

Sovereign Care Limited

Filsham Lodge

Inspection report

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Hailsham
East Sussex
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Filsham Lodge is situated on the outskirts of Hailsham. The service provides nursing care and support for up to 53 older people, some of whom are living with dementia. The registered manager told us that the service accommodated a maximum of 51 people as double bedrooms were no longer used. The home has two separate units, Ash and Beech. There were 51 people living at Filsham Lodge at time of our inspection, all of whom were in receipt of nursing care and most were living with dementia. During the pandemic there had been respite placements and these had included younger people living with a mental health illness.

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

Quality systems continued to be established and embedded into daily practice to support quality care and record keeping in all areas. Whilst we identified some areas in record keeping for improvement this had already been identified by the management team through audits and an action plan had been developed and risk therefore was mitigated.

Staffing arrangements were safe at this time and ensured people's needs were met in a timely way. Staff had received training and regular updates on safeguarding people. They understood how to respond to any suspicion or allegation of abuse or discrimination. Staff were recruited safely. People's medicines were handled safely. There were suitable arrangements in place to assess and respond to any risk to people. The communal areas were clean and there was on-going refurbishment.

Visitors were welcomed at the home. People were able to receive visits from their named visitors. Visiting took place in the sensory lounge which had been converted to a visiting room. Dependant on people's needs, some visits took place in the person's room. Throughout the pandemic, where people were receiving support with end of life care, they had been able to receive regular visits from family in their bedrooms. Visiting was on an appointment system to allow time for appropriate cleaning between visits and keep the home safe from the risk of infection. All visitors were required to have a rapid lateral flow COVID-19 test before the visit. If a rapid test has not been done, there were processes in place to do one at the service. During the visit visitors wore the appropriate personal protective equipment (PPE).

The management knew people and staff well and we were told they promoted an open culture where people and staff felt they could share their views. They understood their responsibilities and were committed to delivering safe care.

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

Rating at last inspection

The last rating for this service was Good (published 02 September 2019). We also undertook an Infection Control Inspection (IPC) (published 02 March 2021)

Why we inspected

This inspection was prompted due to information of risk and concern. The CQC had received concerns in respect of communication, end of life care and cleanliness, which had impacted on care delivery. The concerns raised were looked at during this inspection and have been reflected in the 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 COVID-19 and other infection outbreaks effectively.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Filsham 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

The inspection team consisted of two inspectors.

Service and service type

Filsham 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider.

We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

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 used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and seven members of staff, including registered nurses, senior care staff and housekeepers. We were able to speak with one visitor during the inspection and four family members contacted us following the inspection.

We reviewed the care records of four people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at rotas, training and supervision data.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided guidance for staff on how to minimise or prevent the risk of harm. For example, people with mobility problems had clear guidance about how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks on air flow mattresses and continence care were up to date.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This had ensured that the environment was safe for all the people who lived there and visitors.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Learning lessons when things go wrong

- Learning from incidents and accidents took place. Specific details and follow up actions of referrals to appropriate health professionals to prevent a re-occurrence were clearly documented. For example, referrals to the community mental health team. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the local authority and CQC.
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their mobility and this was recorded. For example, crash mats were used instead of bed rails. Staff

told us that they looked at the circumstances of the trip/fall and ensured that risks such as footwear and trip hazards were explored.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. Filsham Lodge use an electronic medicine administration system.
- We asked people if they had any concerns regarding their medicines. One person said, "No concerns at all, very good." A relative told us, "If the doctor changes anything, staff will talk me through what's changed, it makes me understand how my loved one might change in mood." We were also told, "I get my medication everyday."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine. This included the just in case medicines (JIC).
- Medication audits were completed on a monthly basis. The manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people. The registered nurses check for errors on a daily basis, this ensured they were picked up and acted on immediately.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "The safeguarding training is so important, we get good training and we discuss safeguarding procedures at team meetings, the manager updates us of any changes to the procedures." Another staff member said, "We would report anything that is poor practice or abuse, the residents are all very vulnerable."
- People told us they felt safe. Comments included, "looked after well," and "I have no complaints, enough to eat and drink but I do get bored." A visitor said, "The staff are very good so I feel confident about my relatives safety here."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Staffing and recruitment

- People continued to receive care and support in an unrushed way. There had been some changes to staff due to staff leaving and recruitment was on-going. The management team had ensured that as far as possible that if agency staff were used, it was the same agency staff to provide continuity of care. We were also informed that "We do have new staff and we overstaff whilst we are making changes to the service. We

are also actively recruiting."

- Comments from people about staffing included, "Good staff, quick at answering the bell, some really kind staff," and "I think there are enough staff on the whole, there seems to be an awful lot." Visitors said, "The staffing levels seem okay," and "I think the staffing is good, my relative hasn't said there were any problems and my relative always looks very cared for."
- Rota's confirmed staffing levels were consistent, and the skill mix appropriate. Staff shortfalls had been planned for and regular agency staff booked. There was always two registered nurses and two seniors on duty who took the lead on the floor. Staff told us "We have had problems, but things are getting better, I'm really confident we give good care."
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. Staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Preventing and controlling infection

- The service was clean and without odours.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning had improved at the service and records reflected that frequently touched areas were being cleaned on a regular basis.
- We were assured that the provider was preventing visitors from catching and spreading infections. There were clear systems in place for visitors to follow. Visitors had lateral flow tests, and temperature checks before entering the home and to a designated visitor area. Visitors were provided with hand gel, aprons and personal protective equipment (PPE) and peoples bags were sanitised. Visits to people receiving end of life care had been supported throughout the pandemic.
- We were assured that the provider was meeting shielding and social distancing rules, and were following the current government guidelines.
- We were assured that the provider was admitting people safely to the service. People were supported to self-isolate for 14 days in their bedrooms. If the isolation was impacting negatively on the person a risk assessment was undertaken and the staff would support the person to maintain social distancing.
- We were assured that the provider was using PPE effectively and safely. Staff had received training in how to safely put on and take off PPE and management staff completed competency checks to ensure that staff were doing this correctly.
- We were assured that the provider was accessing testing for people using the service and staff as per government guidance.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff working at the home worked exclusively at the home and agency staff, if required were block booked to minimise the risk of cross contamination. Staff had received training in infection prevention and control. People had risk assessments in place to assess whether they would be at increased risk from COVID-19.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date. Staff had risk assessments in place to determine whether they would be at increased risk from COVID-19. Infection control audits were completed regularly, and actions taken as a result were clearly recorded.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems were used effectively to improve the service. For example, care plans, medicines and wound care records were audited monthly.
- The accident and incident audit identified repeated falls and themes and was undertaken monthly. The audit stated referral to appropriate health professionals such as the falls team, and accidents and incidents were linked back to individual care plans.
- There was a clear management structure with the manager supported by a deputy manager and clinical lead. Each department had an identified lead who reported to the registered manager.
- The registered manager was fully aware of their responsibilities including those under duty of candour. Relevant statutory notifications had been sent to the CQC promptly.
- The registered manager acted in an open, honest and transparent way. This was demonstrated through the management of complaints and safeguarding incidents. For example, complaints were recorded and investigated. Investigations were shared with the complainant along with an apology and actions taken to resolve the complaint.
- Filsham Lodge is a local authority funded service. During the pandemic as COVID-19 free, the service had been asked to take people out of their normal service user bands for both respite care and long-term placements for those who are younger and live with mental health illnesses. A decision has been made to add these to their registration.

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

- The registered manager promoted a positive culture in the service. We were told was visible around the service and maintained a regular and positive contact with staff, people and relatives. One relative told us, "The staff are very good, they know its been difficult to visit emotionally for me as my partner has deteriorated further so I now with their support spend time with other people who have no visitors, it makes it so worthwhile."
- People, relatives and visiting professionals were positive about the registered manager and the management of the service. One relative said, "Efficient manager." Another said, "I am kept informed of changes and feel they do a good job, so good through the pandemic, kept everyone safe." A visiting

professional said, "The manager is knowledgeable about the residents, we are asked for advice when needed."

- Staff were confident with management arrangements which included the registered manager and management team. They talked of training and how they felt supported in performing their role.
- Staff said they were valued by the management team. One staff member said, "I like it here, it's my first job in care and I'm learning a lot." Another staff member told us, "We get training and supervision, support whilst working also."
- Communication systems were established, and the management team ensured an 'open door policy'. Staff from all departments were seen to visit the office throughout the inspection.
- Management meetings were held regularly which ensured information was shared effectively through the whole team including catering, maintenance, housekeeping, activity and care staff. This promoted a team approach to achieving person centred care. For example, new admissions were discussed, each member at the meeting were updated on any specific needs that were required. This included dietary and environmental needs.

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

- The registered manager took positive steps to gain the views of people, representatives and staff. They were aware that views were shared in different ways and gave different opportunities for this to be completed. For example, staff meetings were held in small and larger groups, this allowed views to be raised with the support of colleagues. Staff told us they felt comfortable and able to speak to the registered manager at any time.
- People and their representatives were encouraged to feedback views and requests within surveys, meetings and informal conversations. These were used to gather feedback and suggestions on improvement. One relative said, "I feel I can mention any issues and have done -and it's been dealt with immediately."

Working in partnership with others; continuous learning and improving care;

- The registered manager was positive when discussing the areas for development identified at the inspection. Immediate action was taken and included looking at simplifying the management of controlled drugs and reducing the amount of stock held.
- The registered manager kept up to date with changes in best practice guidelines and was proactive in supporting its implementation. For example, changes to GP and pharmacy services during the pandemic.
- The registered manager and staff had professional links with social and health care professionals and promoted effective working relationships. One professional told us, "They work well with us, communication between us is good."