

# 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

Squirrel Lodge is a residential care home registered to provide care to 24 older people, some of whom may be living with dementia.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

People told us they felt safe living in the service. Risks to people were appropriately planned for and managed. Shortfalls in staff practice around medicines administration had been identified by the managers and a new process was being implemented to address these shortfalls.

People told us there were enough competent staff to provide them with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). 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 told us and we observed that they were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The managers worked hard to create an open, transparent and inclusive atmosphere within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Squirrel 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 checked 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 comprehensive inspection was carried out by one inspector on 19 January 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service. An up to date PIR had not been requested prior to our visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with five people using the service, a relative, three care staff and the two registered managers.

We reviewed five care records, four staff personnel files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person said, "There's no safer place on earth." Another person told us, "I do feel safe here." A relative commented, "I'm very happy with the security here and haven't got any issues with [relatives] safety." People were supported by staff who demonstrated to us they understood how to keep people in their care safe. This included how to recognise and report abuse.

Records demonstrated that risks to people were identified and comprehensive control measures were put in place to reduce these risks. Staff continued to be proactive in reducing the risks to people. For example, we observed staff moving obstacles or trip hazards so people could mobilise safely.

People told us and we observed that there were enough staff to meet their needs. One person said, "They're really quick when you buzz." Another commented, "I'm certainly happy with [staffing level], I don't get the feeling they're too thin on the ground." The staffing level was under continuous review by the management to ensure there were enough staff to meet people's changing needs.

The managers had independently identified that there were shortfalls in the practice of staff administering medicines. The managers had been proactive in seeking the support of healthcare professionals from the Clinical Commissioning Group (CCG) to help them address the shortfalls. A new system was in the process of being implemented at the time of our visit and we were confident that appropriate action was being taken to ensure people were not placed at risk.

## Is the service effective?

### Our findings

People told us and we observed that they were supported by appropriately skilled and knowledgeable staff. One person said, "Oh yes they know what they are doing. Always going off on one [training] course or another." Another person commented, "Very good, [they] know what to do." A relative told us, "The staff seem really good. They're excellent with [relative] and seem to know how to get the best out of [person]."

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal, and that these sessions were focused on encouraging and supporting good practice. Staff were offered the opportunity to request training, discuss career progression and set objectives and goals for the coming year.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. Where people were unable to verbally communicate, we observed staff using other methods to enable them to make decisions. For example, we observed staff showing a person two different drinks so they could choose their preferred option.

People told us the food at Squirrel Lodge was good quality. A relative said, "We [relative and person using service] were out once and I asked if [they] wanted to go for lunch. [They] said 'well we may as well go back to [Squirrel Lodge] because you'll never get any better than that.'" A person using the service commented, "The food is beautiful. Top class." The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Observations supported that people were given the practical support they needed to eat. For example, staff offered to cut up people's food for them. We observed that people had equipment which enabled them to eat independently, such as adapted cutlery and crockery.

Staff and the managers continued to have a good working relationship with external health professionals such as GP's and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

## Is the service caring?

### Our findings

People told us and we observed that staff were kind and caring towards them. One person said about the staff, "I feel genuine care and concern from them." Another person commented, "[Staff] always make time for me even when they're rushed. I feel cared for and they give me the companionship I want."

We observed that staff continued to engage with people in a thoughtful and considerate way. For example, comforting people with reassuring touch or sitting with people and engaging them in conversation. Staff showed interest in the people they supported and we observed that people were comforted by their presence.

People told us that they continued to be involved in making decisions about their care. One said, "We discuss everything at reviews." Care records supported what people told us. Where people were unable to participate in the planning of their care, relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People told us that their privacy was respected by staff. One person said, "I'm very private and like to stay in my room. They [staff] check on me but mostly leave me to it which I like."

People were encouraged by staff to remain as independent as possible, which upheld their dignity and respect. Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as cutting up their food but then encouraging them to eat it independently. This reduced the risk of people being over supported and losing the skills they still have.



## Is the service responsive?

### Our findings

People told us that staff knew them well. One person said, "They know me very well, on a personal level." Another person told us, "They take an interest in the things I get up to, I think they do know me well, yes." This was supported by our observations and speaking with staff about people's needs.

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity they enjoyed. It also enabled staff to better understand and meet the needs of people living with dementia who may not always be able to recall these details independently.

People continued to be supported to engage in meaningful activity to avoid the risk of under stimulation. During our visit we observed staff sitting with one person reading the paper to them, another staff member painting someone's nails and another staff member going through a reminiscence book with someone. People appeared to take enjoyment from these activities.

People told us they felt able to feedback their views on the service and were encouraged to do so. One person said, "We fill out questionnaires once a year and rate [the service] and then there's meetings you can go to." People said their comments were taken on board and they felt listened to. One said, "[Managers] do care about us, I know they do. They always listen to me and I know if I wasn't happy they would do everything they could to help." People also told us they knew how to complain, and would feel comfortable doing so. One person commented, "I know they [staff and management] would listen."

## Is the service well-led?

### Our findings

There were two registered managers working at the service. 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.

The registered managers continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, staff and external health professionals. This information was used to directly shape the future of the service. For example, feedback from a professional from the Clinical Commissioning Group (CCG) had led to the service deciding to implement a new medicines administration system. In addition, feedback from people using the service had been used to choose décor for a newly decorated dining room. Staff told us they felt able to share concerns with the managers and felt that their views were sought before changes were made in the service.

The service continued to maintain strong links with the community and other care services in the local area. They regularly hosted a dignity forum, chaired by a staff member from Suffolk County Council. This meeting was attended by staff from other care services in the area. The managers told us they felt this was a positive opportunity to discuss best practice. The managers attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.

The registered managers carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. These systems had been improved upon since our previous inspection and continued to be embedded and sustained.

The managers had drafted an action plan detailing the actions they intended to take over the next six months to improve the service. This demonstrated to us that the managers were committed to continual improvement.