

South Lodge Care Home Service

29 Racecourse Road
Ayr
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Type of inspection:
Unannounced

Completed on:
28 July 2023

Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Service no:
CS2003001315

About the service

South Lodge care home is registered to provide care for 39 older people, of which a maximum of five places can be used for respite care/people 45 years and over.

The provider is South Ayrshire Council.

South Lodge care home is situated in Ayr, South Ayrshire.

Accommodation is split over three floors. Since December 2022, the top floor has been used for intermediate short term support, and is supported by a distinct staff team. All levels of the home can be accessed via stairs or a passenger lift.

All bedrooms are single occupancy with wash hand basins. There are no en-suite toilet facilities within bedrooms. Communal toilet and bathing/shower facilities are available on each floor.

The home has large grounds to the front of the property and patio with garden area to the rear.

There were 28 people living at the service during the inspection visit.

The service manager was supported by a depute manager, nine senior support staff and team of support staff.

About the inspection

This was an unannounced inspection, which took place between 25 July and 28 July 2023. The inspection was carried out by one inspector and an inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service and five of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- had contact with professionals connected with the service.

Key messages

- Management and staff knew each service user well and were very good at building positive relationships with people and their families.
- Staff were highly motivated and focussed on achieving good outcomes for people.
- Management and staff have developed relationships with external health professionals, enhancing the health and wellbeing of people.
- .The care provided by the service enhanced people's physical and mental wellbeing.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance quality of support.
- Consistency of care planning and recording requires improvement to ensure they are person centred and outcome focused for all people.
- Quality assurance systems should be developed further to identify improvements required.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff and management knew people well. We observed staff utilising their knowledge to provide support particularly when people were upset, anxious or needed reassurance and encouragement. Interactions were respectful, positive and natural, it was evident that a mutual trust and genuine warmth had been built between the staff and people. A relative shared with us "x is a very private person and has been treated with total respect, getting them to accept support with things that we never thought they would take. The service has restored our faith in humanity."

People should be supported to get the most of life, because staff have an enabling attitude and believe in their potential. We observed some nice examples of people being supported to develop their skills and maintain their independence. It is important that there is a consistent approach to recognition of strengths and working on developing these. A person told us "staff are very skilled at gauging the right level of support, at the right time and knowing when to push me a little to move my recovery forward".

Staff promoted a responsive person centred approach to care ensuring positive outcomes for people. They were very familiar with the needs of individuals, their choices and preferences. It is important that planned outcomes are clearly captured in care plans, to ensure a consistent approach to support. Whilst some of the personal plans sampled contained strength based person centred outcomes, this was not consistent for all people. Daily notes were often very task orientated, making it difficult to ascertain a holistic picture of people's daily lives, interactions with staff and support offered to achieve desired outcomes (see area for improvement 1).

We recognise and acknowledge the efforts the service has made in relation to improving planned activities to support people's physical and mental wellbeing. Whilst engagement is increasing, people told us that they would like to get involved in activities that they have an interest in. The service should continue to develop and implement a varied programme to improve meaningful, occupational and therapeutic activities that meet individual needs (including spiritual), interests and aspirations. This should include capturing information in relation to people's engagement levels to support ongoing evaluation of activities provided (see area for improvement 2).

The service has extensive enclosed gardens, which is a great resource for people to utilise. It is important for this to be people ready, to encourage access and use of this. This should include ensuring ongoing maintenance of the garden and that furniture is in good state of repair to make it more appealing (see area for improvement 3). Prior to the end of the inspection, we heard of the plans to further develop the occupational activity already linked to the maintenance and upkeep of the garden.

People can expect to enjoy unhurried snacks and meal times in a relaxed atmosphere. People are given a choice of where to eat their meals promoting choice. Staff understood the importance of supporting people to enjoy their meal without rushing. Staff were very respectful in offering people choices and at times encouraging people to independently select their drinks. It would be good to explore this further to ensure people consistently have the opportunity to be as independent as possible in relation to mealtimes. Feedback from people was very positive in relation to the food provided. This helped support people's health needs through maintaining good nutrition and hydration.

People said "the food is great, with plenty of choice, you could never be hungry in here". To further promote choice and independence for people, the service should continue to explore the additional of accessible kitchen facilities throughout the home (see area for improvement 4).

The healthcare needs of people were well managed by a knowledgeable care team. Staff accessed a range of health care professionals for advice and support when needed to manage individuals' healthcare needs. This means people have access to healthcare and support without any delays. A family member said "The staff have done a brilliant job of looking after x's complex healthcare needs. They always phone me if they have any concerns or notice any changes, and include me in decisions. I really value this as means I still feel part of x's care." An external professional told us "I appreciate that there are limits to what they can do as they are not nurses, but they follow any advice given and have a very sensible approach to this. Contact is always appropriate and communication is good."

Staff have worked on improving recording and administration of medication. As required protocols should be developed to guide staff on the use of as required medication. We were assured that people's healthcare needs were being supported by the safe and effective management of their medication.

People living in South Lodge were supported to keep contact with their families, friends and the local community. A range of person centred support was provided to enable people to remain connected to those important to them. A person told us "I went out to visit my friend yesterday, she had just moved house and it meant so much to her to see me. I was really pleased that I managed to do this."

People were being supported to celebrate birthdays, which was appreciated. A person told us "It was my birthday on Monday, and everyone made a big fuss of me, it was lovely". To further maintain connectedness, it would be good to extend this to recognising and acknowledging notable dates of loved ones.

Areas for improvement

1.
The provider should promote person centred care plans that are focussed on achieving good outcomes for people and support meaningful participation consistently across the service. Person specific outcomes should be detailed in care plans and these should be meaningfully evaluated.

This should include, but not limited to, ensuring that:

- Care plans acknowledge things that are important to the person, as well as their abilities, choices, ambitions and preferences. This should include information relating to occupational and therapeutic activity.
- Care plans demonstrate a shared sense of purpose to which the person, their family, staff and relevant others contributed.
- Care plans give clear information on how support needs should be met, particularly in relation to managing stress and distress.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

2.

To ensure that people get the most out of life, the provider should continue to develop a wide ranging and varied programme which includes recreational, occupational and therapeutic activities. This should take account of individuals needs and wishes and be reflected in care plans.

To enable effective evaluation of the impact of activities offered the service should implement an effective recording system to capture people's engagement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors." (HSCS 1.25)

3.

In order to maximise use of the garden facilities, the provider should ensure the garden is people ready. This should include but is not limited to ensuring the ongoing upkeep of the garden and that furnishings are safe and well maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSC 5.24)

4.

The provider should continue to develop more person centred care practices within smaller group living areas to support people to get the most out of life.

This should involve but not be limited to the installation of kitchen facilities within each of the floors to enable ongoing development of skills and independence and increasing occupational activity.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible." (HSCS 5.7)

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had an improvement plan in place, based around key areas for development. The plan could be further developed by detailing specific outcomes to be achieved, when the plan will be reviewed and how this will be documented to enable tracking of the improvement journey.

The service was developing the responsibilities of the senior team to ensure that the needs of people were met. For these processes to be effective the service requires a clear and structured plan of what is required, when and by who. This would improve the understanding of senior staff in relation to their role in quality assurance.

There was a range of audits in place to identify gaps in practice and required improvements, in relation to medication, care plans and finance. However, these were not completed consistently across the service. Areas for improvement were highlighted on some occasions, but it was not always clear that actions were identified and completed. Auditing forms should be more in-depth, specific and fit for purpose to highlight good practice and clearly action planning areas for improvement. The service should also devise an environmental audit, including oversight of the repair log, to ensure any issues with the building and garden are highlighted and addressed. To give the registered manager assurances that these are being carried out as required, it would be helpful to capture audits completed in an overview spreadsheet (see area for improvement 1).

Supervision was allocated across the senior team. Supervision was not being carried out consistently across the staff team. As sessions are quarterly, it is important to ensure cancelled meetings are rescheduled, to avoid large gaps. The format of the recording form, could be developed to capture more reflective discussion and actions agreed carried forward to the next session. We were not able to see regular planned opportunities for senior or team meetings. To assist with continuity of support and promote development meetings should be scheduled regularly, with the expectation of staff attendance (see area for improvement 2).

The service has recently developed a robust induction process, which gave management a clear overview of the knowledge and understanding of newly appointed staff. This could be further developed by designating clear timescales for completion.

There was an overview of training completed. Whilst we appreciate that the uptake of training has improved recently, there were gaps in key areas which should be addressed. Staff told us of the benefit of condition specific training provided by external professionals. "Training on pressure sores was really helpful, I was able to pick up quickly on a potential issue, that I wouldn't have been aware of before". To ensure the manager has a clear overview of the skill mix of the staff team and training gaps, it is important that the overview is updated with both internal and external training and reviewed regularly (see area for improvement 2).

Observations of practice in relation to medication were in place. However there was no other recorded observations. To give the management team confidence in the ongoing high quality support provided, observations of practice should be carried out. An overview of observations should be recorded, to ensure this is consistent across the staff team.

The management team have issued quality assurance questionnaires to staff, people supported and their families. This has generated helpful feedback in relation to people's experiences of the service. It is important that this learning is fed back to people, with an overview of action points. Regular meetings are held with people, to discuss developments and seek feedback on areas for improvement. Action points should be clearly recorded and carried forward to the next meeting, so progress on the outcome of discussions can be tracked.

Incidents and accidents were reported to families, the relevant authority and Care Inspectorate. Incident forms should be utilised to detail good practice and areas for development and feedback to staff, to ensure an ongoing culture of improvement and learning from adverse events.

The service details information in relation to legal powers in place to keep people safe.

Areas for improvement

1. To further the improvement journey, the service should continue to develop and embed their quality assurance system. This should include but not be restricted to:-

a) Internal quality assurance systems effectively identify any issues which have a potential negative impact on the health and welfare of people supported and ensure these are timeously addressed.

b) Quality audits and action plans, including care planning, finance and medication, must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay.

c) Systems for the monitoring of practice such as supervision, appraisal and practice development are implemented in accordance with organisational policies.

d) Service management have a clear overview of staff training including identified gaps.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. The provider should ensure there are systems in place to support staff in their role. To achieve this the provider should improve support systems such as staff meetings, supervisions, appraisal, observations and training uptake.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that is well led and managed." (HSCS 4.23)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote privacy, dignity and independence for service users, the service provider should develop a plan detailing how the provision of en-suite toilet and bathing/ shower facilities will be achieved within a one year timescale.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

"As an adult living in a care home, I have en-suite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people." (HSCS 5.28)

This area for improvement was made on 2 August 2021.

Action taken since then

The service has sourced costs for ensuite facilities, which are currently prohibitive in moving the development forward. The service will continue to be mindful of exploring options available in future.

The lack of ensuite facilities do not appear to be having a negative impact on residents outcomes.

This area for improvement has not been met, but will not be carried forward at this time.

Previous area for improvement 2

The service provider should develop more person centred care practices within smaller group living areas to support people to get the most out of life.

This is with reference to:

- staff routines around the dining experience, (reduce waiting times, provide more responsive homely dining, improve service by use of hot trolley)
- support to carry out every day activities such as making a cup of tea/washing dishes
- ensure staff are available to provide support for more meaningful activities by reducing time away from a "household" for example by provision of dishwasher/ support from kitchen staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible." (HSCS 5.7)

This area for improvement was made on 2 August 2021.

Action taken since then

The service has been working on developing more person centred practices, within smaller living spaces.

The hot trolley was being utilised to support people to eat upstairs, if this was their choice. We also observed people being supported to eat in their rooms or smaller lounge areas.

Whilst tea and coffee has been made available for people to access independently in the dining room, this should be explored further to ensure the opportunity for people to maximise their independence is available.

Within the intermediate unit people have access to a full kitchen and are supported to utilise this for all their food and drink requirements.

Whilst we acknowledge the developments the service has made in this area, there are further improvements that can be made to promote independence and develop skills. This area for improvement will be carried forward and incorporated into How well do we support people's wellbeing - area for improvement 4.

Previous area for improvement 3

The service provider should consider more person centred ways of storing and administering medications.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

"My care and support meets my needs and is right for me." (HSCS 1.19)

This area for improvement was made on 2 August 2021.

Action taken since then

Medication is now supported from a locked safe in people's bedrooms. Each person is assessed for the level of support required, support provided is then dependant on individual need.

This area for improvement is met.

Previous area for improvement 4

The service provider should develop individual's personal plans. Plans should be guided by assessment of need and should detail the specific interventions required to support measurable outcomes for the individual. This should include where appropriate an anticipatory care plan to ensure future needs and preferences for care can be met.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

"My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

This area for improvement was made on 2 August 2021.

Action taken since then

The service has been working on developing care plans. Whilst we recognise that there have been improvements, with some personal plans, outcome focused and person centred, this was not consistent across the service.

Anticipatory care plans were in place in all care plans sampled.

Whilst there has been improvement in this area, it is not consistent for all people. Therefore this area for improvement is not met and will continue - How well do we support people's wellbeing, area for improvement 1.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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