything that could be improved. It is well managed otherwise we wouldn't have the care we get." and another commented: "I think the staff work well together and there is a very good atmosphere."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not met:</p> <p>The registered person did not have an effective system in place to ensure staff received appropriate training as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (2) (a).</p>