

# The Trustees of Susan Day Old People's Home South 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

About the service: South Lodge is a residential care home. It is known locally as Susan Day, after the person who gave the premises to the local people. It is overseen by volunteer trustees. The service provides accommodation and care to a maximum of 33 people. At the time of the inspection there were 32 people living at the service.

People's experience of using this service: People had a good experience when living at South Lodge. They were encouraged to engage in how the service was run and to express their views freely, such as in relation to food and menu choices.

People received the care and support they needed, although staff were considered to be rushed at certain times.

Staff were skilled, experienced, knowledgeable and supported in their work.

People's safety was fully promoted. All aspects of the service were under regular review.

People's health and care needs were met and their care planned in detail with them.

There was effective leadership and a strong culture of promoting dignity and respect.

Activities were provided which people enjoyed and engaged with if they wished. Relationships were supported through visits and social media.

The service was very clean and fresh and the premises well maintained.

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

Rating at last inspection: Good (30 August 2016)

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

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

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# South 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

South Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.'

#### Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with seven people living at the service and one relative. We spoke with nine members of staff, including the registered manager, and chair of the trustees. After the inspection we viewed the service's social media pages, which included information about people's experience of living at South Lodge and their friends and family's comments. We reviewed four people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. We received feedback from three visiting health care professionals.

# Is the service safe?

## Our findings

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

Outcomes for people were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- All staff received training in safeguarding vulnerable adults from abuse.
- Staff were aware of policies and procedures in relation to safeguarding people and referred to them.
- Staff knew how to raise concerns, if necessary to the local authority or police.
- The registered manager was aware and carried out her responsibilities in relation to safeguarding people using the service. They talked about "defending each person's rights."

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed and managed without undue restriction on how they lived their lives.
- There were maintenance personnel at the service throughout the inspection undertaking upgrading and safety improvements. A premises manager ensured work was completed and all servicing and maintenance, to ensure the premises was safe, was up to date.
- Accidents were closely monitored and any concerns were followed up to protect people.
- There were plans in place should there be an emergency, each person having an evacuation plan, for example.

Staffing and recruitment

- The arrangements for staff recruitment ensured only staff suitable to work with vulnerable adults were employed.
- The procedure for recruitment was under review so the robustness of the arrangements would be further increased.
- Staff said staffing numbers had been increased in the last 12 months and this had helped them to provide more timely care.
- People and staff felt the staffing numbers kept people safe but comments included staff sometimes appearing rushed or taking longer than expected to provide assistance.
- Staffing numbers were under regular review. This had included a 7am visit by a trustee to see first-hand the workload for staff. Those findings were being fed back to the other trustees as part of the staffing review.

Using medicines safely

- People were supported to manage their own medicines if they could. There were arrangements in place to ensure this was done safely.
- Medicines were handled safely and in line with good practice guidance.
- Staff ensured that people's medicines were under regular review.

### Preventing and controlling infection

- People were complimentary about the cleanliness of the service. Comments included, "It's always clean, fresh and spotless."
- The registered manager had fully reviewed infection control at the service and introduced robust safety systems, such as colour coded mops.
- All staff received infection control training and had protective clothing available for use as necessary.
- Suitable laundry equipment and staff practice helped manage the risk of cross infection.

### Learning lessons when things go wrong

- All aspects of safety were under regular review and any identified risk quickly made safe. This included improving the format for recruitment application, and refining how accidents (such as falls) were monitored.
- The registered manager said, "We were not good at pressure area care. It highlighted a big gap in staff skills set and so we did a mass training for staff." There were no pressure area concerns when we visited and health care professionals said they had no concerns about this.

# 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

Outcomes for people 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. Staff had a good understanding of people's right to consent to care and treatment, only if this was their choice. Where people lacked capacity to make informed choice, an assessment of the person's understanding was made. Decisions were made in their best interest where necessary.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the principles of the MCA and DoLS were followed and the Act complied with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed prior to their admission. Their assessment was under review to ensure people had every opportunity to ensure that what mattered to them was understood. One person said, "Staff are exceptionally knowledgeable and they look after you personally."

Staff support: induction, training, skills and experience

- Staff said their training was good. Their comments included, "It's much improved and includes everything we need to know."
- Staff were strongly encouraged to take national care qualifications. Two staff had achieved a level 5 diploma, eight level 3 and five level 2. This showed the value of training was understood and promoted.
- Staff received a structured induction to their work and were supported when new by experienced staff.
- A programme of supervision and appraisal was used to support staff and provide quality communication. One staff member said, "We can offload any problem and it is followed through."

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

- The opinion of food varied. Comments included, "It's first class and I've put on weight" and "I think the vegetables are overcooked but the fish is very good and the breakfast is very, very good."



- People had a variety of menu choices and food was regularly discussed with them so that everyone's opinion was taken into account. We saw that food was a subject to be reviewed as part of the next trustees monitoring visit.
- People had fresh fruit and a variety of fresh drinks always available to them. This included enjoying a sherry with the afternoon's activities.
- Special dietary needs were met and staff understood how to ensure people received their food and fluids in a safe way.

Staff working with other agencies to provide consistent, effective, timely care

- Health care professionals said they were contacted appropriately and staff followed their advice. They said staff knew people well.

Adapting service, design, decoration to meet people's needs

- All necessary equipment to help people remain independent, and promote safety was provided.
- The registered manager was careful to ensure people's needs could be met because there was limited space for equipment and some rooms were too small should equipment be needed.
- People said they had what they needed and were very happy with their room.
- A variety of shared spaces provided for social and quiet times.
- People had access to pleasant outside space, including a summer house.

Supporting people to live healthier lives, access healthcare services and support

- One health care professional described the standard of care as "Excellent".
- People received routine health checks, such as dental and eye checks.
- Staff responded quickly if people were unwell or they had concerns.
- Guidance for staff was available in people's care plans about specific health conditions.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care. One said, "The staff are so understanding. They never lose their equilibrium and there are lots of cuddles."

Respecting and promoting people's privacy, dignity and independence

- Dignity was the most promoted aspect of care and support, demonstrated through appointing residents as 'Dignity Champions'. Their role was to liaise with people using the service, ask about good practice, seek out any practice which could be improved and ensure information was fed back to the registered manager. The Dignity Champions had regular meetings to discuss the role and to share information. One of the champions said, "If we see something not quite right we do something about it."
- Dignity Champion's meetings included a regular topic. Those were to include: memory loss, falls prevention, skin care, loneliness, community connections, living in a care home, 'having a voice', and mobility.
- Staff had supported people to regain independent skills. This included regular exercise sessions. One person said, "I can see that I am maintaining my fitness and I enjoy the sessions."
- Staff were knowledgeable about maintaining confidentiality of information.
- Visitors were welcomed at the service and people were supported to maintain relationships that were important to them. This included visits by great grandchildren, enjoyed by residents and staff.
- Where one person was very unwell, a kettle was provided in their room for their visiting family to use.
- Staff said, "There's a nice bond between staff and residents."
- People could come and go as they wished, with staff support where required. We saw one person strolling by the sea with a staff member.
- People attended certificated training sessions with staff. This increased people's understanding of the care they received, and promoted their dignity.

Supporting people to express their views and be involved in making decisions about their care

- One person said, "We can make suggestions at the monthly resident meetings."
- Listening to the views people expressed was an important part of the ethos of the service and helped the registered manager to plan in accordance with people's preferences.
- Regular resident meetings were held which helped keep people informed about what was happening.
- Each person received minutes from the meeting whether they were able to attend or not.

Ensuring people are well treated and supported; equality and diversity

- One person said, "I see staff being very kind with people who are disabled; unrushed and affectionate. Another said, "The staff are exceptionally caring."
- Staff had identified where a person needed professional support following a bereavement and had

supported the person to receive this.

- The registered manager understood the importance of removing barriers to equality and diversity of care and worked toward continual improvement in this.
- The trustees understood that diversity would promote higher standards of individual care and to that end were advertising for a more diverse intake of volunteer trustees.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Each person had their needs assessed prior to being offered a place at the service.
- Only people whose needs could be met were admitted.
- People were fully involved in planning their care and the regular care reviews.
- Each person had a care plan, which informed staff about people's needs, preferences and things of importance.
- Meaningful activities were a major part of daily life at South Lodge. These included exercises for the body and mind, creativity and entertainment. All activities were advertised and people were kept fully informed.
- Frequent 'Coffee Club' provided people with a social event.
- Visits from local schools supported intergenerational knowledge and fun.
- There were visits from animals, such as donkeys, and a much-loved cat lived at South Lodge.
- Staff were attentive to people's needs and wishes, offering prompt support. One family commented, "Anything I ask for (the family member) I get it. (The family member) looks comfortable, and communication here is good."
- A daily visit to each person, should they choose to stay in the room, was to reduce the possibility of isolation. An activities worker said, "It's about team work" and described how they made a point of asking people using the service for advice. In one case, this was when they played scrabble together.

Improving care quality in response to complaints or concerns

- People were fully informed about how to complain if they had any concerns about their care or the service. This was discussed at residents' meetings.
- The 'having a voice' choice of topic for a Dignity Champion's meeting was one method used to encourage people to speak up regarding anything of importance to them.
- The one complaint received by the service was fully investigated and well managed.
- The Care Quality Commission has received no concerns about the service.

End of life care and support

- The service provided end of life support, which had been planned with people where possible.
- A health care professional said of the end of life care, "People are really well looked after. People's families are always complimentary."

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One staff member said, "The management are all lovely, and fair. Poor practice is addressed, but in a nice way. The (registered manager) really knows what she is doing."
- A person using the service said, "If I had a complaint the manager would respond positively."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of how the service is provided.
- Since the registered manager was appointed in November 2016 they had reviewed all aspects of the service.
- Since October 2016, when the registered manager joined the service, they had implemented, for example: more self-medication amongst residents, increased staffing levels, upgraded the staffing structure, improved infection control measures, upgraded bedrooms, increased people's opportunity to get involved in how the service is run, introduced regular staff supervision and yearly appraisal and regular audits.
- All aspects of the service were audited and monitored.
- Trustees, (the provider) was committed to continual improvement. They worked in partnership with the registered manager, sharing the same ethos of promoting person centred, high quality care.
- The provider had displayed their assessment rating at the service. During the inspection they also displaying this on their website, not having previously done so. They said the website was rarely used and updated but accepted this was a requirement and quickly dealt with the mistake.
- Notifications were submitted as required.

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

- Staff spoke positively about the changes and management. Comments included, "You have to introduce change even if it is not most popular at the time. You have to be strong. It is having the balance."
- The registered manager was very open to all feedback about the service and many improvements were designed to increase people's confidence to speak up and influence how the service was run.

Continuous learning and improving care

- Continuous learning and improving care was pivotal to how the service was run. Examples included increasing staffing numbers, improving infection control and introducing the Dignity Champion roles.

#### Working in partnership with others

- The service had developed links with local organisations. For example, religious establishments, local schools and with families, through social media. This helped people stay engaged with meaningful activities and maintain contacts with the people they cared for.