Optalis Limited

Suffolk Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 and 23 August 2017 and was unannounced. We last inspected the service in January 2016 to check that the provider had taken action following our comprehensive inspection in September 2015. At that inspection we found the service was compliant with the fundamental standards we inspected.

Suffolk Lodge is a care home without nursing that provides a service to up to 40 older people living with dementia. The home is split into 5 smaller units of seven to eight bedrooms. There are three units on the ground floor and two on the first floor. At the time of our inspection there were 19 people living at the service. One of the two first floor units was closed with all people living in the other four units.

Suffolk Lodge is required to have a registered manager. The registered manager for the service left in October 2016. In January 2017 a new manager was employed who has applied to be registered with the Care Quality Commission (CQC). Her CQC application is currently being processed. 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. The new manager was present and assisted us during this inspection.

We found people were not always protected from environmental risks to their safety. Premises risk assessments and health and safety audits were carried out but issues identified were not always dealt with promptly and other risks were not identified by the systems in place. While some actions had been taken to make the environment 'dementia friendly', overall the measures taken did not help people to compensate for sensory loss and cognitive impairment and did not contribute to supporting their independence. We have recommended that the provider explores best practice guidelines on the use of name badges for staff working with people living with dementia.

The service was mostly managed well but there was no effective system for the provider to ensure the service was fully compliant with the fundamental standards (Regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). This was especially apparent in relation to concerns or issues regarding the premises.

Medicines were mostly stored and handled correctly and safely. Action needed to be taken to ensure safe medicine storage in heatwave conditions.

Relatives felt people living at the service were protected from abuse. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk.

People received care and support from staff who knew them well. Their diversity needs were identified and incorporated into their care plans. People's right to confidentiality was protected and they received support

that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed regularly or as changes occurred.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received effective health care and support. They saw their GP and other health professionals when needed. Meals were nutritious and varied. We saw people were enjoying their meals on both days of the inspection and saw they were given choices.

People were treated with care and kindness. All interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity and always asked their consent before providing care.

Relatives were aware of how to make a complaint and told us they would speak to the manager or one of the staff. They told us they could approach management and staff with any concerns and felt they would listen and take action.

People benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work. Staff told us the management were open with them and communicated what was happening at the service and with the people living there.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the premises were safe to use for their intended purpose and the premises were not always used in a safe way. The premises and environment were not suitable for the purpose of meeting the needs of people with dementia. The registered person had not established an effective system to enable them to ensure compliance with the fundamental standards. You can see what action we have asked the provider to take in the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Effective systems were not in place to monitor and ensure the premises were safe for people who use the service and others, such as staff and visitors. In addition, the provider did not always take prompt action when risks related to the premises were identified.

There were sufficient numbers of staff and medicines were administered correctly. Action was needed to ensure medicines were stored at the correct temperatures.

Risks to people's safety related to their care and support had been assessed and plans were in place to minimise those risks. Staff had a good understanding of how to keep people safe from abuse and their responsibilities for reporting accidents, incidents or concerns.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Is the service effective?

Requires Improvement

The service was not always effective. The premises were mostly bright and homely. However, the environment was not dementia friendly. There were limited adaptations of the physical environment to help people compensate for sensory loss and cognitive impairment. The environment did not help people maintain their independence.

People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The manager had a good understanding of the Mental Capacity Act 2005 and was aware of the requirements under the Deprivation of Liberty Safeguards. Applications for authorisation had been made where it was identified that people may be deprived of their liberty.

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.

Is the service caring?

Good

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

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged and enabled people to maintain their independence where they could.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs. People's needs were reviewed and changes to the care provided made appropriately.

The manager and staff helped people maintain relationships with those important to them.

Relatives knew how to raise concerns. Complaints were dealt with promptly and resolutions were recorded along with actions taken.

Is the service well-led?

Requires Improvement

The service was not always well led. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. However, the systems were not always effective in identifying non-compliance with the fundamental standards. Risks identified by external sources were not always identified by the provider's quality assurance system. Where non-compliance was identified, actions were not always taken to remedy the issues.

Relatives were happy with the service their family members received and felt the staff were approachable and professional.

Staff were happy working at the service. They felt extremely supported by the management and said the training they received helped them to meet people's needs, choices and preferences.

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.

The inspection took place on 22 and 23 August 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the manager 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 with 15 people who use the service but they were not always able to give us their views. We spoke with five visiting relatives, the manager, two senior care workers, eight care workers, the maintenance person, an administrator, the chef and the laundry person. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing activities and lunch on the four units. As part of the inspection we requested feedback from 10 health and social care professionals and received responses from two.

We looked at four people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, equipment service records, the legionella risk assessment, fire safety checks and the complaints and incidents records.

Requires Improvement

Is the service safe?

Our findings

In August 2016 the local authority raised some concerns relating to the safety of people living at Suffolk Lodge. This was in respect of whether all the needs of some of the people living at the home at that time were being met. Following this, the provider and the service worked closely with the local authority and the local care home support team over a number of months. All people had their needs re-assessed and, where identified, some were found alternative homes that would be better able to meet their increasing nursing needs.

At this inspection we found people were not always protected against environmental risks to their safety and welfare. In order to deal with the concerns raised by the local authority, the provider developed and implemented an ongoing improvement plan. The improvement plan was agreed with the local authority. In January 2017, the 'improvements for the environment' section of their plan, set out in the 'actions to be taken' column, "New fire alarm system". In May 2017 we asked the provider for an update and were told that a consultant had been appointed to carry out a fire risk assessment and provide an initial design estimate for the cost of the replacement fire alarm system. As the provider had not yet implemented the replacement of the fire detection system we contacted the local Fire and Rescue Service to discuss our concerns. A Fire Safety Inspecting Officer visited the service in June 2017 and wrote to the provider in August 2017 stating that they were of the opinion that some people were at risk in case of fire. In their letter there were 12 items of concern noted. At this inspection, we discussed the items with the manager and found that work on five of the 12 items had been completed.

Following our inspection visit the provider sent us an action plan setting out dates the work on six of the remaining seven items of concern would be commenced. The dates ranged from 29 August to 11 September 2017. One item of concern related to there being no fire detection equipment in the loft of the service. This meant there was a possibility that, if a fire started in the loft area, it would be able to spread without being detected. The work on rectifying this item was scheduled to commence on 11 September but a temporary solution was being installed to deal with the immediate concern. The remaining item to be addressed related to some fire doors only having two hinges as opposed to the recommended three, which increased the risk of the door warping in a fire. No date for the work to be carried out had been decided but a review of the doors was planned for the week of 29 August 2017.

Also in the January 2017 improvement plan one action was recorded that a full property condition survey should be carried out. The purpose of the survey was stated as, "To establish essential works to be carried out including redecoration, electrical concerns, and provision for maintenance of the garden." In May 2017 we asked the provider for an update. We were advised that the environmental survey had not been carried out and no date had been set for the survey. It was finally carried out in July 2017. At the time of our inspection none of the recommended work identified in the 'Physical Condition' survey had been actioned and the provider had not drawn up an action plan setting out which of the recommendations would be carried out or when. In an email from the provider dated 25 August 2017 they told us that, "Once the requirements of the RFB Officer [local fire safety inspecting officer] are dealt with, we will look at the 'essential' works as identified in the Condition Survey with a view to completing all of the items raised that

have a health and safety implication."

In the service's legionella risk assessment, carried out in March 2016, we saw an action stating two 'dead leg' pipes in the hair salon needed to be removed. At our inspection we found this work had not been carried out and was not planned. Following the inspection we were told the work had been arranged to be carried out on 7 September 2017.

During the inspection we saw a greenhouse in one of the garden areas that was derelict. Many of the windows were broken or missing. Some of the broken windows were still in place with large shards of glass present that had not been made safe. The manager told us the people living at the service were prevented from going into that area of garden due to the danger, not only from the greenhouse but also from an area overgrown with brambles. However, staff and visitors still had access to the area and there was the potential for someone to be hurt. The manager contacted us after the inspection and advised that the greenhouse had been made safe and that it was being demolished and taken away during the week starting 29 August 2017.

We spoke with the manager about the Public Health England's heatwave plan, with guidance for care home managers and staff. The manager explained she had been sent a poster by the provider's head office setting out actions that needed to be implemented in June 2017. The poster set out guidance on actions to take to keep people safe and well in hot weather. However, the actions indicated had not been followed. The majority of the actions were based on the room temperatures but the service did not have any room thermometers that made following the guidance possible. Part of the guidance stated, "Identify those at highest risk, know your care home response plan, monitor temperatures in all rooms and know where your cool rooms are." The service did not have a response plan and staff were unable to monitor temperatures in all rooms or identify cool rooms without room thermometers. These actions were not taken in the hot weather in June 2017. The back of the poster set out a number of questions as part of a preparedness plan. A number of these questions, if addressed by the provider, would have identified to the provider that action needed to be taken at Suffolk Lodge to protect people in case of a hot weather alert. For example, as well as asking if there were cool rooms identified and if there was a hot weather plan in place, one of the questions was: "Can you store all medicines, according to the instructions on the packaging, even if indoor temperatures rise above that stated on the packaging? If not, what is your organisation's plan for managing this?" The medicine cabinets were in the corridors on each of the units. The cabinets were attached to the wall and it was not possible to move them. There was no system in place for monitoring the temperature that medicines were being stored at. This also meant that during hot weather, or during the winter with heating on, there was a possibility of medicines being stored above the manufacturers' recommended temperatures. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

The above are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the premises were safe to use for their intended purpose and were not always used in a safe way. The provider had failed to ensure the proper and safe management of medicines in relation to ensuring they were stored at the correct temperatures.

However, we saw other items on the provider's improvement plan for the premises had been completed. For example, replacement beds had been purchased and were in place, soap dispensers and hand towel dispensers had been fitted in each room and dishwashers had been fitted in each of the unit kitchen areas.

The provider monitored other risks and we saw up to date equipment servicing certificates, weekly hot water checks and records that portable electrical equipment had been tested for safety. Staff monitored

general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. All baths were fitted with thermostatic mixing valves (TMV) to ensure the water was not able to go over a safe temperature and scald people. The hot water temperatures were checked and recorded weekly by the maintenance person and by staff each time they helped someone to have a bath or shower. An external company was employed to carry out legionella risk reduction checks that were less frequent than weekly. For example, three monthly cleaning, descaling and disinfection of shower heads and six monthly checks of the cold water storage tanks. Emergency plans were in place, for example evacuation plans in case of emergencies. Accidents and incidents were appropriately reported and recorded. Records showed actions had been taken to prevent or reduce a recurrence of incidents where possible.

Kitchen staff carried out daily safety checks in the kitchen such as fridge, freezer and hot food temperatures. We saw these checks were up to date and all temperatures were within expected levels. The service was awarded a Food Hygiene Rating of 5 (Very Good) by Wokingham Borough Council on 16 May 2016.

People were protected from risks relating to their care and welfare. Care plans included risk assessments for all areas of their care and support. For example, risks related to the potential for skin breakdown and inadequate food intake. Where risks were identified, reduction measures had been incorporated into their care plans with clear instructions for staff to follow in order to reduce or remove the risk. Daily records showed staff were following the risk reduction methods set out in the care plans. The manager had been monitoring the number of falls within the service. The majority of falls were without injury but the manager was working with a community occupational therapist to try to identify the reasons for falls for two people specifically. This was with a view to introducing measures to reduce the frequency of the falls and risk of injury.

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. Staff told us they would report concerns to their manager and were confident any safeguarding concerns would be taken seriously by the management. Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management. A community professional thought the service, and risks to individuals, were managed so that people were protected. Relatives felt their family members were kept safe at the home. Comments from relatives included, "Yes, they're definitely all safe here." and "She's safe and secure here, and I know that she is looked after."

People were mostly protected by appropriate recruitment processes. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. However, some staff recruitment issues were identified at the inspection. For example, one applicant had a nine year gap in employment and another had a 10 year gap, neither gaps had been explained in writing or identified by staff carrying out the recruitment. We looked at the information provided by external agencies when providing staff to the service. The information provided by one of the two agencies did not confirm that their recruitment had included all the documents and checks required of Schedule 3 of the regulations. We discussed this with the manager who obtained the missing employment history information and confirmation of Schedule 3 checks carried out by the external agency by the end of the week of our inspection.

People's medicines were administered safely. Only staff who had received training and been assessed as competent were allowed to administer medicines. Medicine administration records were up to date and had been completed by the member of staff administering the medicines. We noted some bottles and medicines not included in the monitored dose trays had not been dated when opened. This was also noted by the visiting pharmacist in their Pharmacist Advice Visit report from their visit on 25 July 2017. In that report it

stated that urgent action was required and staff should put date of opening on all containers other than monitored dose trays. The manager told us staff would be told to date medicine containers when opened from the date of our inspection onwards.

There were sufficient numbers of staff deployed to ensure people's care needs were met. Staffing levels at the time of our inspection were two care workers on each of the four units on the two day shifts, plus one or two senior care workers. At night staffing consisted of three care workers. Staff members said there were usually enough staff on duty at all times to do their job safely and efficiently. Two relatives commented that, up until a few weeks ago they felt there were too many agency staff. They both agreed the situation had now improved. They felt there was reduced agency use and more full time staff. During our observations in the dining rooms at lunchtime there were sufficient staff available to assist people eating their meal, where needed. There were also sufficient staff available at other times. We saw staff were available when people needed them and didn't rush them when providing support. Relatives felt there were enough staff and comments received included, "There are more than enough carers here for mum.", "There are less residents than there were, so you feel they get more attention.", "I think there are enough carers.", "All [the staff] work hard, some are more outgoing." and "The staff make this home, they are all calm."

Requires Improvement

Is the service effective?

Our findings

Part of the concerns identified by the local authority in August 2016 regarding the service, related to the suitability of the environment for people living with dementia. In their improvement plan it stated, "Stirling audit to be completed for Suffolk Lodge." A Stirling audit is an audit of the care home environment based on research carried out by the University of Stirling on dementia friendly environments. The plan stated the audit would be carried out by 31 January 2017. In May 2017 we asked the provider for an update on this work. In an email from the provider we were told, "We have decided not to progress this as Suffolk Lodge has recently, within the last 12 months been re-furbished and decorated throughout, the space and colours ensure the space is as bright and inviting to live and work in as possible."

We saw that the new decoration had improved the environment. Improved lighting in the three ground floor units made the environment brighter. Some areas of the environment helped people with dementia. For example the flooring was matt and not shiny meaning people did not mistake the shiny floor as being wet. The handrails along the corridors contrasted well with the wall colours, making them easy to find and use. However, the environment was not as dementia friendly as it could be, especially taking into account that all people now living at the service were living with dementia. There were limited other adaptations of the physical environment to help people compensate for sensory loss and cognitive impairment, as explained below.

The environment did not help people maintain their independence. For example, lighting levels on the two first floor units, especially in the corridors, were dim. The dim and widely spaced lighting in the corridors on the first floor unit corridors meant there were areas on the floor of light and dark. Best practice guidance explains that older people need higher light levels and people with dementia may interpret shadows or dark areas on the floor as holes and try to step over them. Some bedrooms had lined curtains that helped to block out the light but other bedrooms had curtains that were not lined. This meant that in those bedrooms staff were not able to make the room dark and the environment did not provide the best support for people to develop and maintain normal sleep patterns.

Some toilets had signs on the doors that incorporated words as well as pictures. On some of the units the signs were at the recommended level of approximately four foot high. However, on one unit the signs on toilet doors and people's bedroom doors were at the top of the door, meaning it was unlikely that the people on that unit would find the signage useful or help them to get around independently. There were no other way-finding signs on the units to help people find their way around. In some areas of the units, when people came out of their bedrooms there were no clues at all of how to find the where they were trying to get to.

On only one of the units did we find toilet seats were in contrasting colours to the toilet. Best practice guidance states that ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence. Other colour coding to aid independence was also missing. For example, using colours to highlight light switches by either having coloured switches or making sure white switches show up against the wall colour helps people to find and use light switches in their rooms

independently.

There was little evidence of adaptations to the environment aimed at helping people with orientation. For example, there were no visible calendars on any of the units to help people remember the day and date. On one unit there was a pictorial menu stating that it was Sunday 16 July (it was Tuesday 22 August). Each unit had a notice board and there was a notice board on the ground floor by the lift. All of the notice boards had confusing information on them, none of it up to date. The monthly activity plans were for the previous month, July 2017 and there were posters for an activity planned for the 6th August that had already taken place. Clocks were available in the kitchen areas of each unit but they were normal domestic wall clocks and not large faced clocks that were easily visible in all areas. On one unit we saw a mirror on a corridor wall that could increase disorientation for someone trying to find their way around. The mirror was on a wall at the end of a section of corridor. The mirror faced the person coming down the corridor. The reflection in the mirror could be misinterpreted as a continuation of the corridor the person had just walked down, rather than the solid wall at the end of a section of corridor that it was.

People living in the ground floor units were able to access the outside spaces from the unit they lived on. However, people living on the first floor units could only access the gardens with staff escorting and staying with them. As the units only had two staff on during the day it was not possible for them to have access to outside space whenever they chose.

The above is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the premises were suitable for people living with dementia.

People received care and support from staff who knew them well and were well trained. Community professionals felt the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional said, "From my observations it appears the manager has promoted staff attending training and she has been very happy for my team to be involved with the staff to upskill them. Staff that I have spoken to about residents have been able to give a clear picture of the resident and their needs."

The service used the care certificate framework as their induction tool for staff who were new to care. The care certificate is a set of 15 standards that care workers are expected to follow in their daily working life and should be covered during their induction period. Relatives felt staff had the skills they needed when supporting their family members.

Ongoing staff training was monitored. We saw staff were up to date in training the provider deemed as mandatory. The mandatory training included: fire awareness, first aid, moving and assisting, administration of medicines and safeguarding vulnerable adults. The provider's training department had recently updated the training in line with Skills for Care guidance on ongoing training for care staff. Training had been booked to bring people up to date with the new training topics. Staff were also provided with training specific to the people they supported, such as dementia awareness training. Staff felt they had been provided with training they needed to deliver good quality care and support to the people living at the service.

The provider's policy on staff supervision determined that formal supervision should take place every six to eight weeks. The supervision records showed staff supervision meetings were up to date and the next meeting was booked. Staff said they received supervision and appraisals from their managers and that they felt well-supported.

People's rights to make their own decisions, where possible, were protected. We saw staff asking consent from people before offering any help or support. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. Staff had a good understanding of the MCA and were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified people living at Suffolk Lodge who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. Care plans and daily notes showed that specialist health professionals were consulted as necessary and that any advice given was followed. Staff recorded in the care plans where new issues had been identified, for example by recording on body map pictures the location of bruises or grazes.

People were able to choose their meals, which they chose a day in advance with staff support. We saw people were enjoying the food at the service and could choose something different on the day if they wanted to. Snacks and drinks were also available and people were free to decide what and when they ate. People were weighed monthly and staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. One relative told us, "The food is plentiful and very good, I know they always get a choice." Another relative commented, "Fridays are the most popular with residents; fish and chips!"

Good

Is the service caring?

Our findings

People were treated with care and kindness. People and relatives said staff were caring when they supported them and knew how they liked things done. One person commented, "They make sure no one's going along the wrong path". We saw one written compliment from a relative saying, "Staff are really caring, every single one of them." Relatives were all complimentary about the staff with positive comments received including, "I love them, they're all wonderful." and "Most of the carers are bright and breezy."

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. Relatives felt staff listened to them and their family members and acted on what they said. Community professionals thought the service was successful in developing positive caring relationships with people living at the service.

Staff respected people's privacy and protected their dignity. Visits from health and social care 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 knocking and asking permission from the room owner. Community professionals said the service promoted and respected people's privacy and dignity. One relative told us, "I always know if [name of care worker] is on, the ladies, including mum, are always wearing colour coordinated clothes."

People's equality and diversity rights were upheld. Their diverse needs were explored during the pre-admission assessment and any identified needs were added to their care plan. Religious ceremonies and occasions took place at the service twice a week. Two people said they enjoyed going to the religious meetings on Sunday evenings. Two relatives confirmed this and added, "She gets comfort and looks forward to the service." with another adding, "She looks forward to it." On the first day of our inspection there was a non-denominational service taking place, people from all units were taking part and some joined in with singing. One person told us how they went out to their own church once a week.

Staff were seen to be taking action to improve and maintain people's sense of wellbeing. For example, one person had high levels of anxiety at times, frequently wanting to know where she was and where family members were. Staff had written some comforting information for her and laminated the sheet of paper. Staff made sure the person had the information in front of her which told her basic family details and said "not to worry". We saw the person refer to this sheet independently, picking it up and reading it from time to time. On the day of our inspection the paper told the person her relative was away but also clearly stated when she would return. When the person became anxious staff referred her to the sheet and we saw her level of anxiety reduced and the person was comforted.

We noted that staff were not wearing name badges. Research has shown that easily readable name badges

help people with dementia by supporting memory loss.
We recommend the provider explores best practice guidelines on the use of name badges for staff working with people living with dementia.

During our inspection a new person moved into the home. On entering, the person saw the piano in the communal area near the front door. The person sat at the piano and started to play. For most of the rest of the day the person spent their time playing the piano. Members of staff sat quietly with him, joining in and singing along with the person to songs when they knew the words. The person was calm and comfortable and staff were sensitive and aware of the importance of letting the person take their time and find their own way of settling in on their first day. During the afternoon the care staff had arranged a singing activity and we saw the person joined other people in taking part in that activity, clearly enjoying the activity.

Another boon to people's wellbeing was the manager's dog, Ruby. She usually stayed with the manager around the office area but would occasionally walk through the home with the manager or another member of staff. We saw Ruby made a positive impact on people when she did meet them. Many people lit up when they saw her, calling her over and sometimes remembering her name. Ruby was never 'pushy' and seemed to know who to approach and who not to. It was also obvious she knew who would give her pieces of biscuit, although this was discouraged by the manager. On one unit we saw one person had been snoozing in a chair, occasionally waking and looking around without interest. When Ruby entered the unit the person woke up and rose from the chair walking after the dog and calling her. Eventually he sat and she went over to him, sitting down next to him to be petted. The person was animated and sat talking with and stroking the dog for some time.

People were supported to be as independent as possible and we saw they were encouraged to do as much as they could for themselves. 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 required. For example, staff cut up their food and made sure the correct cutlery was available and positioned within reach so the person could eat independently. We saw care staff speaking with people while 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 kind, respectful and friendly. Relatives told us, "I'm really, really happy with all the staff." and "I can tell mum's carers are caring and nice, they're very lovely and patient."

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs.
Community professionals felt the service provided personalised care that was responsive to people's needs.

Each person had a care plan that was based on a full assessment carried out prior to them moving to the service. People's likes, dislikes and how they liked things done were explored and used to develop their care plan. The care plans were individualised to each person and staff were skilled in delivering person centred care. The daily notes recorded by staff showed that they were following the care plans and providing the care required. People's needs were monitored and care plans were reviewed and updated as changes occurred. 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 via their GP.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed to the service and were offered hot drinks during their visit. "It's an excellent place, it's a breath of fresh air." said one relative. Another added, "I'm completely happy with everything here."

The activities coordinator had recently left the service and two new activity coordinators had been employed and were due to start work at the end of September 2017. In the meantime, staff were filling in with activities and trying to continue the previous activity schedule where possible. On the second day of our inspection there was a singing activity taking place. One of the care staff was singing and included some opera, classical and more modern songs. Eleven of the people living at the service attended. Many of them joined in, some independently and some with encouragement from the care staff. People sang along, clapping in time with the music and one or two got up to dance.

Relatives were aware of how to raise concerns and told us they would speak to one of the staff or manager. Relatives said that, if they had raised a concern, they were happy with the way it was handled. One relative told us they were very happy with all the care and facilities at Suffolk Lodge. They told us how they had informally raised concerns earlier this year regarding hygiene in one of the units. They said, "[The manager] responded well and changed the system. Hygiene is now kept control of." Another relative said, "I would call at the front office if I needed anything or to say anything." Staff were clear on the actions they should take if anyone raised concerns with them.

Relatives spoke about how they felt they had found the right place for their family members to live. One person told us, "I am happy that they are doing the right things." Some of the relatives had previously cared at home for their family members for varying lengths of time and all expressed their relief that they felt the care was so good at Suffolk Lodge. They expressed their pleasure that their family members were settled at the service and that their own lives had also been improved. One relative told us how their family member had told them, "I feel taller." Another commented, "Friends are saying that I look two or three years younger since [Name] came here."

Requires Improvement

Is the service well-led?

Our findings

We found the overall management of the service required improvement. The provider had not established an effective system to check and ensure they were meeting their legal obligations and the regulations. For example, there was no effective system to ensure the premises were safe and well maintained. In addition, there was no system for the provider to check and ensure identified risks had been dealt with promptly. Effective action had not been taken to deal with some risks identified during risk assessments. For example, dead leg pipes that had been identified as a risk in the legionella risk assessment in March 2016 had not been removed by the time of our inspection, 16 months later. An urgent action identified in an audit report from a visiting pharmacist had not been actioned a month after their visit. The provider had not pursued an action, identified as necessary in their own improvement plan, to ensure the service was dementia friendly. Another action identified on their improvement plan, to carry out a full premises condition audit, had not been carried out until we asked for an update.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did have a number of quality assurance checks in place for other areas of their service provision. The checks included a management audit covering different areas of the management and running of the service. Those audits were carried out by the manager or someone from the quality team at the provider's head office. The audits included checks on the cleanliness of the home, decoration and maintenance needs and a check on the documentation. The audits seen were up to date and included some notes of actions taken or needing to be taken for those areas.
Since our last inspection a number of concerns were raised by the local authority service commissioners in regards to the service provided at Suffolk Lodge. The provider and staff worked closely with the local authority safeguarding and commissioning teams as well as the local care home support service to improve the service. A number of significant changes were made at the service and there were some months of upheaval for the people living at the service and the staff. Staff worked hard, successfully, to adapt to the changes while at the same time providing consistent care and support to people living at the home. Comments made by staff regarding this period included, "It's getting a lot better now." and "I feel that Suffolk Lodge is improved vastly. That is a lot to do with [new manager]. I feel more supported now than I ever have before. I'm proud to be part of Suffolk Lodge."

People benefitted from a staff team that were happy in their work and from the open and friendly culture at Suffolk Lodge. Staff said they got on well together and that management worked with them as a team. They felt supported by the management and their colleagues in their role and felt they received the training and support they needed to do a good job. They felt encouraged to make suggestions and said the management took their suggestions seriously. Staff were pleased with the changes made at the service in the past 12 months. Comments from staff included, "Everyone stands together. I keep learning here.", "It is friendly, like a family. The care provided is very good.", "I love the work. I enjoy what I do, it is like a home from home."

and "You get really close to residents, they become friends." A new member of staff told us, Everyone has made me feel very welcome. I feel relaxed here." Another new member of staff said, "As soon as I walked in here I felt so comfortable. Such a friendly atmosphere."

Community professionals told us the service demonstrated good management and leadership. Comments made by professionals included, ""[The manager] has taken on board and actioned suggested changes following falls audits that have been completed by my team. My observations are that [the manager] has an open door policy for her staff and is happy to be available to assist them with anything."

One visitor told us, "I like the cosy atmosphere here." Comments received from relatives included, "I don't think I could find a better place, no problems at all", "Mum is comfortable here I'd say." and "I feel comfortable talking to [the manager], she always comes up with a solution." We saw a compliment in the compliments log that a relative had asked to be passed to the staff in July 2017, "To [manager] and all the team at Suffolk Lodge. Thank you so much for all your help and support."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not ensured that the premises were safe to use for their intended purpose and were not always used in a safe way. The registered person had failed to ensure the proper and safe management of medicines in relation to ensuring they were stored at the correct temperature. Regulation 12(1)(2) (d) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment How the regulation was not being met: The premises and environment used by the service provider were not suitable for the purpose of meeting the needs of people living with dementia. Regulation 15 (1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The registered person did not always take mitigating action where audits, monitoring and assessment systems identified risks relating to the health, safety and welfare of service users and others.
Regulation 17(1)(2) (a) to (f).