

South Africa Lodge Limited

South Africa Lodge

Inspection report

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27 September 2022

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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 Africa Lodge is a residential care home providing personal and nursing care for people with complex needs, specialising in supporting people with a neurological condition. The service can support up to 99 people who live in one of six individual units or 'lodges.' There were 99 people at the home when we inspected.

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

People and relatives were happy with the care provided and spoke positively about the staff.

Although people received their medicine as prescribed, some records including medicine care plans and 'as and when required'(PRN) medicine plans, lacked detail. Immediate action was taken by the management team to address this.

People's care plans and risk assessments contained consistent and detailed information in relation to people's needs and how these should be managed. People's health needs and wellbeing were monitored in line with the information highlighted in their care plans and risk assessments.

Environmental risks had been considered and acted on where required. Infection, prevention and control processes and up to date policies were in place. The provider, management and staff adhered to the latest government guidance in relation to infection, prevention and control.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs in a safe and unhurried way. People were protected from avoidable harm and abuse.

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.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs. People were supported to partake in a range of activities centred around their individual interests.

The service worked in partnership with other agencies to aid joined up, person centred care.

Effective and robust quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

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

Rating at last inspection

South Africa Lodge registered with us on 2 November 2020. In May 2021 we completed a focused inspection of the service looking at the safe, effective and well led domains only (published 24 May 2021). All these areas were rated good; however, the service could not be given an overall rating as the responsive and caring domains were not inspected.

The last overall rating for the service under the previous provider was good (published 28 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's care and support including falls risks, nutrition, neglect, lack of sufficient staffing and poor infection, prevention and control practices. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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?

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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised six inspectors and two Expert's by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

South Africa Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Inspection activity started on 21 September 2022 and ended on 30 September 2022. We visited the service

on 21 and 27 September 2022.

What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us. 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

We spoke with four people who used the service about their experience of the care provided. We spoke with and received feedback from 17 relatives and seven health and social care professionals. We also spoke with 24 members of staff including the chief executive, the chief operating officer, who was also the nominated individual for the service, the general manager, the registered manager, two clinical managers, the service auditor, the chef, five nurses and 10 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including seven people's care records in detail, and specific areas of 12 other people's records. Seven staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training, staff rota's, policies and procedures were also reviewed.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Although we identified people were supported to take their medicines safely and medication administration records [MARs] confirmed people had received all their medicines as prescribed, we noted some medicine care plans and PRN 'as and when required' medicine plans, lacked detail. For example, for one person who had been prescribed medicine for seizures there was limited information in both the care plan and PRN plan how seizures presented. Additionally, for two people, who were prescribed PRN medicine to support with anxiety and agitation, we found that there was limited information recorded as to why these medicines had been administered. Following the inspection this was discussed with the management team who agreed to take immediate action to address these shortfalls.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Medicines that have additional legal controls, were appropriately and safely managed and monitored.
- Medicines were administered by trained staff. Staff received regular observations of their practice to ensure medicines were administered safely.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were safe. A relative said, "Yes [person is safe], the staff are good, they're very aware. [Person] tries to get up and then she falls, so they keep an eye on her." Another relative told us, "I think [person] is very safe and the security's good. I get escorted through the building and there's codes on all the doors." A third relative said, "100% safe."
- The management team and staff knew what constituted safeguarding. Staff had received safeguarding training which was updated annually. Staff understood their safeguarding responsibilities and knew how to report any concerns.
- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained detailed information for staff to follow to keep people safe.
- Risks assessments had been completed, where required and contained detailed guidance for staff. This helped them to mitigate risks to people and keep them safe. Detailed risk assessments in place included, specific person-centred diabetes management, risk of skin damage and risk of choking. In addition, people had person-centred risk assessments and support plans in place. These were in relation to the management of people's anxieties and behaviours, which could place themselves or others at risk of harm and injury. On review of these records we identified some lacked detail to describe to staff how they should support people

when they were experiencing heightened anxiety. This was discussed with the general manager and registered manager who took immediate action to address this.

- Environmental risks were robustly monitored and managed. There were effective fire safety arrangements in place and fire risk assessments had been completed by a suitably qualified professional. Additionally, gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Equipment, including, hoists and lifts were serviced and checked regularly.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were comprehensive plans in place detailing how foreseeable emergencies should be dealt with.

Staffing and recruitment

- Throughout the inspection we observed there to be sufficient numbers of skilled and experienced staff deployed to keep people safe. Staff were available to people and responded quickly to people's needs where required. For example, during an activities session where people were enjoying singing from an outside entertainer, one person became anxious and distressed without warning. A staff member immediately responded to this and provided the person with reassurance. Within one minute the person was happy and dancing to the music with the staff member.
- The majority of people and relatives we spoke with felt there were sufficient numbers of staff available. Comments included, "Yes, I think there are [enough staff]", "There's always someone around", "There are always plenty staff and they don't miss nothing" and "Yes, there are enough staff and they spend time talking to him [relative]." However, three of the relatives we spoke with felt there was not always enough staff available to people.
- Staffing levels were discussed with the registered and general managers, who confirmed staffing levels were determined by the number of people using the service and the level of care they required. They told us they regularly monitored staffing levels by observing care, working closely with staff and speaking with people and staff to ensure staffing levels remained sufficient. The registered and general manager agreed to review staffing levels following the feedback we received.
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. Staff shortfalls were covered by existing staff members or regular agency staff. This helped to ensure that people were provided with continuity of care.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.
- The provider made sure all staff were aware of lessons learned by using daily meetings, group supervisions and unit meetings to pass on lessons.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support was planned and delivered in line with current standards and legislation.
- Comprehensive assessments were completed prior to and following the admission of all new people to the service. During the period of assessment additional staff were available to help ensure person centred care plans were developed. These considered the person's physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- Assessments and care plans were completed alongside people, their relatives and professionals involved in their care, to ensure people's needs and wishes had been fully considered. A health care professional told us, "South Africa Lodge manage high levels of complex needs. They carry out robust assessments which makes placements successful."
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's needs.

Staff support: induction, training, skills and experience

- Throughout the inspection staff demonstrated they had the necessary knowledge, skills and experience to perform their respective roles.
- Most people and relatives described staff as being well trained. A person said, "They [staff] know what to do." Relatives comments included, "Yes, they are definitely well trained" and "Absolutely well trained, [person] is well looked after and I don't think we could have found a better place for him."
- Staff told us they received appropriate training in a timely way. Training staff had received included; communication, moving and handling, medicines, fire safety, infection control and safeguarding. Staff had also received training specific to people's individual needs and conditions. For example, training in relation to, falls management, dementia awareness, fluid and nutrition and diabetes care. The provider had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. A review of this system demonstrated that staff received training as required.
- There was a robust induction programme in place, which new staff were required to complete before working on their own. This included completing face to face essential training for their role and shadowing an experienced member of staff.
- Staff received regular one to one supervision with a senior member of staff. These sessions of supervision provided an opportunity to offer support to staff, feedback on their performance, identify any concerns, and to identify learning opportunities to help them develop. The service was also in the process of introducing supervision sessions to regular agency staff who frequently worked at the service.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences, needs and dietary requirements.
- People and relatives were complementary about the food. A person told us, "It's lovely food." Another person said, "I enjoyed lunch very, very much." A relative told us, "The chef is very good, conscientious. The food is excellent. They can't give everyone an individual menu, but they try to do things people will like."
- Each person had a nutritional assessment to identify their dietary needs and preferences. These were followed by staff. A relative told us, "[Person] wasn't eating when he went into South Africa Lodge. The staff phoned me up to ask what he likes. Now they make him what he likes." Another relative said, "[Person] is a very fussy eater, but he gets plenty to eat and drink. He can have anything he wants; they will make it for him."
- Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight, regular checks were maintained of their weight and if necessary, action was taken. This included, recording food and fluid intake and seeking the support of external health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate healthcare services when required. Information relating to people's health needs and how these should be managed was clearly documented within people's care plans. Discussions with staff demonstrated they understood people's needs well.
- The provider worked collaboratively with other services to understand and meet people's needs. Staff worked in cooperation with a variety of specialist professionals, including neurological specialists, mental health professionals, and occupational therapists. A healthcare professional told us, "Input is requested in a timely way. The care team are very keen to work with me to keep their residents [people] as mobile and as independent as possible and I am often challenged, in a positive way, to find safe ways to support this."
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

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

- The home was spacious, clean and well maintained and there was a rolling maintenance programme to ensure the building remained fit for purpose. Some communal areas of the home had recently been decorated and the management team were working with people and staff to ensure these areas were decorated and furnished in a person-centred way to reflect people's interests and provide them with stimulation. A passenger lift connected the upper and lower floor and handrails where in place were required.
- All bedrooms were for single occupancy. With the exception of newly decorated rooms people's rooms were personalised and reflected their interests and preferences.
- People had access to comfortable and secure outside spaces for them to enjoy and a range of communal areas were available to them, including dining rooms, lounges and quiet areas which allowed people the choice and freedom of where to spend their time.
- People had access to specialist and adaptive equipment. There was a wide range of equipment and technology in use which was tailored to people's individual needs. This included equipment to help support people to move and position themselves, equipment to alert staff if a person was having a seizure, and equipment to reduce the impact of falls, such as low-profile beds. Arrangements were in place to regularly assess the effectiveness and suitability of equipment and upgraded or changed it if there were better options to meet people's needs.

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 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 MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support where possible. Because staff knew people well, they understood how people made decisions and the communication methods they used.
- Staff protected people's human rights in line with the MCA and received training on this. We observed staff seeking people's consent before assisting them.
- Where people lacked the capacity to understand and consent to aspects of their care such as being administered medicines, an assessment under the MCA and subsequent best interest decision had been completed appropriately.
- The management team understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) as required. There were systems in place for monitoring these and ensuring they were kept up to date.

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.

This key question was last inspected under the previous provider and was rated good. At this inspection the rating for this key question has remained good. 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; respecting equality and diversity

- People and relatives were happy with the care provided and spoke positively about the staff. A person told us, "The staff are lovely. They are kind to me. They take me out in the garden, summer and winter." Relatives comments included, "The staff are friendly and very caring. They are affectionate too and hold [person's] hand", "They [staff] are always kind and caring with [person]. They always treat him with dignity and respect" and "All the staff are very kind and they do seem to really care." A healthcare professional told us, "I find the nursing staff and senior care staff at South Africa Lodge to be excellent. I can honestly say they are dedicated advocates for the residents that they care for."
- Staff spoke fondly of the people they cared for and demonstrated a commitment to treating people in a kind, caring and respectful way. A staff member told us, "I listen, I don't tower over people. I hear what people have to say and allow them time to express themselves. I like to comfort people." Another staff member said, "I will look at the body language [of the person], making eye contact and allow them to hold my hand and rub it, if they want to. It's your approach, it's how you present yourself."
- Throughout the inspection we observed good engagement between people and staff. Staff spoke with people kindly, responding quickly to them when required and did not rush them during tasks. For example, during lunch time we observed a person looking for their meal, which they had in fact already eaten. A staff member witnessed this, provided the person with reassurance and quickly provided them with pudding which they seemed very pleased about.
- The provider recognised people's diverse needs. People's protected characteristics under the Equalities Act 2010, such as religion and disability were considered as part of the assessment process. Although there were no people identified as having any specific cultural needs at the time of inspection, the general manager described how they would resource information on people's faiths and cultures, if required to ensure their specific needs could be met.

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

- People were given the opportunity to express their views on a one to one basis with staff or the management team.
- People who were able to, confirm they were able to express their views at any time and these were listened to and acted upon. A relative said, "The staff are friendly and caring and respectful of Mum's choices."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised

way.

- Staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area. A relative told us, "The permanent staff really are exceptional with [person]. They are good when [person] needs changing, they close the curtains and we go outside. They really are very good with that." Another relative said, "They [staff] always keep him [person] private when they take him to the bathroom. I've no complaints at all."
- The provider ensured people's confidentiality was respected. People's care records were kept confidential.
- Staff understood the importance of supporting people to remain independent. We observed staff supporting people to maintain their independence, by offering encouragement to do things, ensuring they had equipment available to them, such as walking frames, specialist cutlery, including coloured plates and by cutting up food where required to help ensure they could eat independently.

Is the service responsive?

Our findings

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

This key question was last inspected under the previous provider and was rated good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was focused on providing person-centred care and support to people.
- Staff demonstrated they knew people well and had a good understanding of their family history, personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. A relative described positive changes to their loved one's wellbeing since being at South Africa Lodge. They told us, "[Person] is better now than when they arrived from the previous place. [Person] was violent and aggressive, that's disappeared."
- Relatives were complimentary on the staffs understanding of people's needs and spoke positively on how these were managed. Relatives comments included, "The staff are friendly and knowledgeable of the resident's[people's] needs. They know [person] well and how to manage him", "They [staff] are quite aware of her likes and dislikes. They do an excellent job. I've no complaints at all" and "They've [staff] have just got this way of dealing with [person] in a calm manner. There are no voices raised. They have saved him because he was in a state when he went in. They really understand his needs. I trust these people with my life and [person's] too."
- External professionals praised the responsiveness of the staff. One healthcare professional told us, "One staff nurse in particular is incredible! [Name of staff member] always greets us when we visit and is always very up to date with any changes the patient [person] may be experiencing. They sends us a very detailed email about the patient every 2 weeks regarding any changes in his general condition and this prompts us to look at [specific condition] to ensure he is kept safe and not at risk." Another healthcare professional said, "I receive weekly enquiries from the nursing and care staff asking me to complete assessments and chase up outcomes and equipment that has been ordered. All the regular staff appear very keen to have therapy input for their residents [people] and will act on advice that is given."
- Care plans had been developed for each person. Information in care plans was robust and person centred and included details about people's life history, their likes and dislikes and specific health and emotional needs. Care plans also included detailed information about the level of support people required. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed activities coordinators whose role it was to arrange activities, events and outings for

the people living at the home and prevent social isolation. Activities provided included; trips out in the local community, arts and crafts, music, quizzes and exercises. In addition, additional activities were sourced from outside organisations.

- Professionals praised the efforts of the activity coordinators. A professional said, "The activity team are excellent. They are dedicated to supporting residents to access a wide and varied range of activities in a safe and considered way. They recently completed a piece of work around risk assessments for those residents that wished to access the local swimming pool."
- Relatives were also positive about the activities provided at South Africa Lodge. Relatives comments included, "They've taken [person] out on trips. He's been to Port Solent and to a concert", "They are always doing something with them [people]. They arrange for animals to visit and chickens too. There's more going on for him there than if he was still at home" and "The activities team are good with [person]. They took her for a drive and the third time they took her she was sitting on the beach."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in their care plans. This provided staff with clear information of how to best engage with people.
- The management team was aware of the Accessible Information Standard (AIS). We were told that documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Improving care quality in response to complaints or concerns

- Where complaints or concerns had been raised with the service, records demonstrated there was a robust system in place for logging, recording and investigating these complaints or reported concerns. Any complaints or concerns received were acted upon immediately and action taken where required. Following the completion of the investigation these were reviewed by the senior management team where required, to ensure appropriate actions had been taken and to enable themes and trends to be identified to aid future learning.
- People and relatives knew how to complain. Some people and relatives were confident actions would be taken in a timely way if issues were raised. Two relatives felt action had not always been taken in the past when they raised issues. However, they were more confident action would now be taken as there was a new general manager in place, who had been available to them to discuss concerns and issues.

End of life care and support

- End of life wishes had been considered for people living at South Africa Lodge and people's care records contained information in relation to how they wished to be cared for at the end of their life, including their end of life wishes and preferences.
- Staff had received training in end of life care.
- The management team had developed links with the local hospice and described how they would work with other professionals to help ensure people had a comfortable, dignified and pain-free death. The general manager said, "End of life care is a full team approach, we don't want people to die alone and we are mindful of the impact the death can have on not only the relatives of the person but the staff as well."

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Some relatives told us they were kept informed about their loved one's condition, needs and changes to the care provided and were often asked their views. However, a few relatives told us they did not always feel they were fully involved in their loved one's care or given opportunities to share their views. The service had already identified this following the recent completion of their annual quality assurance survey. The management team were in the process of addressing this through; changes to the management team and increased face to face meetings with relatives. The management team were also arranging the reimplementation of residents and relative meetings.
- Staff and relatives were also kept up to date through monthly newsletters and social media.
- Staff were encouraged to give feedback and make suggestions about the service. Team meetings, regular handovers and ongoing contact supported staff to share their views.
- Staff encouraged people to express their views about the support they received and the service. We saw staff listening to people and offering choices.

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

- There was a continued positive culture based on the provider's values of 'Dignity, respect, being the best, openness, and believing in people's ability.' These values were shared throughout the home by means of posters using the "DRBOB" acronym. From our discussions with the management team and staff and our observations, it was evident staff adhered to these values.
- The providers, management team and staff demonstrated a commitment to provide person-centred, high quality care for people. We received positive feedback from health and social care professionals in relation to the running of the service. One professional said, "I find all the managers at South Africa Lodge very approachable and responsive. I feel that I can go and knock on their door and they will make time to speak with me."
- We received mainly positive feedback from people and relatives about the running of the service. Comments included, "The home is well managed", "It's lots better this year. It's a vast improvement", "We are generally satisfied with the care and the home" and "On the whole it's well managed." We also asked 12 of the relatives we spoke with if they would recommend the home, all 12 relatives confirmed they would.
- Staff were positive about the management of the service. A staff member said, "I feel valued by the organisation and feel well supported." Another staff member told us, "I valued by the organisation and staff morale is improving."

- The providers were responsive and mindful of staff needs and wellbeing. They worked hard to ensure staff were supported, valued and respected in their roles. To achieve this the directors regularly visited South Africa Lodge to meet with staff, giving them the opportunity to share their views and discuss any concerns or ideas they had. This helped ensure the smooth running of the service. Staff were also recognised and rewarded for their hard work.

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

- There was a clear management structure in place which included the chief executive, the chief operating officer, who was also the nominated individual for the service, the general manager, the registered manager and two clinical managers. All managers had clearly defined roles and responsibilities and were actively involved in the running of the service.
- The management team based at South Africa Lodge were well supported by the senior management team, with regular contact from the chief executive and daily meetings with the chief operating officer, both of whom were present at the inspection.
- Effective and robust quality assurance systems were in place. These demonstrated there was a rigorous and highly effective systems in place to continually assess, monitor and improve the quality of care people received. This included checks and audits covering all key areas of the service. These processes were reviewed by all levels of management. Where required improvements had been identified and actions had been taken in a timely way.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- CQC were notified of all significant events that occurred in the service. The previous performance rating was prominently displayed in the premises and on the providers website.

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 were aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Continuous learning and improving care

- The management team were committed to driving improvement in the service to ensure people were provided with safe, effective and person-centred care. They monitored all aspects of the service frequently including, complaints, accidents, incidents and near misses. If a pattern emerged, action would be taken to prevent reoccurrence.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. Professionals spoken with were positive about the services approach to partnership working.
- The management team understood how they could access support should they require this. This included from social services or health professionals. They demonstrated an "open" attitude to seeking support.
- Staff supported people to attend local community events and to access activities and support from external agencies.

