Foxley Lodge Care Ltd

Sonia Lodge

Inspection report

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Date of inspection visit:
16 March 2016

Date of publication:
19 April 2016

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

The inspection visit was carried out on 16 March 2016, was unannounced and carried out by two inspectors.

Sonia Lodge provides care for up to 28 older people some of whom may be living with dementia. People also had sensory, communication and mobility needs. On the day of the inspection there were 26 people living at the service.

The service is located in Walmer near Deal. On the ground floor there is one large communal lounge, a dining room/second small lounge and a conservatory that is also used as a dining area. Bedrooms are located on the ground and first floors. A passenger lift is available for access to the upper floor. There is a secure garden at the rear of the premises.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. The registered manager responded appropriately when concerns were raised. They had undertaken investigations and taken action. The registered manager followed clear staff disciplinary procedures when they identified unsafe practice. Visiting professionals told us that people were cared for in a way that ensured their safety and promoted their independence.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People indicated that they were satisfied and happy with the care and support they received. People received care that was personalised. Peoples care plans contained the information and guidance so staff knew how to care and support in the way people preferred. The registered manager said that they were planning on re-writing all the care plans to make them more person –centred.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs.

Staff understood people's specific needs and had good relationships with them. Most of the time people were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. People were comfortable and at ease

with the staff. Staff encouraged and involved people in conversation as they went about their duties, smiling and chatting to people as they went by. When people became anxious staff took time to sit and talk with them until they became settled. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. People were involved in activities which they enjoyed. Staff said they would like there to be more activities for people. The registered manager had just appointed a person to carry out more activities and was waiting for their safety checks to be completed.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. When new risks had been identified the registered manager had taken action to prevent them from re-occurring. They had updated risk assessments and passed the information to staff so that people would be safe. During the inspection we observed a couple of incidents which could have posed a risk to people but staff intervened quickly and took the appropriate action to keep the risks to a minimum.

The registered manager and staff also carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

People received their medicines safely and when they needed them. They were monitored for any side effects. Some people received medicines 'when required', like medicines for pain or medicines to help people remain calm. There was some guidance for staff to tell them when they should give these medicines but it did not contain lot of detail. This is an area for improvement. The effects of the medicines people received was being monitored. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLs applications had been made to the relevant supervisory body in line with guidance and had been approved.

People, relatives and visiting professionals felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them.

The registered manager made sure the staff were supported and guided to provide care and support to people. New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Staff said they could go to the registered manager and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

People, staff, relatives and visiting professionals told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. Staff were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance. They told us they were listened to and their opinions counted.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible.

There were had systems in place to monitor the quality of the service. Audits and health and safety checks were regularly carried out by the registered manager and these were clearly recorded and action was taken when shortfalls were identified. The provider visited the service every week to check how everything was and identified but their auditing records that identified shortfalls had been addressed and improvements made had not been completed for over six months. This is an area for improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet people's needs. The provider had taken steps to protect people from abuse and operated safe recruitment procedures.

Medicines were administered, stored and recorded appropriately. More guidance for when people received 'when required' medicines was needed.

Risks to people's safety and welfare were assessed and managed effectively. The service and its equipment were checked regularly to ensure that they were maintained and safe.

Is the service effective?

Good

The service was effective.

Staff understood that people should make their own decisions, and followed the correct process when this was not possible.

Staff received sufficient training to ensure they had updates with current care practice to effectively support people. They received regular individual supervision and a yearly appraisal to address any training and development needs.

People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of nutritious food that met their preferences and choices.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with compassion and kindness. They took their time to ensure that people were calm and settled, they listened to them and acted on what they said to ensure they had the support they needed

People were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs.

People's needs were assessed when they came to live at the service and their care plans were personalised to reflect their wishes and preferences.

People had an opportunity to take part in activities of their choice.

Information about how to make a complaint was on display at the service. People and relatives knew how to raise any concern and they were confident they would be acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager led and supported the staff in providing compassionate care for people and encouraged and open and inclusive culture with people and their relatives.

Professionals said that they could visit at any time. All staff understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service. Staff had a clear vision of the service and its values and these were put into practice. They ensured that people were at the centre of everything that they did.

Quality assurance and monitoring systems ensured that any shortfalls or areas of weakness were identified and addressed promptly. The provider was undertaking visits and checks at the service but was not always recording the outcome. This is an area for improvement.

Sonia Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 March 2016 and was unannounced. It was carried out by two inspectors.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This was because we inspected this service sooner than we had planned to. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We looked around areas of the service. We met all of the people living at the service and talked with eight of them. Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meal and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia. We therefore used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we observed how the staff spoke to and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities

We spoke with four members of staff, a housekeeper, the maintenance man and the registered manager. We also spoke with three relatives and with five visiting professional who had regular contact with the service.

We reviewed six care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 6 June 2014. There were no concerns identified at this inspection.

Good

Is the service safe?

Our findings

People told us that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People said and indicated that they felt safe. One person said, "The staff look after us all and make sure we are alright". A relative told us that they were confident their relative was safe living at the service. Staff responded immediately to peoples requests when they wanted anything. People approached staff if they were unhappy or worried and staff reassured them.

People were relaxed and comfortable, chatting to staff and each other in a homely atmosphere. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language, if people were upset or unhappy. They were able to recognise if people needed support to calm them if they appeared anxious or upset. Staff explained how they would recognise and report abuse. They had good understanding of different types of abuse and had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. There were clear procedures were in place to enable this to happen. Referrals had been made to the local safeguarding authority when required and action had been taken by the service to reduce the risks them from happening again. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was available to people and staff about what to do and who to contact if they were concerned about anything. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

Potential risks to people were identified and assessed and action was taken by staff to prevent them occurring. Each care plan had detailed information about the risks associated with people's care and how staff should support the person to minimise or eliminate the risks. Care records included risk assessments of people's mobility, their potential risk of falls and developing pressure sores. Any falls were documented within the assessments and care plans were updated when anything changed. Risks were reduced as people had the correct equipment and the care they needed. When people had conditions like diabetes there was guidance in place for staff to help them recognise if people's blood sugars were too high or too low. Some people had behaviours that could be challenging. There was clear information to show staff what may trigger behaviours and what strategies were in place to minimise any future occurrence and what action to take if they did occur. On the day of the inspection an incident did occur. Staff were quick to respond and made sure the impact of the incident was kept to a minimum and that people were safe. The staff had followed the guidance they had been given. This reduced the potential risk to the people.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day". Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe.

Medicines were given to people at their preferred times and in line with the doctor's prescription. People were asked by staff if they were in pain and if they needed any 'pain relief'. Staff observed that people had taken their medicines. Medicines were recorded on medicines administration records (MAR). Records included a photograph of the person to confirm their identity, and highlighted any allergies.

Some people were given medicines on a 'when required basis' this was medicines for pain like paracetamol or medicines to help people remain calm. There was written guidance for each person who needed 'when required medicines' but some of the guidance did not explain fully when the person should receive the medicine. There was a risk that people may receive their 'when required' medicines inconsistently. This was an area for improvement. The registered manager said that they would address this immediately. The staff who gave people their medicines were able to explain when they gave people 'when required' medicines. They were clear and consistent about when they gave people these medicines. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought.

Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records (MAR). The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Hand written entries of medicines on the MAR charts had been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were done on the medicines and the records to make sure they were given correctly. If any shortfalls were identified the registered manager took immediate action to address them. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

A visiting professional said, "What I like about Sonia Lodge is that there is always staff around. You don't have to go looking for them. There is always a staff member in the lounge area to make sure people are safe and getting everything they need".

The registered manager used a dependency assessment tool to help determine the number of staff needed on duty to support and care for people. This was adapted to meet changing levels of need of the people. Staff rotas showed that the assessed level of staffing was provided at all times.

The registered manager reported that a number of agency staff were working at the service because permanent staff were off sick and there were some staff vacancies. There had been a number of staff changes over the last year but there was a number of staff who had remained consistent and stable. When possible the registered manager used agency staff who had previously worked at the service as they had some knowledge and were familiar with people and the care and support that they needed.

The registered manager said that agency staff were always rostered to be on duty with permanent members of staff who knew people well. This was confirmed in the records of the staff rotas. The services 'Agency staff policy and procedure' stated that 'agency staff were not to be left alone in the lounge with people and there always had to be a member of staff in this area who knew people well'. On the day of the inspection a new agency member of staff was closely monitored by senior staff. They were guided and supported. They were encouraged to sit and chat to people and get to know them.

People told us that the staff always came quickly when they needed them. One person said, "There is always someone around if you need anything". Relatives said that there seemed to be enough staff around. The registered manager was in the process of recruiting new staff. Staff said that there was always enough staff on duty. On the day of the inspection staff were busy but they spent one to one time with people. People were not rushed and staff supported and cared for people at their pace. There was always a staff member in the communal lounge to make sure people were safe. During the inspection staff responded promptly to people when they needed care and support. When people needed something they staff went to them immediately. No –one was kept waiting.

There were systems in place to recruit new staff. The registered manager carried out the interviews and used set questions to ensure that they only employed staff that were suitable to work in a caring environment. Staff completed an application form and any gaps in employment were checked and discussed. Information about staff's conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed.

The staff carried out regular health and safety checks of the environment and equipment to make sure it was in good working order. This made sure that people lived in a safe environment and that equipment was safe to use. There were records to show that equipment and the premises received regular safety checks and servicing, such as checks of the hoists, boilers, electrical system and nurse call system. The registered manager also made checks of the service to identify and action repairs and maintenance. The hoists which were used to support people to mobilise had been serviced.

Plans were in place to safely evacuate the building in the event of an emergency. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. The checks for the fire alarms were done weekly and other fire checks were completed monthly. People had a personal emergency evacuation plan (PEEP) A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. There were regular fire drills at the service so people knew how to leave the building safely. Staff and people had practised the safest action to take in the event of a fire. Staff were able to explain what they would do in the event of a fire. Safety checks on the water temperatures in people's bedrooms and bathrooms were carried out monthly to make sure the water was not too hot and people were not at risk of getting scalded.

Good

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. People had a wide range of needs. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on the advice or changes to people's care and support.

Relatives told us that they thought the staff received the training they needed. They told us that communication with the staff was very good and they were kept up to date with their relative's changing needs.

New staff and agency staff had received a structured induction when they started work at the service to help them get to know people and understand their roles and responsibilities. This included giving the staff a written brief introduction on each person and the key points of their care needs to help guide them. The registered manager had recently made this process more robust by adding a written checklist of topics to be covered for the induction of agency staff, which included the services policy on managing challenging behaviour and use of restraint. The form had to be signed and dated by the agency worker and the member of staff doing the induction to confirm that the induction had been completed. New staff worked along experienced staff to help them build relationships with people and get to know how they wanted to be supported. New staff had either completed or was working towards the Care Certificate (which is an identified set of standards that social care workers adhere to in their daily working life). A new member of staff told us that they felt they had been given the support they needed when they started work at the service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that they had the training they needed when they started working at the service and were supported to refresh their training regularly. The training records for staff confirmed staff completed externally assessed workbooks and attended on-site training for a range of subjects including first aid, fire safety, nutrition and hydration, safeguarding, person-centred care and the Mental Capacity Act. In addition, staff could access a range of training relevant to their role, and most care staff had were undertaking or had completed relevant training or NVQ 2. The registered manager maintained a training plan to help ensure that all staff underwent essential training, and to monitor progress in achieving competency standards in their workbook assessments.

Staff told us that they had regular supervision with the registered manager, and records confirmed that these happened every two months, for all staff. These supervision meetings enabled the registered manager and members of staff to review practice, learning and development. The registered manager had a schedule for annual appraisal for staff who had been in post at least a year. Records indicated that eight members of staff had recently had appraisal meetings, and that these covered topics relating to achievements at work, targets, learning and development, challenges, strengths/areas for development. The information from the appraisal was used to develop a personal development plan, which meant that each member of staff had a

'personal plan' for the year setting out their objectives, support needs and targets. Appraisal dates had been set for other staff.

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 make 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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager followed the requirements of the DoLS.

People had received advocacy support when they needed to make more complex decisions. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

The staff understood the importance of asking people for their consent before they provided care and support. Staff asked for people's consent before they gave them any care and support. If people refused something this was recorded and respected. One person did not want to have lunch. The staff respected the person's wishes. They left them alone and then asked later. They were offered something else which they agreed to and ate their lunch. Staff told us that they supported people to make their decisions by giving them time to understand the situation. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People were as far as they were able in control of their care and treatment.

There were mental capacity assessments in place to determine whether people had the capacity or not to make decisions and give consent. People's mental capacity was considered throughout the planning of their care. People's consent to their care and treatment was discussed with them or with their next of kin or representative.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals like district nurses went to the service on regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member

needed to see a doctor or to attend any other health related appointments. Visiting professionals who visited the service on regular basis said that they were confident the staff would call them if there were any concerns and staff often contacted them for advice and support. They said the registered manager understood about people's health needs. When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. The staff took immediate action if someone showed any signs of developing pressure sores, like red areas on their skin. They made sure the pressure on the area was alleviated and they monitored the area. This reduced the risk of people developing pressure sores and supported people to keep their skin healthy and intact.

People and their relatives said that the food at the service was good. One person told us, ""The meals are good and I really enjoy them". The menu of the day was displayed in the lounge area in written and picture format so that people knew what was available. Each person was asked individually what meal they would like. The food was fresh and appetising. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. It was served promptly with attention paid to the appearance of food on the plate. People were not rushed and ate at their own pace. No-one had any complaints about the food. When people needed support to eat this was done discreetly, sensitively and respectfully by the staff. People had special aids in place, like plate guards so they eat independently.

Lunch was a calm and relaxing time when people sat chatting. The staff encouraged people to sit with others at meal times if they wanted to, so they could chat and socialise while eating, this also encouraged people to eat their meals.

Those who did not wish to eat in the dining room were served food where they preferred. Some people ate in the dining room but some preferred to eat at small table where they were sitting or in their own rooms. If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician. When people were losing weight they were encouraged to have supplement food and drinks. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking.

Choices of hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated. Some people had fluid and diet records to monitor the amount that they ate and drank to make sure they remained as healthy as possible.

Good

Is the service caring?

Our findings

People said they were well cared for and this was confirmed by their relatives and visiting professionals. Relatives said, "My relative gets everything they need. I would not want him to be anywhere else", "My relative is very happy and contented here. The staff really get to know people and how they liked to be looked after" and "They always let us know immediately if my relative is unwell".

Staff were 'warm' and 'affectionate' towards people. They put their arms around them and held their hands to offer people comfort and support. Staff guided people sensitively and kindly to areas of the service they wanted to go to. People responded positively to these interactions and were smiling and relaxed in the company of staff.

Staff understood the importance of treating people with dignity and respect. People could choose whether they want a male or female carer. When staff asked people if they want to use the bathroom, they asked quietly and discretely. When staff used the hoist in the lounge area a privacy screen was used to protect people's dignity. Staff knocked on people's bedroom doors before they entered their room. People's privacy and dignity was respected.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Staff had knowledge of people's needs, likes and dislikes. One person's care plan stated 'Likes to drink black coffee from a small cup and does not like a saucer'. This person preference was respected and they had their coffee in the way they wanted. People were called by their preferred names and the staff and people chatted together and with each other.

The staff treated people and visitors with respect and dignity. They were polite and courteous. They listen to what people said and asked and responded to their requests. When people did not want to do something the staff respected their wishes. One person did not want to eat their lunch time meal, the person was offered several other choices to try and persuade them to eat but they still refused. Staff respected this but highlighted it as a concern and that the person's diet needed to be monitored. They went back to the person later in the day and offered them something to else eat which they accepted.

Staff stopped to chat with people as they carried out their duties and they attended to people's needs promptly. Every time they walked by people they spoke to them to see if they needed anything. Staff spoke with people quietly and sensitively. When staff spoke with people they bent down so they would be on the same level as them. There was a calm atmosphere in the service throughout most of the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter and reassured them to reduce their anxiety. When one person was upset a member of staff spoke with them patiently and clearly which resulted in the person becoming calm and engaging in a conversation. Staff listened to what people had to say and responded to them. Staff had skills and experience to manage difficult situations as they arose.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. People were clean and smartly dressed. Their clothes were co-ordinated and their personal hygiene and oral care needs were being met. Some of the ladies chose to wear their jewellery everyday as this is what they had always done and staff helped them do this. People chose where they wished to be in the service, either in their room or the communal lounges. People were also supported to go out into the garden when the weather was good. People could decide whether or not they wanted to participate in activities. Some people joined in and others preferred to watch. Some people preferred to stay in their bedrooms. People were encouraged to stay as independent as possible. Staff knew what people could do for themselves; what assistance was needed and how many staff should provide the support.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what they were going to do. There was a lot of engagement between people and staff. People, where possible, were able to express their needs and received the care and support that they wanted in the way they preferred. When people were unable to communicate fully using speech staff were able to interpret what they needed for their body language and behaviours.

Good

Is the service responsive?

Our findings

People told us that they received the care and support that they needed. They said that this had been discussed with them prior to coming to live at the service and during the time they had been living there. People had a wide range of needs. Some people's mental and physical conditions were more complex than others.

One person told us, "Staff always come when I need them". They are very prompt". Staff were responsive to people's needs throughout the inspection and they responded to people quickly. Staff did respond to people's needs quickly. People were not kept waiting when they asked for something. When one person called for staff to rub their back they came immediately. Staff responded to peoples changing needs if people were unwell they contacted the doctor. Staff explained to people what they were going to do to support them. Some people had poor vision. Staff made sure they explained carefully when they giving them a drink or food. They told them exactly were the items were on the table in front of them and guided their hand so they knew where it was. People were then able to eat and drink independently. Staff responded to each person individually and focussed on their specific needs. They spent time with people on a one to one and group basis.

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Sonia Lodge. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care and making sure they had everything that needed like clothes and toiletries. They were a member of staff who the person got on well with and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The plans contained clear directions for staff on how to care and support people safely and effectively. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. Some people were unable to mobilise and were confined to wheelchairs. People's care plans contained guidance about how to move people safely using specialist equipment like hoists and slings. There was guidance and information about how to keep peoples skin healthy and the plans were being

followed by the staff. People sat on special cushions and had special mattresses on their beds to protect their skin. Some people were identified as having behaviours that could be difficult to manage. The behaviours had been identified and there was guidance in place on what staff had to do to manage behaviours consistently and safely. During the inspection an incident occurred. The staff responded quickly and efficiently to make sure the incident did not escalate. People were supported and calmed and everything returned to normal within seconds. Staff had followed the guidance in peoples care plan.

A relative said, "'X' lost some weight, but staff sorted it out and they have put weight back on. I am very happy with the care they get". Some people had been identified at risk of losing weight they had been seen by the dietician. Supplement drinks had been prescribed and the staff monitored their fluid and dietary intake to make they were eating and drinking enough to remain as healthy as possible.

A staff handover was completed at the beginning of each shift. The handover was detailed and robust. There was a communications book which was used in conjunction with the handover. Staff said that they made notes in the book during each shift and that this made sure staff were aware of any changes in people's health or support needs.

Staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. There was a programme of activities including outside entertainers. This included music sessions and singers. There was no dedicated activities co-ordinator so staff were responsible for providing activities of people's choice. Staff were able to tell us how they encouraged people to enjoy pastimes of their choice by looking at photographs or magazines, or painting. Some people did show some interest in painting and staff were encouraging this. People, relatives and staff said that they would like there to be more activities. The registered manager told us they had just found a volunteer who was going to provide activities for people five days a week and they were due to start at in the near future.

On the day of the inspection there was quiet soothing music playing in the lounge area, people were relaxed and calm. People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved. People were encouraged to sit in small groups, which meant that they interacted and socialised more with each other. When people were in their bedrooms because of their health conditions or because it was their preference, staff regularly went in to check they were alright and chatted. On the day of the inspection people took part in a cooking session in the morning. People who wanted to joined in and enjoyed the activity. Others preferred to sit and watch. In the afternoon there was visit from a local church group which was lively and people joined in. Other clergy and members of the local church also paid regular visit. Some people went to church regularly. Other people were supported by voluntary organisation like 'Kent Association for the Blind' to out and do activities of their choice. When people were unable to join in activities they were given objects to hold or look at. People who were not able to mobilise were moved to different areas of the service so that they were not looking at the same view all day. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

One person told us, "The staff listen to what I have to say. I would go to the registered manager if I was worried about anything, they would sort things out". A system to receive, record and investigate complaints was in place so it that it would be easy to track complaints and resolutions. The service had a written complaints procedure. The complaints procedure was on display on a wall in the entrance hall. There was also a suggestions/complaints box available so people, the relatives and anyone else visiting the service could anonymously (if they wanted). People, relatives and visiting professionals told us that they did not have any concerns about the standards of care, and said they knew they could talk to the registered

manager or any of the staff if they had any worries. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been ten complaints in 2015-16, and these had been recorded with details of the investigation and outcomes. The registered manager ensured that action was taken to address issues identified and a member of staff confirmed that outcomes of incidents and complaints were discussed with staff so that people could learn from them. One visiting professional told us when they had raised a concern and the registered manager addressed it immediately and the issue was resolved.

The registered manager and staff were approachable and said they would definitely listen if people or their relatives had any concerns. People were confident that any concerns or complaints would be listened to and properly addressed.

Good

Is the service well-led?

Our findings

The service had a registered manager that was supported by a team of care staff. People were able to approach the registered manager when they wanted to. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and said that on the whole the staff team worked well together. The registered manager demonstrated a good knowledge of the people's needs.

Relatives said that everything had improved and was much better since the registered manager was appointed. One relative said "My relative cannot communicate very well but the manager really listens to what they are trying to say and understands better than we do".

Visiting professionals told us that the registered manger was doing a 'really good job' and 'they had turned the service around'. One visiting professional said, "The manager puts the residents first, always. They report any incidents to us and we work together".

Staff said the atmosphere at the service was friendly, happy, relaxed. One staff said, '"We can have a laugh and joke with the residents. We are not stressed and we can sit and chat with the residents and spend time with them. That is what is important".

The registered manager and staff audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. When any shortfalls were identified they were addressed. The provider visited the service at once a week to check on how things were. The staff could contact them at any time if they needed to. They checked and audited the systems used at the service carried out and identify any shortfalls within the service and any environmental work that had been carried out or needed to be done. The provider had not recorded any of their findings since June 2016. There was no evidence that follow up checks were made when shortfalls were identified and there were no records in place to make sure shortfalls had been addressed and that improvements had been made. This is an area for improvement.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. While each accident and incident was recorded, the registered manager had systems in place to audit incidents and accidents which would enable them to identify trends, patterns or concerns across the service to reduce the risk of further re-occurrence.

There had been regular staff meetings and staff felt their views were listen to and acted on. They said that they had very detailed handover at the end of each shift were staff could raise concerns and discuss any ideas.

On the day of the inspection people, staff, relatives and visiting professionals came in and out of the office whenever they wanted to. There was clear and open dialogue between them and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the

staff. Our observations and discussions with people, staff, visiting professionals and relatives, showed that there was an open and positive culture between people, staff and management. People told us that the registered manager was open and approachable.

The registered manager set dates for relative and residents meetings every month and advertised this in the services newsletter as well as emailing relatives and having posters around the service. Records showed that no relatives had attended any of these in 2015. One relative told us that they could not make the meetings as they were held during working hours. The registered manager used the time allocated for the meetings to approach people and gather feedback. On the on the whole was positive but some people because of their medical conditions did not have had full understanding of what was being asked.

People had the opportunity to discuss any concerns, what was going well and what they would like to improve. People said that they felt listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly.

People, relatives and visiting professionals had been sent a quality survey to feedback about the service being provided in 2015. Comments were on the whole very positive to excellent, including: "Always get a warm welcome here", "Staff are friendly and they inform us about anything that has happened or changed. I have never seen [my relative] so happy", "Staff are always friendly and chatty, and offer drinks", "Every time we have been, there has always been a lovely atmosphere; it was great during Christmas too" and. "We are happy with the way that staff provide care for mum".

The registered manager had made written responses to suggestions made on the forms, indicating action taken. For example, ensuring that people knew about meal times, and that missing laundry was found. Comments had been made about needing more activities, and recruitment was underway for an activities co-ordinator. A suggestion for a photo-board of staff had been made, which had initially been rejected. The registered manager recognised that this would help orient people and reported that this suggestion would be reviewed. One relative told us that they had not been approached to give feedback formally, but they felt able to approach staff to make suggestions, and they felt that the registered manager had made improvements since being at the service, such as making care records better and tidier.

The registered manager also provided surveys for members of staff, which they could complete anonymously, and this helped the registered manager to get constructive feedback on leadership, performance and the ethos of the service. Most responses were positive, and several staff mentioned that there had been many improvements at the service over the last year.

Staff were clear about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.