

Sovereign Care Limited

Filsham Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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 2 separate units, Ash and Beech. There were 41 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.

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

The governance of the service had not supported the service to consistently improve management and sustain improvement. Whilst there were systems and processes to assess and manage risks to people, they had not identified some of the shortfalls we found. The action plan from the last inspection had not been fully actioned. For example, individual records to monitor people's well-being and safety were not all up to date or accurate. We also found shortfalls in the documentation regarding peoples' mental health status, continence and positioning.

Risk management was an area identified as needing improvement to ensure peoples' health and well-being was protected and promoted. We identified shortfalls in respect of the management of risk specifically regarding people who lived with emotions that distress and the management of specific health problems.

People received care and support by enough numbers of staff who had been appropriately recruited and trained to recognise signs of abuse or risk. Medicines were stored, administered and disposed of safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

However, we have made a recommendation regarding the decision making of the use of recline and tilt chairs and the decision making.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from visitors about the leadership was positive. A visitor commented "Really good and makes herself available when I visit." Staff said, "A good place to work, we are happy."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to staffing, risk management and the safety of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Filsham Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 2 inspectors.

Service and service type

Filsham Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Filsham Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider completed a Provider Information Return (PIR) on the 28 July 2022. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with 10 people who used the service about their experiences of the care and support they received and 8 relatives. We spoke with 17 members of staff including the registered manager, registered provider, deputy manager, 2 registered nurses and care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was undertaken in two of the three units.

We looked at a range of records. This included the care and medicine records for 10 people and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with 4 relatives over the telephone and 2 healthcare professionals.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess, monitor and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements were seen, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. These issues relate to records of people's care and are discussed in the well-led section of this report.

- Risks to people were not always managed safely, potential risks were not always fully identified, assessed or mitigated. This meant staff who were new to the service would not know how to safely support people. For example, care records showed a person had attempted to hurt themselves more than once, but this risk was not assessed. Action had been discussed with staff but not documented.
- People spent long periods of time (up to 6 hours) sitting in recliner and tilt chairs without regular moving of position or continence care. This was not reflected in people's specific care plan or risk assessments. This meant there was a potential risk of moisture lesions and pressure damage and may affect their continence needs. This had also not been considered as potential restriction for people and no best interest meeting had been held.
- People's mental health status and capacity was not accurate on individual care plan or risk assessments. There was evidence of review but there were no changes made to correctly reflect certain people's capacity or mental health status. For example, 1 person's care initial assessment stated 'no problems', but the placement documentation stated a confirmed mental health diagnosis.
- Choking risks had not all been assessed and some lacked guidance for staff. One visitor told us, "My loved one has difficulty in swallowing, they could choke." The registered manager confirmed this, however, the documents for this person did not include a choking assessment or guidance for staff.
- We found a number of radiators in Ash lounge that were very hot to touch in corridors. The registered manager immediately took action by contacting the maintenance person. The radiators were turned off until the thermostat was repaired.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This meant that people's safety and welfare had not been adequately maintained at all times and is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us, "I am ok here, I feel safe," and "I feel safe, they are kind to me, but I don't want to be here." Families told us, "My (loved one) is at the end of their life, the staff are so good, I have no concerns."
- At our last inspection peoples' weights were not always reflected in the care plans and risk assessments. This inspection found that this had improved and the registered manager had an overview of weights that were monitored weekly and monthly.
- 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.
- Health and safety checks were in place and risks associated with the safety of the environment and equipment were identified and managed appropriately.

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 MCA 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 take 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- We have recommended that advice is sought from appropriate mental health professionals regarding the use of recline and tilt chairs.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely.

Learning lessons when things go wrong

- The overview of accidents and incidents was monitored by the registered manager and lessons learned to prevent re-occurrence. This had included 1-1 staff support and the use of sensor mats for people who may be at risk of falls.
- There had been an ongoing issue with unexplained skin tears. The registered manager had taken this forward by looking at the equipment used and staff competency in moving and handling. It was found that not all people were being moved by 2 staff as required. Immediate training and supervision had been a

priority. The organisation has employed a moving and handling trainer that provided instant training when required.

Systems and processes to safeguard people from the risk of abuse

- There were clear systems and processes to safeguard people from the risk of abuse. Staff told us they received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination.
- People told us they felt safe. Comments included, "I am safe, the staff are good," and "Nice staff, I know I'm safe here, I get my tablets and am well fed."
- Staff could tell us of the signs of abuse and how they could report safeguarding concerns. Some staff whose first language was not English struggled with interpretation of the training. This was fully discussed with the provider who was planning to introduce the policies in the staff first language to build their confidence.

Staffing and recruitment

- Staff were safely recruited and there were sufficient numbers of suitably qualified staff deployed to meet peoples' needs. This included the need for 1-1 provision for some people. All staff had completed training necessary for their role.
- Visitors told us there were enough staff. A visitor said, "I honestly think there are enough staff, I visit every day and I see staff in communal areas and every time I want to speak with someone, they are there."
- Safe systems used to recruit staff had continued. Appropriate checks were made before staff began working with people including Disclosure and Barring Service (DBS) checks and references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. All registered nurses had their nursing registration checked by the provider to ensure they were safe to practice.

Using medicines safely

- Medicines were stored, administered and disposed of 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.
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. Senior care staff as well as registered nurses received regular training and competencies to ensure safe practices.
- Protocols for 'when required' (PRN) medicines, such as pain relief medicines, were generic and not yet person centred. They described the circumstances and symptoms when the person may require this medicine, but there were no pain charts in use that monitored the effectiveness of the PRN medicines. The deputy manager had identified this and work was in progress.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had not ensured that there were effective systems to assess and quality assure the service and had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had not been made and the provider remained in breach of Regulation 17.

- At the last inspection there had been changes in the leadership in the home which had led to an unsettled period and a decline in the oversight and management of risk. This inspection found that whilst there was a consistent registered manager, other changes in the leadership team had continued to have a negative impact on sustaining improvement.
- At the last inspection we found that improvements were needed to ensure that care plans and risk assessments were fully reflective of peoples' changed needs. This inspection found some improvement to care documentation, but there were areas that were not fully completed and people's records were not always accurate therefore placed people at risk of harm. For example, positioning charts for those at risk from skin damage and fluid charts were completed retrospectively and not always completed in a timely manner.
- There was a lack of person specific risk assessments to keep people safe from harm. This included, those for choking, self-harming, continence care and prevention of tissue damage for those confined to chair rest.
- As found at the last inspection, whilst there were care plans and risk assessments for oral health, but despite being reviewed these were not accurate. People were not all receiving adequate support with mouth care.

The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered provider, registered manager and deputy manager were positive and enthusiastic when discussing the areas for development identified at this inspection. Immediate action was taken in respect of risk mitigation and included reviewing all care plans and risk assessments to ensure all were current and reflective of individual needs.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.

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

- The management team continued to demonstrate a commitment to improving outcomes for people. It was acknowledged that there was work to do, to install staff team and improve leadership on the floor by a clinical lead and deputy manager.
- There had been a high level of whistleblowing concerns regarding the management of the home, the provider had recruited an external consultant who was conducting a full investigation in to all the recruitment and culture concerns in the service. The results of this will be shared with the local authority and CQC when completed on the 14 February 2023. Action required from this will be incorporated into the service improvement plan.
- Over the past two months, there had been staff interviews, staff surveys, individual and group supervisions to allow staff to freely communicate.
- As part of this inspection we spoke with 15 members of care staff and ancillary staff to gain their views. Staff told us, "Plenty of support," "Good team," "Very good people, no issues," and "Manager listens, no problems with culture." We did not receive any negative feedback about the management or staff team.

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

- The provider and registered manager understood their responsibilities under duty of candour and engaged people, staff and visitors. The Duty of Candour is to be open and honest when untoward events occurred.
- Quality assurance surveys had been sent to people, staff and health professionals and an overview of actions from the results put in place.

Continuous learning and improving care

- The registered manager told us they continued to use complaints, safeguardings investigations and accidents/ incidents, as learning tools to improve the service. The overview of accidents confirmed this. One staff member said, "The manager shares results of reviews with us and gives us direction of how to improve."
- Senior care staff had been given the opportunity to enrol on courses to become care home assistant practitioners (CHAPS). This course would enable them to take on advanced roles, for example dressing and caring for wounds, pressure relief and diabetes management.

Working in partnership with others

- The registered manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager was in close contact with the, mental health team and the GP service.

- The registered manager and staff had professional links with social and health care professionals and promoted effective working relationships. One professional told us, "Its better now, there is an openness and they will ring for advice when required."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a). The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).