

DCSL Limited

# Soham Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Soham Lodge is a care home providing personal and nursing care to 21 people at the time of the inspection. The service can support up to 34 people.

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

Risks associated with not obtaining staff recruitment checks during the COVID-19 pandemic were not available, although the new manager completed these and took action to obtain missing information. There may not always be enough staff to meet one person's specific needs. We have made a recommendation about how to decide staffing levels.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

People were happy with the care home and the staff that provided their care.

People felt safe living at the home and staff knew how to report possible harm. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff used protective equipment, such as gloves and aprons.

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 (and update)

The last rating for this service was requires improvement (published 5 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, guidance for care staff about how to care for people and management oversight of the service. A decision was made for us to inspect and examine those risks, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we have recommended the provider considers developing a formal process to determine staffing levels. Please see the safe and well-led sections of this full report.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained the same - requires improvement. This is based on the findings at this inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Soham Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

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

This inspection was carried out by three inspectors.

#### Service and service type

Soham 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. However, due to the COVID-19 pandemic, we contacted the service half an hour prior to arrival to make sure it was safe for us to visit.

#### What we did before the inspection

We looked at the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and five relatives. We spoke with 15 staff members including the nominated individual, the acting deputy manager (an external consultant employed in this role), nursing staff, care workers, the maintenance person and housekeeping staff. We completed observations of how staff interacted and spoke with people and of how the service was running generally. We looked at recruitment records for two staff members, audits completed by staff and medicine administration records.

Due to the COVID-19 pandemic the manager sent us records electronically. We looked at a range of records, including three people's care records and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure all required pre-employment checks were carried out before new staff started work at the service. This was a breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Current guidance in relation to recruitment of staff during the COVID-19 pandemic states that risks associated with not obtaining all checks before employment should be assessed. However, assessments to show how these risks were reduced were not available for two staff members who had been employed without all recruitment checks. The new manager completed an audit of all staff recruitment checks and identified actions to improve or safeguard people shortly after starting work at the home. This included assessing the risks that we found and taking action to make sure staff had the appropriate checks in place.
- There may not always have been enough staff available to meet people's care needs. We received information before this inspection that there were not enough staff to meet every person's needs overnight. Staff members told us they had enough staff to meet people's needs at night, including for one person who needed four staff to safely reposition them. However, staffing rotas showed that on nine occasions in June, July and August 2020 there were fewer than four staff working. On two occasions there were only two staff working on the night shift after midnight.
- We found that staff responded to call bells during our visit, they worked in a calm manner and were not rushed. Staffing levels were not determined using a dependency or staffing tool, although the provider used a process to identify sufficient staff numbers. This included using individual needs analysis, risk assessments and feedback from staff and people living at the home.

We recommend the provider consider current guidance to formalise a process to identify appropriate staffing levels.

### Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falling, the risk of developing pressure ulcers and for behaviour that challenges. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified. However, some assessments,

such as for the care of a tracheostomy or how to move some people, did not identify all risks to the person or to staff. We spoke with local authority and Clinical Commissioning Group staff following our visit. They had worked with staff to improve these records and were happy they had been amended to include all the relevant information.

- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt they were safe at the home. One person said, "I do feel safe," and a relative told us, "My [family member] is safer there than anywhere."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns. Records showed that referrals were made where appropriate.

Using medicines safely

- Staff had received training in how to safely give medicines, they maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or as required. The provider had installed an electronic medicines system that automatically kept track to make sure medicines were given. One relative told us, "Staff reliably administer mum's medicines," and another relative said, "I know dad gets all his medicines and they are equally spaced. He tells me they [staff] have never missed any."
- Medicines were stored securely, and action taken to make sure they were kept in the correct conditions. Staff continued to make sure medicines were given safely by only administering these to one person at a time.

Preventing and controlling infection

- People told us that they lived in a clean and tidy environment. One relative said, "Staff were all wearing PPE when we visited mum." The home was clean, tidy and smelled pleasant when we visited. Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. We were assured that the provider was promoting safety through the layout and hygiene practices in the home.
- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment (PPE) to help prevent the spread of infection. We were assured that the provider was using PPE effectively and safely.
- The provider had clear information and guidance for staff about infection prevention and control changes since the start of the Covid-19 pandemic. The provider had managed new admissions to the home and taken action to reduce any risk of the spread of infection. They had arranged whole home testing for staff and people living at the home so that action could be taken promptly to isolate infection. We were assured that the provider's policies were up to date, they promoted safety through the layout and hygiene practices and that testing was available.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the manager completed analysis each month to identify such things increases or decreases or whether actions had been effective.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to make sure there were robust systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had not had a registered manager at this service since July 2019, although they had employed managers to run the service, none had completed their registration with the Care Quality Commission (CQC). A new manager had been employed to start work at the service the day after our visit, they had already started the process to apply to register with the CQC. The new manager worked with us following our visit and made sure we received all of the information requested as part of this inspection.
- We found the provider had not assessed risks associated with recruitment checks, although these had been completed by the new manager. They had carried out a detailed audit of these and taken action to obtain missing information.
- The provider completed an action plan following our previous inspection. This identified the actions needed to address and improve the service. We found that audits had been completed, they identified where there were issues and our observations showed that staff made changes to improve these areas.

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 service had not displayed their inspection rating on their website, they had simply attached a link to their most recent report.
- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things.

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

- The acting deputy manager and senior staff worked hard to develop a person-centred culture within the service. Staff told us they loved working at the home, one staff member said, "Staff morale is good. I support my team to make sure they stay alert throughout the night. We have people from all forms of life and we need to make sure we meet their needs as a team." A temporary staff member told us, "Soham Lodge is one of my favourite homes I have worked in. It is a friendly place. People are treated as people and in a person-centred way. People live a life they want to. They were young once and like to talk about their experiences as well as hearing from us about ours. They come first and foremost."

- Staff were also committed to providing high-quality care and support. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. One staff member told us, "Although care plans are getting better we need to sustain this," to describe how they intended to continue improving the service.

- Staff were positive about the skills and abilities of the acting deputy manager. One staff member told us, "[Acting deputy manager] is so very helpful . . . She is an open-door type of manager and you see her around." Another staff member said, "We get support from the [acting deputy] manager. I'd like to think I could voice any concerns. [Acting deputy manager] listens to us."

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

- People had completed a survey in August 2019 and showed a high level of satisfaction with living at the home and the care they received. Relatives told us staff contacted them to keep them up to date with what had been happening and any changes made at the home. Since the Covid-19 pandemic this included video messages from people to their loved ones.

- Relatives told us staff continued to complete reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.

- Staff told us they could discuss issues with a variety of other staff, which gave them support and information was shared with them. They said there had been problems, but this had improved shortly prior to our inspection when management at the home changed.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority and the Clinical Commissioning Group. There had been ongoing meetings in relation to a series of concerns external professionals had in relation to care provided at the home.