Kitnocks Specialist Care Limited

South Africa Lodge

Inspection report

43 Stakes Hill Road
Waterlooville
Hampshire
PO7 7LA

Tel: 02392255556
Website: www.southafricalodge.net

Date of inspection visit:
21 November 2019

Date of publication:
24 December 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service

South Africa Lodge is a residential care home that was providing nursing and personal care for up to 94 older people, some who may also be living with dementia. There were 89 people living in the home at the time of our inspection. The home was laid out over two floors and consists of six lodges. People are placed in the lodges according to need, presentation and specific requirements. The service provides a specialist service for people with neurological degenerative conditions.

Although the service was not a Learning Disabilities service, it did support a small number of people who had learning disabilities. Therefore, Registering the Right Support (RRS) applies to this service. The service was registered before Registering the Right Support was developed. Therefore, the service has not been developed and designed in line with the principles and values that underpin Registering the Right Support (RRS). Although the size and structure of the service was not in line with the principles of Registering the Right Support, staff delivered care in a person-centred way that offered people choice and control. The outcomes for people reflected and were underpinned by the principles and values of Registering the Right Support.

People's experience of using this service and what we found:
People and their relatives were very positive about the service and the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines regularly.

People's dignity, confidentiality and privacy were respected, and their independence was promoted. People's rights to make their own decisions were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
The service continued to be effective. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. The premises were clean, and staff followed infection control and prevention procedures.

People were encouraged to maintain a good diet and access health services when required. People had access to a wide range of activities and were supported to avoid social isolation.

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

Rating at last inspection:
The last rating for this service was Good (published 21 June 2017).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

South Africa Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector. one assistant inspector and two Experts 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.

The service did not have a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the manager had submitted an application to CQC to become the registered manager.
South Africa Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:
This inspection was unannounced.

What we did before the inspection:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection we observed how staff interacted with people. We spoke with 10 people and seven relatives to gather their views. We looked at records, which included 10 people's care and medicines records. We checked recruitment records for seven staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the manager, two clinical leads and six staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely
• Prescribed drink thickening agents were not always stored safely and in line with national guidance. This is a known risk of avoidable harm, particularly for people living with dementia. However, we noted that this practice did not impact on the overall safety of the service because the part of the service where thickeners were not stored safely, did not have people who mobilised independently. We raised this with the provider and they took action to ensure thickeners were stored in line with national guidance regardless.
• Processes were in place for the timely ordering and supply of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed. This was confirmed by the people we spoke with.
•Staff completed training to administer medicines and their competency was checked regularly.

Systems and processes to safeguard people from the risk of abuse
• People told us they were safe. One person said, "Nothing to worry about its peaceful, it's very quiet".
• People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member told us "I can raise concerns with my manager, safeguarding, CQC or the police".
• The provider had safeguarding policies in place and the manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:
• Risks were managed safely. Risks to people's well-being were assessed and recorded. Staff were aware of these. The risk assessments covered areas such as falls, seizures and behaviours that may be seen as challenging.
• Where appropriate comprehensive risk assessments such as positive behaviour management plans were in place. People received the support they needed from staff who were particularly skilled when exploring and trying to resolve any conflicts and tensions for people who displayed behaviours which may challenge.
• Where people had pressure relieving equipment in place this was checked regularly. We saw the equipment was set and functioning correctly.
• The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Learning lessons when things go wrong:
• The manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
•Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.

Staffing and recruitment
• We observed, and staffing rotas showed that planned staffing levels were being achieved. One person told us "Plenty of staff, you are never left on your own".

• Peoples individual needs were assessed; the assessment was then used to calculate the staffing levels. We saw one example of how a person assessed needs had change and the service had responded by increasing the staffing levels to ensure this person's care needs were met.
• During the day we observed staff having time to chat with people. Throughout the inspection staff responded promptly to people who needed support.
• People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection
•The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
• The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
• People's bedrooms and communal areas were clean.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People's rights to make their own decisions were respected. One person said, "They always ask what I want, and I will decide and choose".
• People were supported by staff that understood the principles of The Mental Capacity Act 2005. One staff member said, "We should always act in a person's best interest".
• Where people were being deprived of their liberty, applications had been submitted to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they came to live at South Africa Lodge, in line with current evidence-based guidance and standards to achieve effective outcomes.
• People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
• People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience:
• Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
• All staff completed an induction programme when they started work. Staff told us that they had the necessary training to support people effectively. One staff member told us, "The training is good, we get face to face and eLearning. They support us with NVQ's".
• Staff told us that they felt well supported. They received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements.

Supporting people to eat and drink enough to maintain a balanced diet

• People were supported to eat a varied and nutritious diet. We saw that people were given a choice at lunchtime. When someone said they didn't want the offered options, they were asked what they would like, and it was provided.
• People told us they enjoyed the meals and we observed snacks were offered between meals. One person said, "Oh it is lovely".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•Staff had good relationships with other professionals who had contact with the service. The registered manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.
• People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
• Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed.

Adapting service, design, decoration to meet people's needs
•The premises and environment were designed and adapted to meet people's needs.
•The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.
• We observed parts of the home had reminiscence areas, which were set up with items from past years. This followed good practice guidance for helping people to be stimulated.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
Ensuring people are well treated and supported; respecting equality and diversity
• People were positive about the care they received and told us staff were caring. One person said, "Yeah they are very good, very helpful when you need them". One relative told us, "Everyone knows my husband and treats him with dignity and they are professional".
• We observed staff talking to people in a polite and respectful manner. People's body language demonstrated that they were very happy in the presence of staff and other residents.
• The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, we saw that a person was becoming restless, a member of staff noticed this and asked them if they would like to go for a walk.

Respecting and promoting people's privacy, dignity and independence
• People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
• Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
• People were encouraged to be as independent as possible.

Supporting people to express their views and be involved in making decisions about their care
•People told us they were able to choose how and where they spent their day.
• People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
• Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's initial assessments captured people's communication and sensory difficulties.
• Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Planning personalised care to meet people's needs, preferences, interests and gave them choice and control
•People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
•People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
• People and relatives praised the responsiveness of the team. We saw one example of where a person's ongoing condition changed. The clinical leads within the service made an immediate referral to a specialist healthcare professional to ensure the person received the support they needed. We spoke with this professional and they told us "They are brilliant, they always implement what we discuss".
• People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. The provider had strategy in place to revaluate and assess the types of activities that were being offered to people. As part of this strategy the provider had introduced 'me at three', this is where non-members of the care team stopped their daily routines and spent time visiting people who did not have regular contact with family or friends.

Improving care quality in response to complaints or concerns
•The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.
• People told us they knew how to make a complaint. Relatives told us any concerns were dealt with immediately. One relative said, "'I know who to take it to and it will get resolved to my satisfaction, well there's always give and take in any situation. I write more complement notes than complaints".

End of life care and support:
• Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
• At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people had a dignified and a pain free death.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• From our observations and speaking with staff, the manager and provider it was clear there was a positive culture at South Africa Lodge. Staff worked with the values of person-centred care.
•The manager, provider and all the staff we spoke with put people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.
• The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The quality, safety and effectiveness of the service provided was monitored through regular audits. Findings from audits were analysed and actions were taken to drive continuous improvement. We saw examples of where findings from audits were explored further to ensure their effectiveness in identify risk and potential improvements to service delivery.
•The manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Staff were also clear about their responsibilities and the leadership structure.
•Staff were extremely positive about the skills and leadership of the provider. A member of staff said, "[Clinical lead] is brilliant".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Annual surveys were given to people and their relatives to gain their feedback. The feedback seen was positive. We saw one example of where staff had requested the introduction of a new senior position within the service. As a result the provider created the role and following a recruitment drive, a member of staff progressed into this new role.
• From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.
• Staff told us they felt listened to, valued and able to contribute to the improvement of care. During the inspection we observed effective team working. The atmosphere was very pleasant.

Continuous learning and improving care; Working in partnership with others

•We found an open and transparent culture, where constructive criticism was encouraged. The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

•The management team had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.

• The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.