

DCSL Limited

Soham Lodge

Inspection report

Soham Bypass
Soham
Ely
Cambridgeshire
CB7 5WZ

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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?	Good ●

Summary of findings

Overall summary

Soham Lodge is registered to provide accommodation, nursing and personal care for up to 34 people. At the time of our inspection there were 23 people living in the service.

This unannounced inspection took place on 1 August 2017. At the last comprehensive inspection on 27 July 2016 the service was rated as 'requires improvement'. We undertook a focussed inspection on 16 November 2016 and found that improvements had been made. At this inspection we found overall the service remained 'good'.

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

Staff were clear about the procedure to follow to protect people from being harmed. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as independent and safe a life as possible.

Staff treated people with kindness. Staff showed they genuinely cared about the people they were looking after. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Visitors were welcomed and also had warm, friendly relationships with the staff.

Staff were only employed after the provider had obtained satisfactory pre-employment checks. Staff understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge by way of supervision and observation. Staff were trained to provide safe and effective care which met people's individual needs and they knew people's care requirements well.

People had health, care, and support plans in place which took account of their needs. These recorded people's individual choices, their likes and dislikes and any assistance they required. Medicines were well managed and people received their medicines as prescribed.

Staff supported people to make everyday decisions in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their visitors were able to raise any suggestions or concerns they might have with the registered manager. They said that they felt listened to as communication with the registered manager and staff team was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived at the service and their visitors were encouraged to share their

views and give feedback about the quality of the care and support provided.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Soham Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 1 August 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with nine people who used the service and we observed how staff interacted with people who lived at the service. We used observations as a way of viewing the care and support provided by staff. We spoke with the provider, the registered manager, a nurse and five care staff. We also spoke with three visitors who were visiting people who lived at the service on the day of the inspection.

We spoke with representatives from the local authority safeguarding team and the local contracts monitoring team to obtain their views about the service provided at Soham Lodge.

We looked at records in relation to two people's care. We also looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

All of the people we talked with told us that they felt safe living at Soham Lodge. One person told us, "I don't worry about anything in here. The staff are nice and they look out for all of us." One visitor said, "I don't have to worry about [family member]. They keep them safe and they are always checking on them." Another visitor told us, "I don't leave here worrying about [family member]. I know they are safe as there is always someone around keeping an eye on them."

People were supported by a staff group that knew how to recognise when people were at risk of harm. Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm. They were able to say what outside agencies they would contact with any concerns.

A system continued to be in place to reduce the risks to people, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded. Guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence. The assessments were regularly reviewed and revised if the person's needs had changed.

Each person had a personal emergency evacuation plan (PEEP) in place, which gave staff and others, such as the fire service, detailed guidance about each person's needs if there was an emergency situation. Fire drills continued to take place regularly.

Accidents and incidents were analysed by the registered manager and area manager to identify any trends. Any actions necessary to prevent a reoccurrence were identified. For example, when one person had fallen their risk assessment had been updated so that staff knew what action needed to be taken to prevent a further fall.

We checked whether there were enough staff on duty to meet people's needs in a timely manner and to keep people safe. A visitor said, "There always seems to be enough staff around. I can always find someone to talk to if I need to." Although one person told us, "Sometimes you have to wait a bit when you ring the bell but that is to be expected, there are so many people to attend to here." The registered manager explained that the staff rota was devised to ensure that there were sufficient staff on duty so that they could be deployed effectively. Staff told us that the rotas were adjusted so that each person's needs continued to be met. One staff member said, "We have one person who requires additional staffing to meet their needs and [name of registered manager] ensures staffing levels are sufficient for this." This meant there were sufficient staff deployed to meet each person's individual needs.

Staff told us that all the required checks had been carried out before they were allowed to start work at the home. These included references from previous employers, proof of identity and a criminal record check. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We found that medicines continued to be managed safely and all staff who administered medicines had received training.

Is the service effective?

Our findings

People made positive comments about the staff which included, "I really like the staff. They are always around for you and they all seem happy." "The staff are lovely, so kind and patient". And "[family member] has to have help washing and everything and they [staff] keep them calm. They take things slowly and talk to them really gently. They tell them what is happening."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

Staff told us that they continued to undertake training in a range of topics relevant to their role. These included moving and handling; first aid; food hygiene; safeguarding and fire safety.

Staff told us that the registered manager worked alongside staff, especially if they needed extra support to manage people's needs in an emergency. One member of staff said, "[Name of registered manager] is always available to help or provide assistance." Staff confirmed they continue to receive regular supervision. This provided staff with the opportunity to discuss what was going well and what could be done better.

People were supported to have enough to eat and drink. Their nutritional and dietary needs continued to be assessed and reviewed. Everyone we spoke with and a visitor told us that the food was good and we saw that people enjoyed their lunch. People were given choices for their meals and offered second helpings. We saw staff encouraging people to eat and drink in ways that were suited to them. Adaptive crockery and cutlery was available as required. One person said, "The food is good but I don't eat it all. I don't like some of the veg and I like gravy on my mash so they [staff] give me extra of the things I do like." A visitor told us, "[Family member] doesn't like potatoes so they give them extra meat and other veg which is great. They really accommodate what they like to eat."

People continued to have access to a range of health services. There were records in place regarding visits and support from health care professionals including GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. One visitor told us "In the past they have picked up when [family member] has not been feeling well. They got some of their medication changed and that really helped."

Is the service caring?

Our findings

People and visitors told us that they thought the staff were caring. One person said, "The staff are lovely. They come and give me a kiss and a cuddle. They tell me all about their lives which is nice." One visitor told us, "Staff go above and beyond to look after the residents [people who live at the service]. They really care about them and the staff always seem happy."

Another visitor told us, "I can't fault it here. I looked round a few other homes but this is the best. It is a big relief to us as a family to know [family member] is being cared for 24 hours a day."

Staff were supporting people in a kind and caring manner. One member of staff told us how they had to regularly go and reassure one person who needed to know that staff were available. This had meant that the person got the support they required so they remained calm. We saw that staff responded in a timely way to the call bells. A member of the staff team was seen to reassure one person in a gentle manner and explained that they were staying in the home and that their family knew they were here. The person then sat and relaxed.

Visitors told us that they could visit at any time and were always made to feel welcome and involved in their family member's care. One relative told us, "I could come and visit at midnight if I wanted." Another relative told us, "I can come when I want. I have come at a different time today and nothing is different: the standard of care is always the same."

Staff told us that it was important to them that they treated people with respect and dignity and promoted their independence. People confirmed that their privacy was upheld. One person told us, "I get a bath when I like. Staff make sure the door is closed." Another person told us, "They [the staff] encourage me to be independent. They explain what they are going to do before helping me." We heard staff speaking to people quietly to ensure they maintained people's privacy and dignity. One member of staff told us, "We have a resident of the day and we make a real fuss of them, not that we don't normally but we try to make it more special. We give their room a deep clean, we offer them pampering, they can watch what they want on the TV. We just try to make them feel special." This was confirmed by some people we spoke with and they told us that they enjoyed the day very much.

Resident and relative meetings took place and minutes of these were taken and available to view. One visitor told us, "I know they have relatives' meetings but my brother goes to those."

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Pre admission assessments continued to be undertaken prior to people being offered a place. This ensured that the staff were able to meet people's needs in the way that they preferred.

Care plans continued to include all relevant information about the person they referred to. They were written in a person centred way, describing what people were able to do for themselves. They also included information about people's history, what was important to them, their spiritual and cultural needs, communication, medication, nutrition, emotional well-being and any health issues. When an area of concern for the person had been identified (such as the person being at risk of malnutrition) information regarding this was included in all relevant areas of the care plan. This meant that the staff had the information they needed to meet people's needs. The care plans had been reviewed regularly and any changes made to update the information.

Two relatives told us that they were involved in their family member's care. One said, "They [staff] keep us advised about everything, when medication is changed, if [family member] is feeling unwell."

Various activities were organised. A list of activities was posted in the lounges and also delivered to each person's room. On the day we visited, the morning activities consisted of pampering (hairdressing and painting nails), reading and the afternoon was flower arranging. All of these were run by the activities co-ordinator. The flower arranging was due to take place outside but the weather was unsettled so it took place in the large lounge area at a large table. The activities co-ordinator encouraged people to arrange the flowers in appropriate vases. They explained what each flower was and people were joining in. For those people who did not want to join in group activities they were also given the opportunity to spend time with staff doing individual activities such as reading a book/magazine or having a chat. One person told us, "I like the bingo and there is always something going on." Another person said, "I can't do much but they try to get me involved." A third person said, "I like to do the word search, it keeps my mind active. I like to join in with the activities. I think [name of activity co-ordinator] is really good." Religious services were regularly carried out in the home for those who wished to attend. The activities co-ordinator had also arranged trips out. For example, a trip to Duxford had taken place. One person told us, "I went on the outing to Duxford, it was marvellous to see all the planes and they really made us welcome. I try to go on all the outings."

People felt confident to raise any concerns or complaints they had with the staff or the registered manager. There was a complaints procedure in place. We saw that when people had complained a thorough investigation was carried out. Detailed findings were given to the complainant along with an apology when necessary and what action would be taken to avoid a reoccurrence.

Is the service well-led?

Our findings

All of the staff, people living in the home and visitors spoken to told us that they found the registered manager approachable and easy to talk to. One person said, "I know I can speak to [name of registered manager]. If I have a problem, they will sort it." One visitor said "I have no qualms about recommending the home. All the staff are approachable and helpful."

Staff were dedicated to their job and told us that they really enjoyed working at Soham Lodge. One member of staff told us, "I really enjoy it here. The staff are great and really support everything I try to do and the residents [people who live at the service] are lovely." Another member of staff told us, "I enjoy my job. The residents are like your family." They also told us that "It is their [people who live at the service] home and we work in their home." There was an "Employee of the month" scheme. Staff could be nominated by another staff member, person living in the home or a relative. Staff told us that this helped them to feel valued.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. This was as well as displaying their previous inspection report rating conspicuously. This, and the way they supported staff, showed us that they were aware of their responsibilities.

Staff meetings were held regularly. Staff told us that they could add to the agenda and any suggestions they made were discussed and acted upon.

Meetings for people who lived at Soham Lodge and their relatives were held regularly. This meant that people were involved in the running of the home and could make decisions that affected them.

There was an effective quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans and infection control. The provider continued to visit the service and was fully aware of what was happening in the service.

Staff were aware of the whistleblowing procedure and told us they felt confident to use it if they had any concerns that they needed to raise.

People were also encouraged and supported to attend activities in the local community. The activities coordinator told us they were able to hire mini buses that accommodated wheelchairs to access the local community. Local community groups such as choirs regularly visited the home to provide entertainment.