

# Avery of Leicester (Operations) Limited

## South Lodge Care Home

### Inspection report

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Date of inspection visit:  
16 August 2022

Date of publication:  
01 September 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

South Lodge Care Home is a residential care home providing personal care to up to 106 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 75 people using the service.

People's experience of using this service and what we found

People and their relatives felt the service was safe, and people were cared for by staff who understood safeguarding procedures. There were enough staff working within the service to keep people safe.

Risks present within people's lives had been assessed and reviewed. Staff working with people understood how to manage risk. Medicines were administered by trained staff, in a safe manner.

Environmental risk was assessed, and the premises were clean and well maintained. Staff followed infection prevention control measures to ensure the risk of infection was managed. Lessons were learned through analysis of any incidents or accidents.

There was a registered manager in place and a management team who supported their staff. Staff and people all felt the service was well run.

Audits and checks were in place to ensure prompt action was taken when any problems were found. Staff and people were able to feedback and have their voices heard.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 18 May 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment, where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# South Lodge Care Home

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

South Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. South Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who were living at the service, and two relatives of people living at the service. We also spoke with six care staff, the chef, the deputy manager and the regional manager.

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# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living within the service. One relative of a person said, ""I feel safe because the staff are doing everything for us and I don't have to worry about me or my husband. There are always staff around and that makes us both feel safe."
  - Staff were trained in safeguarding and understood how to report any issues. One staff member said, "I haven't had to whistle blow but I feel I could if I had to and feel I would be supported by the manager."
- Records showed that any safeguarding concerns were reported and investigated appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify risks within people's lives. This included risks around skin care, eating and drinking, and mobility. Risk assessments were updated regularly, and staff had a good knowledge of risk.
- Environmental risks were assessed. Regular checks were carried out on the safety of the environment and any equipment in use. This ensured people were kept safe within their environment.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. If needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were safe staffing levels within the service. One person told us, "There are lots of staff who answer the call bells quickly." Our observations during inspection were that there were safe staffing levels within the service, however, in one dining area there was not always enough staff to support people promptly with their needs to eat and drink, which meant there was risk their food would be cold.. The management team said they would be addressing the staffing during this dining period immediately, to ensure people got the

support they required promptly.

- Staff were recruited using safe recruitment procedures. This included ensuring staff had ID checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medicine administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was following government guidance for visiting procedures within the service.

#### Learning lessons when things go wrong

- Lessons were learned. Staff told us information was shared with them openly by management to ensure that lessons were learnt when any mistakes were made. There were systems in place to ensure any accidents or incidents were recorded in detail, reviewed by management, and actions put in place to reduce risk.



# 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 our last inspection we rated this key question Require Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service. People, relatives and staff all thought the service was well run and that communication from management was good. One relative of a person told us, "The registered manager is very approachable, good at solving problems, and we see them every day. Leads by example."
- Good outcomes were achieved for people. Staff knew the people they were supporting well and understood how to support people in line with their preferences and wishes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood information sharing requirements. We saw information was correctly shared with other agencies and family members when required. For example, when the service had identified concerns, and the management team sent us notifications about events which they were required to do so by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and felt well supported. One staff member told us, "The registered manager is lovely. Very personable and friendly. I'm well supported in my role, this is the best home I've worked in."
- Systems, audits and checks were in place to ensure that any actions were taken promptly. We saw there was a comprehensive audit system where managers would check on quality within the service and feed the information back to regional managers. Actions were taken promptly to address any issues that were found. Staff told us they felt managers acted quickly to resolve any problems that arose.

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

- People and staff were involved and engaged in the service. People could feedback formally or informally to management. One relative of a person said, "They (managers) are always available to answer my questions and they check on us to make sure we are happy."
- Staff also felt able to feedback, directly to managers or within team meetings. One staff member said, "We can talk about anything really. Bring new ideas. I do think the management listen to us and take on board what we say." Another staff member said, "Things do change if someone has a good idea the manager does listen and they do make the change."

#### Working in partnership with others

- The service worked in partnership with other health and social care professionals such as GP's and speech and language therapists to support people to access healthcare when required.
- The management team were open and honest during our inspection, and were receptive to feedback we gave.