

Nellsar Limited

Sonya Lodge Dementia Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection was carried out on 11 and 12 December 2018. The first day of our inspection was unannounced while the second day was announced.

Sonya Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sonya Lodge is a service that provides accommodation and personal care for up to 37 older people with dementia. At the time of the inspection, 34 people were living at the service; who were living with a range of health and support needs. These included; diabetes, epilepsy and dementia. The service had very large communal lounges/dining rooms available on the ground floor; with armchairs and TVs for people and a separate, quieter lounge, where people could entertain their visitors.

At the last Care Quality Commission (CQC) inspection on 17 October 2017, the service was rated as Good. At this inspection, we found the service Requires Improvement.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The provider did not follow safe recruitment practice. New staff started working without a DBS check.

Although effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, these had not been rigorously followed. Records were not always accurate, complete and consistent.

People were safe at Sonya Lodge. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

Medicines were managed safely and people received them as prescribed.

There were appropriate numbers of trained staff to meet people's needs and keep people safe.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring. They treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

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.

There were activities located around the service for people to engage with independently and each dining room table was set up for people to be engaged in a different activity.

Staff received regular training and supervision to help them meet people's needs effectively.

The registered manager ensured the complaints procedure was made available if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

Medicines were managed and recorded in a safe way.

There were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider as key areas.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of Deprivation of Liberty Safeguards and Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff that knew them well.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed with them before they moved to the service to make sure that the staff could meet their needs.

There were activities located around the service for people to engage in.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The systems and processes to monitor and improve the service had not been effective in highlighting the issues we found at this inspection. Records were not always accurate, complete and consistent.

There was an open and positive culture which focused on people.

The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Sonya Lodge Dementia Residential Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 11 and 12 December 2018. The first day of our inspection was unannounced while the second day was announced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete 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 previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We observed staff interactions with people and observed care and support in communal areas. We spoke with seven people who used the service. We also spoke with five relatives and a visiting friend of one person who used the service.

We spoke with two care workers, two senior care workers, one activities coordinator, chef, two wellbeing staff, the registered manager, visiting operations manager and the visiting recruitment/resource manager. We also spoke with a visiting healthcare practitioner.

We looked at the provider's records. These included six people's care records, which included care plans,

health records, risk assessments and daily care records. We looked at four staff files, a sample of audits, staff rota, satisfaction surveys, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which included the training records and additional audits.

The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe here. Oh yes, it is just the feel about it. There is people about, it is comfortable." Another person said, "Yes I do. The carers are around and the property is secure."

One relative said, "Definitely, people are safe here. There is such a spring in my [x] life since they have been here, than when they lived at home." Another said, "Yes, [X] is safe here because they are very relaxed and very happy."

We checked recruitment records to ensure the provider was following safe practice. The provider had not carried out sufficient checks to ensure newly recruited staff were suitable to work with people who needed safeguarding from harm. We reviewed staff files and saw that recruitment processes were not always fully carried out in line with Schedule 3 of the Health and Social Care Act. Gaps between staff education and employment histories were fully explored in all files reviewed. Two references had been received before staff started work. However, records showed that out of 12 care staff recruited between June 2018 and December 2018, five started without being vetted through the Disclosure and Barring Service (DBS) before they started work. The registered manager had put in place a risk assessment while waiting for the DBS check. Further, the registered manager had not carried out an Independent Safeguarding Authority (ISA) check an initial background check before staff started. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider's policy clearly stated, 'An offer of employment cannot be made until the DBS check is made and received back and is satisfactory'. We fed back our finding to the registered manager at the end of our inspection. They acknowledged our findings and said that this would be rectified immediately. We also met with the recruitment manager for the provider who also acknowledged the discrepancy found. He further stated that he had instructed all registered manager under this provider to implement ISA check and never to start a new staff without a DBS check. The recruitment manager had also issued out the commission's guidance on DBS to all registered managers with the provider.

Starting new staff without a DBS check was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. The registered manager told us there were six care staff in the morning, five care staff in the afternoon and four care staff at night. In addition, there was a senior care staff who led both morning and evening shifts, an activities coordinator, four housekeepers, a cook, a maintenance person, an administrator and the registered manager. Records confirmed this level of staffing. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the service and staff were not rushed.

Suitably trained staff followed the arrangements in place to ensure people received their prescribed

medicines. These were stored safely in medicine cabinets in the care office. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained how they give medicine to people and observed them while taking their medicines. One person said, "Yes my medicines come every morning."

Some people required topical creams for their skin, which care staff administered. We noted the topical creams on MARs and there were no gaps in staff signatures. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager had an effective system in place for the safe administration of medicines. Staff told us and records confirmed that only the senior care staff administered medicines and they had undertaken the provider's medicines training and had their medicines competency assessed annually to ensure their practice was safe.

The risk of abuse was minimised because staff were aware of safeguarding policies and procedures. All staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated Kent and Medway joint local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with told us that they would refer to this guidance whenever required. All staff said they would report any suspicion of abuse immediately. A member of staff said, "Safeguarding is about people are safe from abuse. If I suspect anything, I will report to my line manager." Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I suspect bad practice, I will report it to my manager. If nothing is done about it, I can report it higher up." The registered manager also had information about whistleblowing on a notice board for people who lived in the service and staff.

People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been reviewed in November 2018. The risk assessments promoted and protected people's safety in a positive way. These included moving and handling, medicines, care plans and daily routines. We saw they had been reviewed when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when their needs changed. For example, one person who recently had a fall from bed had their risk assessments reviewed in line with advice from healthcare professionals and this was discussed with staff on how to best meet their needs going forward. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the information they needed to help people to remain safe. For example, we saw diabetes and epilepsy guidance, which were detailed for staff to follow in the day to day management of one person's diabetes and epilepsy.

Staff maintained an up to date record of each person's incidents, so any trends in health and incidents could be recognised and addressed. We saw these forms completed recently and asked how these had been resolved. In cases of referrals, action had been taken to reduce the risk of these happening again. The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were effective systems in place to reduce the risk and spread of infection. The service had no odours and the environment and equipment was safe and clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. The service had an effective infection control policy. Staff were trained on infection control and food hygiene. This meant that the provider had processes that

enhanced infection control. People were cared for in a clean, hygienic environment.

The registered manager continued to ensure that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the registered manager monitored these until completion. Staff carried out routine health and safety checks of the service including regular checks of fire safety equipment and fire drills.

Each person had an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

Is the service effective?

Our findings

People told us they felt safe living at the service. One person said, "Food is good, very good. We always have good food." Another person said, "The staff are easy to talk to and would most definitely help you. They are very patient in supporting us." Another said, "I am a vegetarian and yes, my needs are met."

One relative said, "From what I have seen yes they are effective. They seem to have an enthusiasm for the job. I think it may sound silly but they show a love for the residents." Another said, "It is excellent. When after she arrived, she started putting on weight again."

People's initial assessment led to the development of their care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs, dignity and independence. The cultural area of the care plan identified the support required by each person for example, if they needed support to attend the church. Another example, in one person's plan it stated that they liked to attend church regularly. We found that this person was supported by staff to attend the church whenever they wished to. Information such as whether people were able to communicate if they were experiencing pain was detailed. Care plans were regularly reviewed. All the care plans we looked at had been reviewed in November 2018. Care plan reviews captured any changes since the last review or if there had been interventions, such as with health care professionals.

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapy team demonstrating that the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

Staff undertook mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included the incorporation of the Care Certificate and relevant topics considered mandatory. The in-house induction included shadowing of experienced staff. The induction included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. The provider's mandatory training included first aid, infection control, medicines administration, food hygiene, health and safety, fire awareness, moving and handling, equality and diversity and palliative care. Staff were supported and encouraged to complete work based qualifications.

Staff were regularly supervised and had an annual appraisal with a member of the management team. Staff had their competency to provide care and support assessed by a member of the management team in a

range of topics, to ensure the care and support people received was of a good quality and reflective of staff training and the policies and procedures of the provider.

The dining room had a menu board, which detailed the menu options for the day. The dining room was decorated with pictures of different foods and drinks to help people show staff what their choice of meal was. Tables were set at mealtimes with condiments and cutlery. People ate their lunchtime meal in the main dining room, whilst a small number of people remained in the lounge. People who remained in the lounge required assistance with eating, which was provided in a sensitive and caring manner. The menu provided choices to people, including a vegetarian option. A relative said, "The food is lovely. It is a big thing for my [X]. Staff show two plates of food and ask them which one they would like. That is such a sensible thing to do as they cannot understand the verbal descriptions anymore." Carers went around with fruit juices and other drinks throughout the day. We observed a very happy buzz of conversation, making it a happy social occasion.

We observed that people were supported to have as much choice and control over their lives as they wished. People's decisions and choices were respected by staff. For example, we observed one person who decided that a particular member of staff should support them with their lunch. The member of staff respected the person's choice and supported them.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Is the service caring?

Our findings

We observed that people were supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff.

One person said, "Oh yes, they are very caring." Another said, "Oh yes, yes most definitely. They are always willing to help." Other comments were, "Yeah they are always very friendly," and "Comfortable, we are relaxed and happy. We have quite spaces and people to talk to. People very caring and a great bunch to talk to."

A visiting relative said, "Yes extremely caring. The whole ambience of the place. It is welcoming, caring and genuine."

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. A visiting relative said, "Yes they are good. They also look at the book I have created on my Mum's life, so they have a very good understanding of what she has done in her life." Staff on shift knew and understood each person's needs very well. Staff knew each person by name and they spoke to them in a caring and affectionate way.

We observed numerous pleasant interactions between people and staff during our visit. In the morning, we observed staff sitting with one person who was living with dementia. Staff were holding hands with the person and singing as the person smiled and nodded along to the tune. The caring nature of staff was further evidenced by numerous compliments received from relatives. Staff were committed to their roles and this was reflected in their feedback to us. One visiting relative said, "I think it is absolutely wonderful here."

Staff knew the people that they were supporting. People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to care plans. Where people had specific needs, we observed staff meeting them proactively which showed that they knew them well. For example, one person appeared anxious whilst walking in a communal area. They told staff that they were tired. The member of staff helped the person to choose a seat to have a nap in. This showed the caring attitude of staff.

People were involved in their care. Throughout our visit, staff were observed offering choices to people. People were offered choices of hot and cold drinks throughout the day. At lunch time, people were shown

the food on offer and encouraged to make a choice. In the afternoon, we heard staff informing people of activities taking place in the service and offering people the chance to attend. People's preferences were recorded and staff were knowledgeable about these when we spoke with them. For example, one person liked to dress smartly when their relatives visited and staff knew about this.

People's independence was encouraged by staff. One person told us, "I like to wash myself and staff let me do this." People's care plans recorded their strengths and what they were able to do so that staff could support them in a way that encouraged them to retain independence. One person was able to wash their face and attend to their oral care independently and this was recorded in their care plan. Another person liked to do their own make up each day after being supported with personal care and this was recorded in their care plan.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. People told us that staff provided care in a manner that was respectful and dignified. People said staff ensured doors were shut and curtains were closed when they provided personal care. We observed this practice during our inspection.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible.

Is the service responsive?

Our findings

One person said, "There are too many things to do and I like it."

The registered manager undertook an initial holistic assessment with people before they moved into the service. The assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

People had care plans in place, which reflected their current needs. Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.

End of life care was provided sensitively and in line with people's needs and preferences. People's care plans contained plans for the end of their lives and these took into account people's wishes named 'last days of life'. One person at the service was receiving end of life care and we saw evidence of regular involvement of the GP, hospices and relatives. People and relatives were provided with information packs and the service had links with therapists and religious ministers to provide appropriate support at these times. Where people had specific end of life needs relating to their religion, these were documented and met by staff. Staff were being trained on end of life care.

The registered manager employed an activities coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the service notice board. During our inspection visit, people were supported to the local Church for weekly morning tea/coffee. One person said, "We are off to the Church for coffee today, which is lovely." Another said, "There is also a huge jigsaw puzzle too which is good. They invite us to participate but it is up to us. It is like a family here." We further saw the activities coordinator encouraging people to take part. People were offered individual support according to their needs and choices. There were activities such as cards, dominos, board games and knitting in the service. Activities were person centred. For example, one person who was able to use the computer was provided with an iPad, which enabled them to access the internet.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the service. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the local government ombudsman. There had been four complaints received in the last twelve months and these were resolved satisfactorily. A guide to resolving complaints was given out to relatives and people who lived in the service. Compliments log we looked at showed that the service had received several thank you cards/letters from relatives in the last 12 months.

Is the service well-led?

Our findings

We observed people engaging with the staff in a relaxed and comfortable manner. One person said, "Comfortable, we are relaxed and happy. We have quite a lot of spaces and staff to talk to. Staff are very caring and a great bunch to talk to." Another said, "I think it is absolutely wonderful here."

A visiting relative said, "I would recommend it to anybody. My Aunt is in another care home and between that and this one, it has been a positive experience. This is contrary to what you see and hear in the media."

We found that the registered manager had implemented a quality assurance system and used these principles to critically review the service. Regular checks were carried out on the quality of the care delivered at the service. Records showed that the provider carried out a range of audits in areas such as medicines, risk assessments, incidents and accidents and health and safety. The provider carried out a monthly holistic audit in which they looked at a range of areas such as documentation and staff practice. The provider also carried out a series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly, such as infection control. The registered manager used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. However, the audit carried out did not identify the breach of Schedule 3 of the Health and Social Care Act. Five new staff started without being vetted through the Disclosure and Barring Service (DBS) before they started work between June 2018 and December 2018. At the end of our inspection, we gave our feedback to the registered manager. We received feedback the second day of our inspection from the recruitment manager that this practice had been stopped immediately and they had implemented the Independent Safeguarding Authority (ISA) check as an initial background check before staff started.

Records were not adequately maintained. Although, there were systems in place to record food and fluid intake, they were not comprehensive. For example, night care plan in place for one person stated, 'I need to be checked during the night 2 hourly, 2 hourly repositioning and creams to be applied to maintain skin integrity dated 08/05/18. The daily records staff wrote on 10/12/18 at 02:35 stated, 'The night pad check settled at time of report'. Daily records seen did not state that the person was repositioned as stated in the care plan. In another example, one person's care plan stated that their average daily fluid intake should be 1400mls as recommended by the speech and language therapist. However, when the person had not taken the average of 1400mls, staff had not written the action needed to be taken in order for the person to receive the stated amount of fluid. Another person's care plan, 'Urgent risk feeding report dated 01/08/18 from the GP surgery stated, '4 scoops of thickener to 200mls of fluid'. Records seen did not confirm if staff had mixed the fluids as specified. It was difficult to see if staff had followed the guidance from the surgery. This meant that comprehensive record keeping was lacking in some care records we looked at, which could be detrimental to people's needs.

The failure to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failure to ensure records were accurate, complete and consistent was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a management team at Sonya Lodge. This included the registered manager, supported by the operations manager. The registered manager was an experienced manager who had been working in the service for several years and had a very proactive and enthusiastic approach to service development and improvement. There was a strong emphasis on continually striving to improve.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "My manager is very approachable. I can always go to the manager, very supportive." Other members of staff said, "Management of the home is nice, very supportive as well. We work as a team" and "Manager is a star. 5 star manager. If I have any problem, I can go to the manager. She operates an open door." We observed this practice during our inspection. A visiting relative said, "Oh yes, she is very approachable."

The open approach by the registered manager ensured staff were kept informed about any changes to practices to enable staff to work collaboratively. Regular staff meetings took place and the minutes of these showed a range of topics were discussed to ensure the people received good quality care. Minutes of meetings had recorded where people's needs had changed. They showed staff reflected upon any changes in the level of support a person required along with the involvement of health care professionals where concerns had been identified. Meetings were also used as an opportunity to comment and influence the day to day running of the service. For example, priorities set by the registered manager. Staff were provided with feedback from visits by external stakeholders who monitor the service, this information was used to share improvements required and to celebrate good practice.

The provider understood the responsibilities of their registration. Registered bodies are required to notify us of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

Where accidents or incidents occurred, staff responded appropriately. Staff took actions to ensure that people were safe following incidents such as falls or illness. The registered manager analysed accidents and incidents and risks as part of the registered manager's audit. Where patterns or trends were identified, appropriate actions to reduce risks were identified and implemented by staff. The registered manager kept a record of any accidents or incidents that occurred and documented the actions taken in response to them. The records showed that staff acted appropriately to minimise the risk of the same incident occurring again. For example, the registered manager produced a report that identified any trends such as if people were falling regularly in a particular part of the service or at a certain time of day. An analysis was also carried out on people's weights, skin integrity and infections each month. This showed that the registered manager had systems in place to learn lessons from, and respond to, repeated risks.

Communication within the service continued to be facilitated through meetings. These included general staff meetings, senior care staff meetings, housekeeping and relatives' meetings. We looked at minutes of various meetings and saw that this provided a forum where areas such as staff trainings, rota, activities, people's needs updates and relative's involvement amongst other topics were discussed. Staff told us communication had improved between staff, people, relatives and the management team.

The provider had systems in place to receive people's feedback about the service. The provider had recently asked people using the service and other stakeholders to complete surveys about their experiences. The response from these showed that people were happy with the service. Some of the comments people made in the surveys included, "Dad is happy there, he always looks clean", "Very satisfied, we go in twice a week

and usually take my wife out for the day, the staff always have her ready and she looks nice", "I feel she is absolutely safe. The staff are around to make sure the residents are safe" and "We are 100% happy with the service, the staff take dad out to the garden and keep an eye on him."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager failed to ensure comprehensive audit systems were in place to regularly assess and monitor the quality and safety of the service and ensure consistent record keeping.</p> <p>This is a breach of Regulation 17 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager failed to follow safe recruitment practice. New staff started work without appropriate DBS check.</p> <p>Regulations 9 (3) (a)</p>