

Sovereign Care Limited

Filsham Lodge

Inspection report

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Hailsham
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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?	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 two separate units, Ash and Beech. There were 47 people living at Filsham Lodge at time of our inspection, all of whom were in receipt of nursing care and a majority of whom were living with dementia.

At the last comprehensive inspection in June 2018, we told the provider they needed to improve the oversight and governance of the service. This was because systems had not been effective in identifying shortfalls in safe care delivery and in ensuring people were treated with dignity and respect. We issued warning notices following that inspection. A focused inspection in January 2019 found that improvements had been made and the warning notices had been met. This inspection, we found the provider had made the improvements necessary to meet all the legal requirements.

Changes had been made to systems that assessed the quality of the service and planned improvements. The management team were making regular checks of all aspects of the service. This was used to develop a comprehensive service improvement plan, which was regularly reviewed. Further time was needed to ensure that systems in place routinely identified areas for development and encouraged continuous improvement.

Although regular quality audits were completed to manage oversight of the service, we found improvements were needed in some areas to guide staff in delivering safe care. For example, aspects of medicine management such as medicines given covertly and those medicines for people in pain at the end of their life needed clear guidance for staff to follow.

People told us they experienced safe care. People told us, "I am comfortable here, it's clean and I love the garden." Another person said, "The staff are all very caring, very polite and respectful." A relative said, "All the staff are very approachable and will always make time to talk to us." We observed, and people told us that staff met their needs with care and kindness.

Training, policy guidance and safe systems of work minimised the risk of people being exposed to harm. Staff understood how to safeguard people at risk and how to report any concerns they may have. People's needs and the individual risks they may face were assessed and recorded. Incidents and accidents were recorded and checked or investigated by the manager to see what steps could be taken to prevent these happening again. This ensured lessons were learnt.

There were policies and procedures in place for the safe administration of medicines. Registered nurses and senior care staff followed these policies and had been trained to give medicines safely.

Safe recruitment practices had been followed before staff started working at the service. Sufficient staff were deployed and who had received the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training. The premises were clean and infection control measures followed. People told us the home was clean and tidy. Relatives spoken with had no concerns about the cleanliness of the service.

Care plans had been developed to assist staff to meet people's needs in an effective way. Staff applied best practice principles, which led to effective outcomes for people and supported a good quality of life. The care plans were consistently reviewed and updated. Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SaLT).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes.

Staff always treated people with respect and kindness and were passionate about providing a quality service that was person centred.

The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active. Activities were provided and were under review as it was known that improvements were needed. People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Rating at last inspection:

Requires Improvement. (Report published on 28 February 2019.)

Why we inspected:

This inspection took place as part of our planned programme of inspections.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

The service is required to have a manager:

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.

The service type:

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

Notice of inspection:

We did not give the provider any notice of this inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed a Provider Information Return (PIR). 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 notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we looked around the service and met with the people who lived there. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 18 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, registered provider, deputy manager and 12 members of staff. Following the inspection, we requested feedback from three health and social care professionals.

We reviewed the care records of eight people who were using the service 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.

Is the service safe?

Our findings

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.

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 and make the required referrals to the local authority.
- A staff member said, "We have all had safeguarding training." Another staff member said, "I am really confident now on how to raise concerns, speak up and make sure our residents are safe."
- People told us, "The staff make us feel safe here, oh yes enough staff," and "They wouldn't get a chance to be abusive."
- 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 were very confident about how to raise concerns and told us that "A lot had been learnt over the past six months, we work so much more as a part of the team," and "Our internal communication has really improved, we discuss things more openly and I wouldn't hesitate to report poor practice."
- 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.

Assessing risk, safety monitoring and management

- People told us, "I'm ok here, it's not home but absolutely, I feel safe," "Staff make sure we are alright" we were also told, "I feel safe as I couldn't stay in my home anymore," "They look after me well here." Visitors told us, "Very happy with the care, any grumbles are dealt with, I'm happy with the safety aspect," and "I worried when my wife came here to live, but I'm really happy as she is safe here, I visit all the time, staff look after me as well."
- The provider used a computerised care system. The 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 written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. 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.

Staffing and recruitment

- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's needs were met. Food and fluid charts were completed when required as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met.
- Staff told us that there were enough staff to do their job safely and well. Visitors told us, "Very good staffing, always plenty of staff," and "I've been impressed with the amount of staff, more staff lately as there have been new residents arriving."
- We looked at four staff personnel files and there was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. We saw that medicines remained stored securely in the medicine room.
- We saw that all staff who administered medicines had the relevant training and competency checks.
- Staff continued to receive regular medicines competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "I have no worries, I get my medicines." A second person told us, "The staff are very good with my pills, I get them on time."
- Medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required.

Preventing and controlling infection

- On the first day of the inspection, there were unpleasant odours identified on Beech unit. These were immediately investigated and appropriate action taken. The cleaning schedule and daily audit had not identified that this had been identified previously and was a new issue. The registered manager had found that the odour came from the communal bathroom and was linked to the bin. We were told this would be monitored closely in future by the management team. Visitors to Beech unit told us, "Always clean and fresh," and "Have never found the cleanliness an issue, always clean."
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff used gloves and aprons appropriately. Staff who handled and served food had received training in food hygiene. Staff followed the guidelines of safe hygiene practice throughout the inspection.
- Staff confirmed they had received training in infection control measures. Staff could tell us of how they

managed infection control and were knowledgeable about the in-house policies and procedures that governed the service.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a series of unwitnessed falls, to avoid restricting the person they had provided one to one care to ensure their safety.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
Ensuring consent to care and treatment in line with law and guidance

At our last inspection improvements were needed in ensuring that people's consent was sought prior to care delivery. Improvements had been made at this inspection.

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 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to admission to ensure their needs could be met. The registered manager was very clear that people only came to live at Filsham Lodge if their needs could be met by the staff and premises.
- Staff assessed people's needs regularly and involved them as far as possible in care planning to ensure

their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. A visiting relative commented, "They came to visit us and did a very detailed assessment which included everything about them, health wise and socially." Staff we spoke with knew people's individual needs and preferences well.

- All risk assessments were regularly reviewed. Care plan reviews took place at least monthly, or as and when required.
- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation, for example, Waterlow score (this is used to assess risk of pressure sores). This helped to ensure people received effective and appropriate care which met their needs and protected their rights.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the occupational therapist in ensuring that people were moved safely and had appropriate specialist chairs that met their needs.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I really enjoy religious services. It's something I miss, staff do offer and tell about services, I know they have services here." Another person said, "I was asked if I wanted a male or female care to do my personal care, they have always ensured that I get a female carer."

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, such as the local authority.
- Clinical staff had access to professional development. A registered nurse said, "We have access to a wide range of training, we also have competency assessments to ensure our practice is of a good standard." People told us "I think they(staff) are all superb." Another person said, "They know what they are doing." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "I can see improvements, staff seem trained."
- Staff from overseas told us how they were supported by the organisation to improve their English, both spoken and written. Staff told us the importance of acceptance, whether it was nationality, culture, illness or personal preferences. One staff member said, "We get help and support." Another staff member said, "Everyone helps each other."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction is good, I am still on the induction, really enjoying it."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

Supporting people to eat and drink enough to maintain a balanced diet

- People's food preferences were considered when menus were planned. Comments from people included, "The food is good here," and "Food is very good, in fact I have put on weight, it is varied and you get a choice of 2 main dishes," "Food is quite good, we get a choice, plenty to eat and drink, snacks in-between, I can feed myself." A visitor told us, "We come at meal times, food looks good." Visitors and staff both said that meal times were a social and enjoyable event.

- People were shown the meal choices as the meal service began, which meant that they could visually make their choice. Snacks and fortified drinks were available throughout the day in the form of finger foods so as to tempt people with poor appetites.
- The chef knew the people he prepared food for. He visited people to discuss their dietary requirements and knew who required special diets and fortified food.
- There were appropriate risk assessments and care plans for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) had been made when necessary. Emergency equipment such as a suction machine were available for use in an emergency. All care staff and registered nurses had received training in what to do if someone choked.
- People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented to encourage people to eat. Staff assisted those that required assistance with eating in an unhurried way. The chef was introducing food moulds, so people would be able to identify the foods they eat when pureed.
- Staff monitored people's weights and recorded these on the nutritional assessment. The registered managers had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. Staff could tell us who was at risk from malnutrition and dehydration. They could also tell us what actions they needed to take such as encouraging drinks and fortified food.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "The GP comes regularly so we can request for him to be put on the list or the staff will do it if they see he needs something, and they call the doctors to come if they need to."
- People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have to have regular appointments at the outpatient department and staff organise everything and come with me." Another person said, "Staff help me make appointments for my glasses and hearing tests, very helpful."
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "When we see someone is losing weight, we ask the chef to add extra calories and inform the GP."
- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Communication has really improved, staff contact us for advice and monitor people well," and "They have the relevant information ready so that is really helpful for us."

Adapting service, design, decoration to meet people's needs

At our last inspection we made a recommendation that the provider sought advice from specialist dementia friendly health professionals for advice and support on the environment. This inspection found that improvements had been made.

- Filsham Lodge was an older style building that had been extended and was being upgraded and redecorated on a planned basis.
- There was a safe accessible garden area and two large communal areas. The garden areas were well kept, safe and suitable for people who used walking aids or wheelchairs. All communal areas were on the ground floor and accessible to wheel chair users and people with walking aids. There were adapted bathrooms and toilets and hand rails in place to support people.
- The second floor was fully accessible, by stairs or a lift. This ensured that people whose bedrooms were on

the second floor and were unable to walk independently, had full use of the communal areas and gardens.

- People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
- Throughout the building there was clear signage that helped people find their way around the building. Notice boards contained information about the home, photographs, pictorial activities, staff names and roles, religious services and complaint procedures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate support from staff. People were treated with dignity and respect. Staff were unhurried and caring when people needed them. Staff responded to people promptly when people asked for help.
- People were observed to be treated with kindness and were positive about the staff's caring attitude.
- People told us, "All the staff are kind, caring and patient; they do treat me with respect," and "The staff are very patient and caring, very good at treating me with dignity and respect."
- Throughout our inspection, families and visitors provided consistently positive feedback about staff and the service. Visitors told us, "Polite, welcoming and caring, keep us informed of all things happening," and "Nice staff, very nice atmosphere."
- Relatives confirmed how care workers would work to people's personal preferences and cared for them in the way they chose. One relative said, "We have been involved in reviews just for support as (my relative) is very able to make her own decisions, they listen and respect her choices."
- People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with the beginnings of dementia were treated in the same way as people who were not living with dementia. They were offered the same opportunities to join activities, trips outs and chose where they spent their time.
 - One staff member said, "We have had training in the principles of equality and diversity, everyone here has a differing ability but we treat them all the same." One person told us, "I can choose what I do day to day, staff help me when I need it, which I appreciate."
 - There was a positive culture about enabling families and friends to visit and join in with events. People were supported to go out into the community when they wished to. One family said, "We take our relative out for meals and family events, staff are very supportive."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People and their relatives were actively involved in both the initial care planning and in subsequent reviews as much as was able. One person told us, "I have sat and talked to staff about my care and pills, but I'm not sure how often, time just goes."
- Staff called people by their preferred name and ensured that this was noted so all staff knew.
- People were supported to follow their religious preferences and could attend holy communion once a

month. There was also the opportunity for people to attend local churches or invite a spiritual leader of their choice into the home.

- Staff offered people choices. For example, they could choose to have breakfast in their room or in the dining room. They could choose to spend time in communal areas or remain in their rooms, there were no restrictions to their choices.
- People and their families had regular meetings with the registered manager and staff to discuss plans in the home. People said, "We had a meeting quite recently, we spoke about food, outings and special events." A visitor said, "When the decorators are in we are told in advance in case of disruptions, there has been lots of changes but they involve us."
- People were supported to keep in touch with relatives. Relatives could visit the home at any time, family pets were welcomed, and this was appreciated by people. One visitor had recently brought in their dog to see their owner and staff said the reunion was "Lovely to see."
- People were always included in the day to day activity of the home even if they were not in the communal areas. People who went to their rooms during the day were included when staff offered tea and coffee. Staff engaged with all people at the home and checked on people regularly, to ensure they were comfortable.
- People's privacy was respected. People could lock the doors to their rooms and staff always knocked before entering. One person said, "it's a very big change coming to live in a home, I found it difficult but staff do ensure I get privacy and treat me well."
- People's independence was promoted. For example, people were offered meals in lipped plates which enabled them to eat independently. We also saw staff walking alongside people with walking aids giving praise and encouragement. One person said, "The staff encourage me to walk, I lost my confidence after a fall, but I'm gradually getting my independence back."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time.
- People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. The activity lead had completed some detailed histories about people's past interests. A staff member said they had read people's care plans and it had helped her to understand people and care for them. For example, one person had been an equestrian eventer and staff used this information to engage with the person and had arranged a 'pet' Shetland pony to visit Filsham lodge.
- Before coming to live at Filsham Lodge senior staff visited the person, either at home, or in hospital/care homes and completed a pre-admission assessment. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- Care plans had been reviewed regularly and reflected people's changing needs. Each care plan looked at the person's individual needs, the outcomes to be achieved and the action staff should take to achieve this. For example, one person was not eating and drinking as much as staff would like and was gradually losing weight. This was clearly documented in the care plans with guidance for staff to offer snacks and fortified drinks. This guidance was followed during the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails.

One person said, "My tablet is my lifeline."

- Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities at Filsham Lodge continued to be planned and tailored to meet peoples' preferences and interests as much as possible. A programme of events was displayed in the communal areas of the home.
- Activities planned included word search, games, puzzles, gentle exercise to classical music, nature music/sensory scenes, aromatherapy, nostalgia, hoopla, food tasting exploration, arts and crafts, balloon games and reminiscence.
- The Activity co-ordinator told us that they tap into peoples' personal experiences and offer one to one for people who remain in their rooms. We saw that this was documented in people care plans.
- The activity team were very committed to their role. We saw caring interactions from the activity co-ordinators and it was obvious that they knew people and how to communicate with them well. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "Everyone who remains in their room get visits from the activity people, they have hand massages and manicures, sometimes we sit and just chat to them, which they seem to enjoy."
- The management team acknowledged that some people did not want to join in activities and that meant it was difficult to encourage them to socialise or engage with other people or staff. Beech unit in particular had a 'flat' atmosphere despite staff trying to engage with people. This was something that they were continuously trying to improve as a team. New ideas were discussed at meetings both with families and staff.

Improving care quality in response to complaints or concerns

- There was a process for recording and investigating complaints.
- There was a complaints policy available in written and pictorial format. People and their families had access to a 'service user guide' which detailed how they could make a complaint. This was also available on their website.
- Some people told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the nurse." A second person told us, "I've got no complaints about anything and feel happy living here." Visitors told us that if they had a concern they would go to the managers' office and talk to them. One visitor said, "The door is always open and any issues I have, I just raise it and its dealt with."
- We saw complaints and concerns were logged and had been responded to in line with the complaints policy. At present there was one on-going complaint.
- When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated.

End of life care and support

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "It's important to get it right for the person and their families. To be treated with dignity and be pain free is a priority."
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes.

- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.
- Do Not Attempt Resuscitation (DNAR) forms had been completed appropriately and reviewed regularly. All staff knew people's resuscitation status.

Is the service well-led?

Our findings

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

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

This meant the service management and leadership was still being embedded and now needed to be sustained. Improvements to both the culture and care delivery were seen at this inspection.

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

- The registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, time was still needed for a cycle of all audits to be completed. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.
- The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. However, we found some audits had identified an issue but lacked an outcome and date of completion. For example, essential maintenance to the environment.
- As discussed during the inspection, improvements were needed to some areas of medicine management. For example, the use of covert medicines needed to be clearer about when they have received their medicines covertly.
- Whilst activities had been highlighted by the management team as needing improvement, for those at risk of social isolation, an audit or further analysis of what was beneficial to those individuals had not been undertaken.
- Some initial care plans for newly arrived people had missing information about their health needs. For example, one person lived with type 2 diabetes. Care staff and the chef knew of the required dietary requirements and it was mentioned in the handover sheet, however a care plan had not been created to reflect their specific needs.

These areas were immediately actioned by the deputy manager, who acknowledged the omissions. The risk was therefore immediately mitigated.

- There was now a registered manager in post that was supported by a deputy manager and clinical lead. Good communication and joint working had improved the leadership within the service. Staff told us that it was a much better working environment and culture in the service. Comments included, "Much better, we work as a team, the last six months has been hard, but we've learnt so much and now are a great team," and "Much more open and transparent at all levels."
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.

- Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right support and care. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was always senior member of staff on call during out of office hours to give advice and assistance to staff.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- Although not everyone could tell us their views about management, we observed that people were comfortable around the registered manager and knew who she was. Comments included, "I am getting good care here, most of the time the atmosphere is very good," and "I do know the manager but not her name."
- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People gave us examples of how living at Filsham Lodge had improved their life. One person said, "I wasn't safe any more at home, but I am safe here," and "I couldn't go straight home from hospital so I'm here until I'm ready to go back home."
- The management structure promoted an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff told us they felt well supported by the registered manager, even though they had only been at the service a short space of time and described them as, "Very approachable and made me welcome." Another staff member told us, "Couldn't work with a better team of staff."
- Staff told us the registered manager encouraged learning and growth to achieve positive outcomes for people. One staff member said, "She always supports us, encourages us to develop, she is also introducing champions, which will gives us all a responsibility."

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

- 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
- There was an open and transparent culture within the service. The registered manager had an 'open door' policy, we observed people and visitors coming into the office for a chat.

- The registered manager told us how they kept families informed when incidents were being investigated. Records we reviewed showed that families and other agencies had been informed as soon as there were any developments.

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

- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was

encouraged. Relatives were involved in care reviews. Relatives told us the registered manager was always available and they could speak to them or any staff if they had any queries or concerns.

- Surveys to monitor service delivery were sent out annually to people, families and health professionals. The results were collated and analysed, and actions taken where necessary. For example, meal choices. Results of surveys were shared with staff, family and people who lived at Filsham Lodge along with the actions taken.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to people as an individual and people were encouraged to express their individuality, personality and needs.

Continuous learning and improving care

- The management team said that there had been learning from the safeguarding investigations over the past six months. Valuable lessons had been learnt and partnerships made with health professionals in the community. Following a safeguarding which raised concerns about moving and handling practices, the occupational therapist had provided bespoke training with staff and supported staff at Filsham Lodge to become moving and handling trainers.
- The registered manager observed staff and checked high levels of care were consistently being provided. Staffing levels had been increased when necessary, for example, staff recently had been providing one to one care for a person who was at risk of falls.
- The deputy manager carried out medicine's competencies and further observations at the home. We were told that any issues or improvements identified would be fed back to the staff involved to ensure high standards were maintained.
- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to safely and effectively meet people's needs. The service also accessed further external training through the local authority East Sussex portal.
- The registered manager read CQC updates and passed relevant information onto staff to ensure continued best practice.

Working in partnership with others

- Staff had a good working relationship with the social workers involved in people's care to ensure people received the best outcomes and their physical and mental health were supported consistently.
- The service worked closely with other agencies such as occupational therapists and GPs to access help and support when needed. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.