DCSL Limited

Soham Lodge

Inspection report

Qua Fen Common
Soham
Ely
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

Soham Lodge is registered to provide accommodation and nursing care for up to 26 people. There were 22 people living at the home when we visited. The home is on one floor with two dining and lounge areas and single bedrooms. There is an enclosed garden area.

This unannounced inspection took place on 19 and 23 March 2015. The previous inspection was undertaken on 21 February 2014 when we found that the regulations which we assessed were being met.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Not everyone received their medication as prescribed and safe practices had not always been followed in the administration, recording and storing of medicines.

People felt safe and staff knew what actions to take if they thought anyone had been harmed in anyway.

Summary of findings

People confirmed that there were enough staff available to meet their needs but that they would like it if staff had more time to sit and talk to them. Other than when staff were attending a short meeting call bell's were responded to promptly and people were not rushed when being assisted by staff.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. Not all nurses employed to work in the home had the competencies they required to meet people's nursing needs. These needs had been met by the district nurses.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being followed to ensure that when needed decisions were made in people's best interests and they were not having their liberty restricted unless the correct procedures were followed.

People enjoyed the food and always had enough to eat and drink. When needed, people were given the support to eat and drink.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and likes. People's privacy and dignity were upheld.

People had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the care staff or the manager.

A management company had been appointed to oversee the running and of the home and had appointed a new manager. The management company had an action plan in place to make ensure improvements were made where necessary.

We found a breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their medicines as prescribed.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm.

Only people who were suitable to work in the home were employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Care staff were supported and trained to provide people with individual care.

Nursing staff were not always trained and competent to carry out nursing tasks.

People had access to a range of health services to support them with maintaining their health and wellbeing.

People received the support they required with eating and drinking.

Is the service caring?

Good

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that people needed.

Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

Although regular audits had been undertaken to improve the quality of the service, the actions identified to be taken had not always been completed in a timely manner.

Staff felt confident to discuss any concerns they had with the manager and

Summary of findings

were confident to question colleagues' practice if they needed to.

Soham 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.

This inspection took place on 19 and 23 March 2015 and was unannounced. The inspection team consisted of an inspector and an inspection manager.

Before our inspection we reviewed the information we held about the home. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection we spoke with five people who lived in the home, two relatives, five care staff, one nurse, one interim manager (who had only been in the home for one week) and one area manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to health and safety records and audits.

Requires Improvement

Is the service safe?

Our findings

One person living in the home said, "Oh yes, I am safe here, much safer here than being at home. If I didn't feel safe I would talk to the nurse in charge". One relative spoken with said, "Yes my father is very safe here. If I had any concerns at all about his safety I would speak with a member of staff straight away". One member of staff said, "The residents are very safe here, we make sure of that". Another member of staff said, "If I had any concerns about the way that people were treated I would go straight to the manager".

We spoke with the nurse in charge about medication. He informed us that nurses were responsible for the administration of medication and that no one currently living in the home administered their own medication. The nurse in charge said that when they first started working in the home, the person in charge supervised them administering medication to ensure that they were competent. We looked at the storage, administration and recording of medication and noted some concerns. The administration records for one person showed that one of the medications had not been administered in line with the prescriber's instructions. One medication was prescribed to be administered 30 minutes before food and other medications but this was administered with other medication when the person was given their breakfast. Another person's MAR (medication administration record) stated that they were to be given one or two tablets but the number administered had not been recorded.. This meant the person was at risk of exceeding the prescribed dose. Another person's MAR did not show that a medication to be administered at 06.30 on17 March 2015 had been administered as there was a gap in the record. However, the medication was not in the blister pack. Records of refrigerator temperatures were not consistently recorded. Records showed that refrigerator temperatures had been recorded on 07 March 2015 and then not again until 12 March 2015; the most recent recorded temperature was on 16 March 2015.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff spoken with confirmed that they had received training in safeguarding. They knew the actions to take if they had concerns about the safety of anyone living in the home and knew what constituted abuse. Information about how to report concerns about the safety of people were on display in the home, and staff spoken with were aware of the role of the local authority safeguarding team. Staff were also aware of the whistleblowing procedure and said that they would raise concerns immediately if they had any.

The manager was not aware of how the numbers of staff required to be on duty each shift had been decided. During this inspection we noted that call bells were answered promptly and that staff had time to care for the people living in the home. Staff spoken with said that when there was a shortage of staff, staff from an agency were used. One member of staff said, "It unsettles the residents when we have to use agency staff who don't know them". Another member of staff said, "We do have time to talk with the residents but sometimes it would be good to be able to spend extra time with them to really be able to sit with them". We were also told, "Staffing levels meet the care needs of the residents but there is not time to spend sitting with people. The activities coordinator does spend time with people but I wish that we could".

One person told us, "Some staff make the time to sit and talk to me" and another person told us, "I would like the staff to have more time to sit and talk, I get very lonely." We saw that although there were sufficient staff on duty there was one period of time when a staff meeting was being held and one person was calling out for staff assistance because no staff were in the immediate vicinity. At a staff meeting held on 04 March 2015 there was a discussion about staffing levels. Comments from staff included. "Wish we had more time", and "It upsets me that we can't spend more time with the residents".

Staff told us about their recruitment that they were only employed after the necessary checks to ensure they were suitable to work in the home had been completed. Recruitment checks included the provider requesting references from previous employers and the completion of a satisfactory criminal records check. The nurse in charge confirmed that their PIN number was also taken before they were employed at the home.

Environmental risk assessments had been completed regularly. The health and safety audit which had been completed in January 2015 noted that the fire risk

Requires Improvement

Is the service safe?

assessment had not been reviewed. We saw that the fire risk assessment had not been reviewed since July 2012. Checks to the fire alarm systems had been completed regularly.

Requires Improvement

Is the service effective?

Our findings

Care staff confirmed that they received regular training. A full time training manager worked in the home but they had not been given the responsibility for ensuring that the nurses had completed professional development training or that they were competent to carry out nursing tasks such as catheter care or using a syringe driver. As a result of this failing, district nurses were having to undertake a nursing care procedure for one person in the home.

One member of staff said that they had recently received training in infection control. Another member of staff said, "The training opportunities are very good. I have two days training on safeguarding booked for April and will also be undertaking a two days course on the Deprivation of Liberty Safeguards in April". All staff spoken with stated that when they started working at the home they had an induction period when they received training. One member of staff said, "The induction was very good. It really prepared me for the role". Staff told us that the induction lasted for a week and that during this time they received training in a number of subjects including moving and handling, food hygiene, safeguarding, fire safety and an introduction to the home. They said that after their induction they spent time in the home shadowing experienced members of staff. Staff were able to tell us how their skills and knowledge had improved as a result of the training they received. For example, one member of staff told us, "I recently attended an infection control course and I learnt a lot. I now know how to deal with infection".

Staff told us that they have received training about the Mental Capacity Act. We saw that people's care records contained information about Mental Capacity Assessments and that Best Interests Decisions had been recorded. The home's previous manager had completed applications for people they felt were having their liberty deprived which were being processed by the local authority.

Bedrails had only been used to prevent people from falling out of bed after an assessment of the risk had been completed and people or their representative had agreed to them being used. People had also been involved in making decisions in relation to r resuscitation. These decisions had been clearly recorded so that staff were aware of people's wishes.

Staff spoken with confirmed that they had regular supervision and that an appraisal system was also in place and that they felt supported.

Staff spoken with told us that people's health care needs were met. They said that doctors visited the home every Monday and then when people were unwell they would inform the nurse in charge who would arrange for a doctor to visit immediately. One relative said, "When my father is not well, a doctor is called immediately." We saw that when needed, people had been referred to other health care professionals such as dieticians and speech and language therapists. People told us that staff understood their health needs and supported them when needed. For example one person told us that due to a medical condition they sometimes needed painkillers. They told us that they could request the painkillers and they were brought immediately.

People told us that they liked the food and said that they were given a choice of meals. We saw that there were options of main course at lunchtime. One person told us that if they didn't like the main options they could request something else. One person said, "The food is good and you get enough." We saw that people were provided with sufficient quantities to eat and when they had finished their meals they were offered further servings. Where people were identified as being at risk of malnutrition, staff took appropriate action such as monitoring their weight or providing fortified meals and supplements. We observed a meal time and saw that people were given choices and offered any help that they needed. We saw that for one person who had been assessed as needing a soft diet, the food was served appropriately and the staff member explained what each item was before assisting them to eat it with gentle encouragement. Staff sat down to next to people to assist them when they needed it. They assisted them at an appropriate pace and checked that they were happy with the food. People could choose to have meals served in their bedrooms. We saw that people had access to jugs of fresh squash or water in their bedrooms.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "I'm very happy here, staff are very kind, they treat us like friends". Another person told us, "I like living here, I like the company, the carers and nurses are good and caring". A relative told us, "My father is looked after really well. I cannot fault the staff at all. He is a person not just another resident". Another relative said, "The care here is unbelievable". The nurse in charge said, "The quality of care from carers is brilliant. They really care about the residents' welfare".

We saw that staff knew people well and treated them in a caring manner and with dignity and respect. Staff referred to each person by their name and took time to ask them how they were. We saw that people felt happy to move freely around the home and could choose if they wanted to join in with any activities that were taking place. We observed a carer assisting one person with their lunch. The carer asked how the person was and throughout the meal asked the person about their family and background. They gently encouraged the person to eat and respected their decision when they had eaten enough. During the inspection we saw that when staff members came into the communal areas they made eye contact with people and asked how they were and if people seemed upset they responded by putting their arm around them and asking if they could help.

Staff were seen to provide care to people in a timely manner. When personal care was being provided, a sign was put on the person's door stating, "Please do not disturb – care in progress. Please knock and wait. Thank you". One member of staff told us that people could choose if they wished to have a male or female member of staff to assist them with their personal care needs. Staff were seen to knock and wait for an answer before entering people's bedrooms. Two people told us that although the regular staff knock on their bedroom doors agency staff sometimes entered without knocking. People confirmed that their privacy and dignity was respected and that personal care was only provided in private.

Care records had been written in a manner to encourage staff to treat people with respect. For example, one person's care plan stated, "discussions should take place in my room as I'm a very private person."

People told us they could make decisions about what time they got up and went to bed and how they spent their day. Care records made staff aware of how to offer choices. For example, one person's care plan stated, "I tend to be tired later in the day so things are best discussed in the morning when I am more alert." We saw that people were offered choices about food and if they would like gravy and condiments.

We observed a game of bingo in the in the main lounge and saw that everyone in the area was encouraged to take part. People were smiling and laughing and seemed to enjoy taking part. People were given the support they needed to take part. People told us they were told about the day's activities and could decide if they wanted to join in. One person told us, "I've had a busy life, I'm just happy to sit in my room, think about things and take it easy."

Good

Is the service responsive?

Our findings

People told us that they had been involved in making the decision to move into the home. One person told us, “I saw the room and I’m very happy here.” They also told us that staff asked them what support they needed when they first moved and that staff know them well.

A relative spoken with said that she attended regular reviews about her father and was aware of the contents of his care plan. We looked at three care plans and found that they were detailed and gave the staff the information they required to meet people’s needs. We saw that the care plan for one person included important information from healthcare professionals so that staff were aware of what support they needed. As well as information about what support people needed, the care plans also contained information about the person’s history so that staff could get to know about them their life histories. Care plans also included information about people’s preferences. For example, one care plan stated that the person preferred to be looked after by permanent staff. All of the care plans that we looked at contained a signature of either the person or their relative to show that the care plans had been discussed with them. The care plans had been regularly reviewed.

Staff confirmed that they received a handover at the start of their shift and that they knew the needs of the people living in the home. During our inspection we sat in on a staff handover. Full information was given about each person living in the home. People were spoken about in a caring and dignified manner and staff were very knowledgeable about each person’s needs.

People told us that if they were not happy with anything they would speak to a member of care staff. , the nurse or the manager. Staff were aware of the complaints procedure and said that if they received any complaints they would speak with either the manager or the nurse in charge of the shift. The complaints records showed that complaints had been thoroughly investigated and that appropriate action had been taken in response to the findings. A relative said that she had no cause to complain, but if she needed to she would speak with the person in charge. This showed us that the service responded to complaints as a way of improving the service it provided.

People’s social care needs, and choices of what they wanted to take part in, were taken into account and acted on. We saw how this had promoted people’s sense of wellbeing and had reduced the risk of isolation and boredom. There was a full time member of staff who was responsible for organising activities for people to take part in. Relative confirmed that they could visit the home anytime that they wanted to. One relative had organised a game of bingo for people on the day of our inspection.

Requires Improvement

Is the service well-led?

Our findings

The provider had appointed a management company to take on the responsibility for recruiting new staff members, assessing compliance with the regulations, making improvements where needed and providing financial guidance. There was no registered manager at the time of the inspection. There was an interim manager in post and a new manager was due to commence their employment the following week. The management company had started working in the home the week before the inspection. They had started assessing the homes compliance with the regulations. An action plan had been compiled of improvements that needed to be made.

Some audits of the home had been undertaken by previous managers which included those for care plans, medication, complaints, incidents and accidents. Action plans had been put in place to respond to the findings of the audits. However, not all audits or actions had been completed in a timely manner. For example, an audit in January 2015 highlighted that the fire risk assessment had not been reviewed since July 2012. At the time of the inspection this still had not been reviewed.

All the staff we talked with were positive about their roles at Soham Lodge and they understood their responsibility to share any concerns about the care at the home. Staff were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy. Staff meetings had been held regularly and staff confirmed that they were able to add items to the agenda. The meetings' minutes showed that learning from complaints and incidents and accidents were discussed during staff meetings.

Residents' and relatives' meetings had been held in the home and the dates for future meetings were displayed throughout the home.

The was a full time training manager who was responsible for ensuring that new care staff completed an induction and period of shadowing experienced staff before working on their own. They were also responsible for ensuring that all care staff training was up to date and that people attended refresher training sessions when they were due. We saw evidence that action had been taken when people's training was not up to date. However, there was no one responsible for organising the professional development of the nurses or ensuring that they had the right skill and knowledge to meet the needs of the people living at the home.

The required notifications had been made to commission so that we were aware of any incidents, deaths or allegations of abuse in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who use services and others were not protected against the risks associated with unsafe use and management of medicines.