Sovereign Care Limited

Filsham Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Filsham Lodge on 8 May 2017. This was an unannounced inspection. 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. There were 48 people using the service at the time of our inspection, all of whom were in receipt of nursing care and a majority of whom were living with dementia.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

At the last inspection undertaken on the 2 December 2016, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the principles of the Mental Capacity Act 2005 not being adhered to. The management and storage of medicines was not safe. Infection control procedures had not been followed, people's right to privacy was not consistently respected and the provider's quality assurance framework was not robust. Recommendations were also made in relation to staffing levels, safeguarding and staff's interaction with people. The provider sent us an action plan stating they would have addressed all of these concerns by February 2017. At this inspection we found the provider had made improvements to the management of medicines, staffing levels, safeguarding, privacy and dignity and staff interaction with people. However, improvements were not yet fully embedded and the provider continued to breach the regulations relating to the other areas.

The principles of the Mental Capacity Act (MCA) 2005 were still not consistently applied in practice. Documentation made reference to people's best interests and decisions being made in their best interests. For example, the use of bed rails or remaining in bed. However, underpinning mental capacity assessments were not in place to demonstrate that people lacked capacity to make these specific decisions.

People, staff and relatives spoke highly of the registered manager and their leadership style. However, despite people's praise, we found areas of care which were not consistently well-led. The provider's quality assurance framework had not consistently identified shortfalls and the audit of incidents and accidents was

not consistently robust.

Accurate, complete and contemporaneous records had not consistently been maintained. Documentation failed to reflect the support people received to manage and meet their continence needs. Arrangements were in place to provide social activities and reduce the risk of social isolation. However, these arrangements were not yet consistently embedded into practice. We have identified this as an area of practice that needs improvement.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted.

People told us they felt safe living at Filsham Lodge. One person told us, "There are no complaints here." Another person told us, "The carers look after me well." Staff worked in accordance with people's wishes and people were treated with respect and dignity. It was apparent that staff knew people's needs and preferences well. Positive relationships had developed amongst people living at the service as well as with staff.

Systems were in place to ensure people were supported to receive their medicines on time by qualified and competent staff. Medicines were ordered and disposed of safely. People were supported to access health services and their health care needs were being met. People were safe and staff knew what actions to take to protect them from abuse

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Staff were knowledgeable about people's behaviours which might challenge and areas of care which might pose a risk to people. A range of risk assessments were in place and people's ability to use the call bell was considered.

People received support from sufficient numbers of suitably vetted and trained staff. Staffing levels reflected people's needs and were flexible to manage people's changing needs. Staff were supported to undergo an induction process to enable them to understand their roles and responsibilities in their job. Staff received training in core mandatory training and told us, this aided them to deliver effective care to people. Staff reflected on their working practices through regular supervisions and appraisals.

The service had care plans in place that detailed people's history, health, medical and physical needs and preferences. Care plans were reviewed regularly to reflect people's changing needs and shared with staff to ensure the delivery of care coincided with the changes.

Staff encouraged people to make decisions about their care and had their decisions respected. People had their dignity and respect maintained by staff that were kind, caring and compassionate. People's confidentiality was maintained by staff and records were kept securely with only those with authorisation having access to them.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the 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?

Good

Filsham Lodge was safe.

People told us they felt safe living at Filsham Lodge and staff were aware of the measures to keep people safe. Risks to people's safety were identified and measures were put in place to reduce these risks as far as possible.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

There were robust recruitment procedures in place and there were sufficient staff to keep people safe and meet their needs.

Is the service effective?

Requires Improvement

Filsham Lodge was not consistently effective.

The principles of the Mental Capacity Act (MCA) were not consistently applied in practice.

People were supported to have enough to eat and drink and to access health care services to maintain their health and wellbeing.

Staff received training and supervision to support them in providing effective care to people.

Is the service caring?

Good

Filsham Lodge was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People's privacy and dignity was respected by staff.

People were supported in a stable and caring environment. The staff promoted an atmosphere which was kind and friendly and staff had developed positive relationships with people. The companionship pets bring to older people was recognised by the

management team.

Is the service responsive?

Requires Improvement

Filsham Lodge was not consistently responsive.

Improvements were still underway to ensure the provision of activities was meaningful and the risk of social isolation was mitigated.

People's needs had been assessed and care plans were in place. People felt able to raise any concerns and acknowledged that these concerns would be listened too.

Is the service well-led?

Requires Improvement

Filsham Lodge was not consistently well-led.

Accurate, complete and contemporaneous records had not been maintained. The provider's internal quality assurance framework was not consistently robust.

People and staff were positive about the management and culture of the home.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Filsham 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on the 8 May 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor 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 home.

The 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.

Before the inspection we checked the information that we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people, three relatives, the registered manager, deputy manager, registered nurse, five care staff and an activity coordinator. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight care plans and associated risk assessments, three staff files, medication administration record (MAR) sheets, incidents and accidents, policies and procedures and other records relating to the management of the service. We also 'pathway tracked' people living at the service. This is when we followed the care and support people received and obtained their views. It was an important part of our inspection,

as it allowed us to capture information about a sample of people receiving care.

We last inspected Filsham Lodge on the 2 December 2016. This was a focused inspection and we looked at the key questions, is the service safe? Is the service caring? And is the service well-led? Each key question was rated as 'Requires Improvement' but we did not change the overall rating of 'Good'.

Good

Our findings

People told us they felt safe living at Filsham Lodge. One person told us, "The carer looks after me well." Another person told us, "Oh yes, I am very safe here." Visiting relatives also confirmed they felt confident leaving their loved one in the hands of Filsham Lodge. One relative told us how the care staff checked on their loved one every hour at night to make sure they were safe.

At our last inspection in December 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the storage and management of medicines was not consistently safe and the provider had not ensured that the service was clean and hygienic to reduce the risk of the spread of infection in the service. Areas of improvement were also identified in relation to safeguarding and staffing levels and a recommendation was made. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by February 2017. At this inspection, we found improvements had been made in relation to the management of medicines, safeguarding, infection control and staffing levels.

The management of medicines was safe. Improvements had been made since the last inspection. Sharps boxes (boxes to dispose of clinical waste) were labelled with an assembly date and although six sharps boxes were full, we were informed that they would be collected the following day. The provider had reviewed their medicine policy since the last inspection and updated the policy to reflect that all controlled drugs held in the service should be checked every week and not every 24 hours. We found staff were following this in practice and documentation confirmed that controlled drugs were checked every week. Liquid medicines were now dated when they were opened, however, we found one bottle of insulin where the original packaging had been thrown away and the opened date and expiry date was not recorded on the bottle. It is good practice to keep medicines in their original container and to record the opened date and expiry date to minimise the risk of administering medicines that are out of date. We brought this to the attention of the registered manager who was responsive to our concerns and agreed to take action.

Medicines were administered by trained competent care staff. The provider had recently transferred the management of medicines over to an electronic system. The registered manager told us, "The new electronic system is really helping and ensuring the number of medication errors is minimised. I can pull off a daily audit every day which tells me what medicines haven't been administered. From that I can explore why." Guidelines were in place for the use of PRN 'as required' medicines and staff told us how they worked in partnership with healthcare professionals to minimise the need for the use of anti-psychotic medicines. Stock levels of medicines were monitored throughout the month and stock that was carried forward from

one cycle to the next was clearly documented. This meant a clear audit trial and account for all medicines was maintained and monitored.

Staff had the knowledge and confidence to identify safeguarding concerns and were aware of their responsibilities in reporting any concerns. One staff member told us, "We have safeguarding training regularly and I would have no hesitation in identifying poor practice." Improvements had been made since the last inspection. Allegations of abuse had been reported to the local authority in line with the multi-agency safeguarding policy. For example, following concerns about a medication error, the registered manager had raised a safeguarding concern with the local authority and acted openly and honestly about the error.

There was enough suitably competent staff to keep people safe and meet their needs. At the last inspection, a recommendation was made which asked the provider to review nursing staff numbers to ensure the provision of nursing staff reflected the needs of people. Improvements had been made and the registered manager had implemented a registered nurse requirement tool. This considered the clinical tasks required to be undertaken by the registered nurse and the time required for each task. Tasks included venupuncture (taking blood), catheterisation, continence assessments and monitoring of falls. Based on this assessment, the registered manager had calculated that the service required a registered nurse for two hours per day. The registered manager told us, "Even though we only need input from a registered nurse two hours a day, we have one registered nurse on each shift." Care staff consisted of one senior care worker throughout the day, five care workers in the morning and four in the afternoon. Night shifts consisted of one registered nurse and five carers. A dependency tool was in place which provided a baseline of the number of care staff required. The registered manager told us, "The dependency tool calculates how many hours of staff we require per week and this is based on people's individual assessed level of need." Documentation reflected that the service had calculated they required 987 hours of care per week but they had decided to provide 1512 hours of care per week. People, staff and relatives felt staffing levels were sufficient. Observations demonstrated that staff were continually visible in the lounge area to provide interaction and stimulation for people.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment starting, identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with adults at risk. There was a system in place for checking and monitoring that nurses employed at the service had appropriate professional registration.

Guidance produced by AGE UK advises that for people living with dementia they can display behaviours which challenge, however, these behaviours are a clear expression of their feelings and needs. Staff were knowledgeable about the people they supported and how to respond to behaviours which challenge. One staff member told us how if a person was agitated or calling out they would try and ascertain the trigger or the cause for their agitation. Behaviour care plans were in place along with behaviour charts. One person's care plan identified they could raise their voice and hit out at staff when staff tried to provide personal care. The care plan noted that this was their way of expressing their frustration and guidance for staff advised to leave the person for a couple of minutes and return later. During the inspection, we observed one person calling out. In a sensitive manner, staff approached the person and tried to ascertain the cause of their distress.

Staff were knowledgeable about the people they supported and what element of their care routine may pose a risk. Older people with health needs such as dementia and Parkinson's can be at heightened risk of

choking. Choking risk assessments were in place and staff worked in partnership with the speech and language therapists to minimise the risk of choking. During the inspection, we spent time with one person who was observed to be coughing while eating (this can be a sign of aspiration). Staff were regularly checking the person and changing their position. A choking risk assessment was in place, which identified that staff were to provide supervision when the individual was eating. However, the guidance failed to identify what it meant by supervision. For example, were staff meant to sit with the person, be in the same vicinity or check on them every five minutes when they were eating. We brought these concerns to the attention of the registered manager who was open and agreed to amend and update the risk assessment.

Risks to individual's safety and wellbeing had been assessed and people were supported to be safe without undue restrictions to their freedom. Staff supported people to take positive risks. We observed some people, who had been assessed as being at high risk of falling, walking independently around the home using their mobility aids. The registered manager told us, "Where people have been identified at high risk of falling, we work in partnership with the falls team and try and support them as much as possible without restricting them. If they want to get up and walk around, we won't advise them to sit down. Measures are in place to minimise the risk of falls." For example, falls risk assessments considered the individual's needs and abilities, the associated risk and action plan. One person was at high risk of falls due to a range of factors which included neurological impairment, difficulties with balance and stability and often forgetting to use a mobility aid. The action plan advised staff to support the person by acknowledging familiar routines or patterns and to give calm instructions when supporting them.

Risks associated with fire safety were managed appropriately. Regular fire checks had been undertaken and people's ability to evacuate the building in the event of a fire had been considered as each person had an individual personal evacuation plan. There was a business continuity plan. This 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. In the event of the building needing to be evacuated, a place of safety had been nominated.

Guidance produced by the Department of Health advises that 'the steps taken in nursing home to protect people and staff from infection represents an important element in the quality of care, particularly as some infections have the capacity to spread within environments where susceptible people share eating and living accommodation'. Improvements had been made since the last inspection and systems were now in place to manage infection control risks. Action had been taken to seal the edges of the bathroom flooring which enabled housekeeping staff to keep the bathroom floor clean and hygienic. Clean linen and incontinence pads were no longer stored near to clinical waste bins which reduced the risk of clean linen coming into contact with clinical waste. Cleaning schedules had been revised and were now completed daily to evidence that areas such as light switches and cords had been cleaned daily.

Requires Improvement

Our findings

People and their relatives had confidence in the staff and told us that the care they provided was effective. One person told us how the care staff made sure they were comfortable and looked after their welfare. Visiting relatives felt that staff were competent and people spoke highly of the food provided. One person told us, "I love the food." Despite people's praise, we found an area of care which was not consistently effective.

At our last inspection in December 2016, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider was not working within the principles of the Mental Capacity Act 2005. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by February 2017. At this inspection, improvements were in the process of being made; however, these were not yet embedded.

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. Staff members told us they received training on the MCA 2005 and told us how they worked within the principles of the Act. One staff member told us, "We always gain consent from people and try and help them to make their own decision." At the last inspection, the provider had failed to demonstrate how they were working within the principles of the Act when they had installed a CCTV camera in a person's bedroom. There was no underpinning mental capacity assessment or documented best interests meeting. We found improvements were in the process of being made. For example, each person had a mental capacity care plan which considered what decisions they could make. For example, one person's care plan noted they could decide what they wanted to eat or wear. However, the principles of the Mental Capacity Act 2005 were still not consistently being followed.

Care plans considered people's ability to consent to care and treatment and sharing of information. However, where it was documented that a person's advocate had provided consent, there was no underpinning mental capacity assessment to demonstrate that the person lacked capacity to make that decision and required their advocate to provide consent on their behalf. Documentation also reflected that some advocates did not have the appropriate authority to be acting on the behalf of their loved one as they did not have lasting power of attorney for health and welfare.

Filsham Lodge had a range of restrictive practices in place, such as key coded entry to the home and key coded doors throughout the home, bedrails were also in use. Staff members told us why these restrictions were in place and were confident they were the least restrictive options to keep people safe. For example, bed rail risk assessments were in place. However, documentation failed to reflect if the person had consented to the use of bed rails or if they were implemented in their best interests under the Mental Capacity Act. No underpinning mental capacity assessments were in place to demonstrate that decision. The registered manager had recognised that people's liberty was restricted and subsequently applied for Deprivation of Liberty Safeguards. Documentation made regular reference to people's best interests, however, there was no underpinning mental capacity assessment to demonstrate that the person lacked capacity at the time the decision was being made and required the decision to be made in their best interests. For example, one person's care plan noted that it was in their best interests for them to remain in bed. Documentation clearly reflected that the decision had been explored and it was felt by all that it was in the person's best interest to remain in bed. However, there was no underpinning mental capacity assessment to demonstrate that the individual lacked capacity.

Some improvements had been made since the last inspection. Documentation reflected conservations with family members about specific decisions and there was evidence that the provider and registered manager felt these decisions were in people's best interests. However, documentation failed to reflect the underpinning mental capacity assessment. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased. The registered manager told us, "Applications have been made for everyone apart from one person who has capacity to decide to live here."

Guidance produced by the Alzheimer's society advised that 'eating and having a good meal is part of our everyday life and important to everybody, not least to people living with dementia.' We spent time with people during lunchtime and found that most people preferred to stay in their chair rather than sit at the dining room table. This meant people were having their meals sitting in the armchairs that they had spent most of the day in. However, staff told us how they asked people on a daily basis if they would like to sit at the table or remain in their chair and always offered people a choice. People received appropriate assistance to eat and drink and staff demonstrated patience and understanding when assisting people, ensuring that they were ready for the support provided and were enjoying their meals. One staff member was supporting a person with eating and drinking, they sat down next to them, maintaining eye contact, explaining what they had and asking whether they were enjoying it. They also interacted and engaged with the person, commenting, 'See, I made you laugh.'

People spoke highly of the food and one person told us, "I really like the food." Visiting relatives also felt the food was nutritious. One relative told us how their loved one had always enjoyed the food and staff provided assistance when needed. People's dietary needs were reflected within care documentation. For example, the type of diet people required and if they needed support with their meals. People were weighed regularly and where, for example, they had lost weight they had been referred via their GP for dietetic advice. Some people required specialist diets for example if they needed soft or fortified diets. Staff had a good understanding of people's likes, dislikes and portion size, and food was offered accordingly. Guidance

produced by the NHS advises on the benefit of finger food for people living with dementia as it can improve nutritional intake and help maintain independence with eating and drinking. During the inspection, we found that finger food was readily offered and available. For example, people had a mid-morning snack of fruit, sandwiches and cakes which people were seen enjoying and eating independently.

Effective management of people's healthcare needs means people can live long healthy, autonomous and fulfilling lives. People's changing health needs were reviewed on a regular basis and referrals were regularly made to healthcare professionals. People had regular access to GPs, chiropodist, speech and language therapists and dieticians. Staff had also worked in partnership with the Care Home in Reach Team to support people with behaviours that challenged and how best to manage those behaviours. The management of diabetes was effective. People living with diabetes have an increased risk of disability, pressure ulcer development and hospital re-admission. Diabetic care plans and risk assessments were in place which considered how often people required their glucose levels to be checked and the action to take following high or low blood sugars. For example, one person's diabetic care plan identified that if their blood sugars went above 16mmols and they are refusing insulin, staff must encourage fluids and if clinically unwell and blood sugar levels keep rising, a clinical decision would need to be made by the nurse on duty as to whether to transfer to hospital for re-hydration.

People's skin integrity and their risk of developing pressure wounds was assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST), these took into consideration the person's build, their weight, skin type and areas of risk, age, continence and mobility. These assessments were used to identify which people were at risk of developing pressure wounds. For people who had pressure wounds, wound assessment charts had been completed providing details of the wound and the treatment plan recommended, photographs of wounds had been taken to monitor their improvement or deterioration. There were mechanisms in place to ensure that people at risk of developing pressure wounds had appropriate equipment to relieve pressure to their skin, these included specialist cushions and air mattresses.

People told us that they felt that staff had appropriate and relevant skills to meet their needs. One person told us "They are very good." The registered manager ensured that there was a commitment to learning and development from the outset and told us how all staff were enrolled onto a level two health and social care diploma when their employment started. Staff that were new to the service were supported to undertake an induction which consisted of familiarising themselves with the provider's policies and procedures and orientation of the home, as well as an awareness of the expectations of their role. During staff's induction, the registered manager also held workshops with staff members getting them to experience life living with dementia. The registered manager told us, "We hold workshops where we feed staff members really quick and make them wear a top with food stains on. We get them to try and experience what it may be like for someone living with dementia."

Staff had completed most essential training and this was updated regularly. In addition they had undertaken training that was specific to the needs of people. For example, dementia awareness. Registered nurses ensured that their practice was current, they undertook relevant training courses and were registered with the Nursing and Midwifery Council (NMC). Staff's competency was also assessed through direct observations. For example, staff's competency with moving and handling was assessed through observations. Staff spoke highly of the training provided and felt it provided them with the skills required to provide effective care.

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff received regular supervision. Supervision is a formal meeting where training needs, objectives and

progress for the year are discussed. Staff told us they felt supported within their roles and felt able to approach the registered manager with any queries, concerns or questions. One staff member told us, "I feel listened to."

Good

Our findings

There was a friendly, homely atmosphere and people were cared for by staff that were kind and caring. People and visiting relatives spoke highly of the caring nature of staff and told us that they were well cared for. One person told us, "They are lovely carers."

At our last inspection in December 2016, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because people's right to privacy was not always respected. Areas of improvement were also identified in relation to staff's interaction and engagement with people. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by February 2017. At this inspection, we found improvements had been made.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. At the last inspection, people's privacy was not upheld and two bathroom doors did not shut properly and five bathroom doors did not have working locks which compromised people's dignity. Improvements had been made and all bathrooms had working locks and could easily be closed. People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they were mindful of people's privacy and dignity when providing personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This demonstrated that staff understood how to respect people's privacy and dignity. Staff also respected and ensured that people's modesty was protected when assisting them with personal care and moving and handling in communal areas. When staff supported people to move and transfer with a hoist, this was gone with great care and staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained during this manoeuvre.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. Staff also interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. People responded to staff with smiles and chat and staff recognised the importance of supporting people to feel that they mattered. At the last inspection, a recommendation was set for the registered manager to review the practice of staff to ensure they were meeting people's social and emotional needs. This was because staff were observed to not engage with people outside of care tasks. Improvements had been made and we observed many examples of staff engaging and interacting with people outside of care tasks. Staff used humour when checking on people alongside chatting and joking with people. The registered manager told

us, "We've been implementing more spot checks on staff, observing how and when they interact with people. We are also encouraging staff to demonstrate how they interact with people through daily notes, so this is documented."

People's bedrooms were spacious, in good decorative order and had been personalised, for example with photographs, art and items of memorabilia. This helped to create a familiar, safe space for people. The registered manager told us, "We decorate rooms before a person moves in. We would like to decorate some people's bedrooms, but it would cause them distress if we moved them to another room, while we redecorated." People told us how they liked having their belongings and artefacts around them and having their own personal space.

The Social Care Institute for Excellence (SCIE) report 'Dementia Gateway, keeping active and occupied' identified that 'contact with a doll or a soft toy fulfils the human needs for comfort and attachment and provides a focus for the person to be able to nurture and protect something else. There are also many reported benefits of enhanced communication between a person with dementia and staff members through the introduction of a doll.' Observations demonstrated one person sitting holding a doll and a number of people sitting or lying with soft cuddly toys. Staff recognised the importance these items brought to people and ensured they had them to hand. Throughout the inspection, one person spent time showing their soft cuddly toy to Inspectors whilst another person told us how they liked their 'teddy' very much.

Guidance produced by Age UK advises on the importance pets bring to older people. Filsham Lodge recognised the importance that pets bring to older people living in a care home. The registered manager brought their dog to work every day and told us how they took the dog round to see people. During the inspection, the registered manager showed Inspectors round the service and their dog came along. People spent time coaxing the dog over, commenting, 'What a lovely dog.' A variety of animals visited the service on a weekly basis and at least once a week, pet pals visited the service with dogs and other animals.

People told us they were able to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. Throughout the inspection we observed friends and family continually visiting, taking people out and being welcomed by staff.

Guidance produced by the Department of Health advises that for many, 'a good death would involve being treated as an individual, with dignity and respect, without pain and other symptoms, in familiar surroundings and in the company of close family and friends. Too often, however, people with dementia receive undignified treatment and are ending their lives in pain.' End of life care plans were in place and staff had received end of life training. End of life care plans were personalised and considered pain management, how to keep the person comfortable and what was important to them. For example, one person's care plan noted, 'needs to be cared for with love and kindness, should be kept comfortable and his dignity and respect maintained at all times.' Information was available on how the individual may exhibit signs of pain and the signs for restlessness.

Requires Improvement

Our findings

People we spoke with told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person told us, "There are lots of things to do." A visiting relative told us, "I think, on the whole, there is enough to do." Despite, people's praise, we found an area of practice which was not consistently responsive.

Pre-assessments took place before people moved into the home to ensure their needs and choices could be met. People, and where appropriate their representatives, were involved in developing their care plans and these were regularly reviewed. One relative told us, "I was involved in the care plan. If there are any changes, they let me know." Care plans covered a range of areas including; moving and handling, personal care, continence, nutrition and hydration and medication. Care plans considered the person's general needs, the degree of risk, action plan and outcomes required. For example, one person's care plan identified that they required full support from staff to provide assistance with a bath or shower. The care plan identified a high risk that the individual would be unable to communicate whether the water temperature was comfortable or not and the actions included for staff to adjust the water temperature to a temperature that was comfortable for the person.

Care records showed that people's needs were assessed and regularly reviewed and care plans were amended when people's needs changed. The front page of each care plan included a care needs summary which provided an overview of the person's social, emotional and health needs. For example, one person's care needs summary highlighted that their MUST score indicated a high risk and their Waterlow score indicated a high risk of skin breakdown. Care plans were personalised which enabled staff to provide responsive and person-centred care. For example, for people living with a catheter. Information was available on what to do in the event of the catheter falling out, the signs of infection and the catheter becoming blocked. Documentation confirmed that people's catheters were changed on a regular basis to reduce the risk of infection.

Guidance produced by the Alzheimer's society advises that people living with dementia can often experience difficulties with orientation around their home and in relation to time. During the inspection, we found that a number of people experienced confusion as part of their dementia. Care plans contained a section on dementia and included information on how the person's dementia presented and how best to engage with the person. For example, one person's care plan noted that they could often become 'confused, hindering communication between themselves and others.' Information was available on how the individual walked without a purpose but could experience disorientation. In these situations, guidance

advised staff to provide the individual with reassurance and direction. During the inspection, staff identified that one person was more confused than normal and took action to ascertain the cause of the confusion. For example, whether they were experiencing a urinary tract infection.

The provider employed two dedicated activity coordinators, however, we found the application of activities across the service varied and further work was required to reduce the risk of social isolation. Guidance produced by Social Care Institute for Excellence advises that older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. Social isolation and loneliness have a detrimental effect on health and wellbeing. Throughout the inspection, we identified a number of people who, due to preferences or health reasons, chose to stay in their bedrooms. Recreation and activities care plans were in place which considered people's level of ability to engage with activities and what activities they enjoyed. People's engagement with activities had been assessed using the Pool Activity Level (PAL).

Guidance produced by the Clinical Practice Guidelines for Dementia identifies that the PAL instrument is a valid and reliable tool for assessing people's level of ability for activities of daily living and leisure activities. For example, one person had been assessed as being at the reflex level of ability. Based on this assessment, their activity plan included activities such as music, smells, looking at fresh flowers, food tasting, hand and arm massages, being read to and sensory objects. However, from their care plan it was unclear how they could engage with these activities to reduce the risk of social isolation. Documentation did not reflect how often they would receive one to one activities with the activity coordinator. People's daily notes reflected that normally every four days they received a one to one activity from the activity coordinator. However, documentation failed to reflect whether this was sufficient in meeting their social, emotional and psychological needs. The registered manager was aware of how improvements could be made and in the absence of one to one activities from the activity coordinator, the registered manager was encouraging care staff to reflect and record the interactions they were having with people. For example daily notes were in the process of reflecting what TV channels people were watching or what music they put on for people along with the chats they were having. The registered manager told us, "We have been trying to get staff to really record what interactions they are having with people. We have made some progress but still have work to do." Activity coordinators worked five days a week but were not available at weekends. Staff members felt this was an area that could be improved. One staff member told us, "There is not enough hours for activities, especially for people in their bedrooms." The registered manager told us that the activity coordinators were employed for 45 hours a week and recognised this could be improved but they were restrained by financial budgets. The registered manager commented that they were working with staff to ensure people were watching films of their choice, listening to music and staff were interacting when providing personal care.

For people who enjoyed participating in group activities, a variety of activities were available. However, we found the provision of group activities varied across the service. The service was divided into two units with both units having their own communal lounge. During the inspection, we found the variety of activities varied between the two communal lounges. For example, in one communal lounge we observed a morning game of target practice with people supported to throw rubber hoops onto a black square on a board. Each person was scored and a winner was announced. During the afternoon, a record player and a handful of records was brought in for people to choose what they wanted to listen to. Staff then encouraged people to sing along or dance in their chair. However, in comparison to the other lounge, we found most people spent all day sitting in the same chair with little engagement. A staff member was allocated to supervise the lounge and was observed sitting with people. One person was encouraged to play a piano and a staff member spent time with one person engaging them with a twiddle muff (stimulation tool). However, a number of people spent the day dozing or sitting passively. People, relatives and staff felt activities were ok but felt improvements could be made. One relative told us, "The staff are lovely but they don't think of

taking them in to the garden, I expect they are too busy." On the day of the inspection, essential building works were taking place which temporarily prohibited people from accessing the garden. However, the registered manager told us that they try and encourage people to access the garden.

Arrangements were in place to provide meaningful activities and reduce the risk of social isolation. However, these were not yet fully embedded into practice. The registered manager was working in partnership with staff to demonstrate what interactions they were having with people; however, this was still in its infancy and not yet embedded into practice. We have identified this as an area of practice that needs improvement.

There was a complaints procedure in place and people and their representatives told us they knew how to access and use this. People also told us they could bring up any concerns and issues at the residents meeting. People and relatives felt they would be listened to and would usually approach the registered manager directly as she was available and approachable. One person told us, "I have no complaints, if I had, I would voice them."

Requires Improvement

Our findings

People, staff and visiting relatives spoke highly of the registered manager. One staff member described the registered manager's leadership style as brilliant. They told us, "She is approachable, down to earth and kind." People and visiting relatives confirmed they knew who the manager was and felt able to approach her. Whilst all feedback of the management was positive and we could see that changes were taking place, these changes were not yet embedded into practice.

At our last inspection in December 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because systems for assessing and improving the quality and safety of the service had not always been effective. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by February 2017. At this inspection, we found steps had been taken to drive improvement; however, these improvements were not yet sustained or embedded.

A governance framework was in place and the registered manager had access to a range of tools to help them monitor, review and assess the quality of the service. These included; satisfaction surveys, medication audits and a recently implemented general audit tool. The general audit tool covered health and safety, infection control and the environment. The registered manager told us, "Based on the feedback from the last inspection and the concerns with infection control, we devised a new general audit which covers infection control in more detail and each month a different member of the management team does the audit so it has a different pair of eyes on it." However, the supporting governance framework and audit system was not robust and did not identify shortfalls which were identified during the inspection. For example, the medication audit had failed to identify that the fridge temperatures were often out of range and went against the temperature that was considered safe within the provider's policy. For example, documentation reflected that on a number of occasions, the temperature of the fridge was recorded as one degree. All refrigerated medicines must be kept between two to eight degrees. Temperatures out of this range can have a negative impact on the medication. Documentation also failed to reflect what action was taken when the temperature was recorded as out of range.

The general audit considered infection control throughout the service; however, we found it was not consistently robust in identifying shortfalls. For example, at times during the inspection, there was a smell of urine and we found the smell was omitted from a number of slings. Staff reassured us that people had individual slings and they did not share slings. However, the presence of odour presented as infection control risk. We brought these concerns to the attention of the registered manager.

The management of people's continence needs was not robust or clear. Documentation failed to reflect when people received support to meet their continence needs. Guidance produced by the Royal College of Nursing advises that urinary incontinence can restrict leisure opportunities, and lead to social embarrassment and isolation, affecting both physical and mental health. It is vital that people who are incontinent are given every opportunity to regain their continence. High quality comprehensive continence services are an essential part of health care. Continence care plans were in place which identified what level of support people required. However, documentation failed to reflect whether this support was provided. The registered manager told us that staff would record the support provided on people's food and fluid chart. One person's food and fluid chart reflected they received support at 07.00am but nothing until 17.30pm. For people, who were not on a food and fluid chart, it was not consistently clear where staff recorded this support provided. Some people's repositioning charts made reference to support with continence care, but again, there were large gaps between the support provided. For example, for one person who was doubly incontinence and immobile, their repositioning chart dated 6 May 2017 made reference to personal care provided at 11.00am, but no other reference to continence care was made that day. On the day of the inspection, staff informed us that no one was living with a moisture lesion (beginning of skin breakdown), however, due to the inconsistencies in recording it was unclear if staff had failed to record their actions or if people had been without the care and support that was required.

The above examples, demonstrate that the provider's quality assurance framework was not consistently robust and the provider had failed to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Documentation was in place for the recording of incidents and accidents. This included the date, time, person and staff involved and details of the incident/accident. Each incident and accident was reviewed by the registered manager; however, they were not subject to a monthly or six monthly audits to monitor for any emerging trends, themes or patterns. We have identified this as an area of practice that needs improvement.

We recommend that the provider seeks guidance from a national source of the auditing of incidents and accidents.

Each person had a range of documentation in place, these included, food and fluid charts, repositioning charts and night time checks. However, we found a number of inconsistencies with documentation. For example, for people with a catheter in situ, staff were not consistently recording the amount of urinary output. Some staff had documented 'catheter emptied' whereas others had recorded the amount emptied. This meant there was no consistent approach to recording and monitoring urinary output from catheters. Food and fluid charts were in place which totalled people's fluid intake at the end of the day, however, there was no guidance on how much a person should be drinking. For example, we identified a number of people who were only drinking 800 mls a day. The registered manager identified that it can be hard to encourage people to drink when people are living with dementia but they do try. However, there was no guidance on what the person usually drank and their daily target for fluid intake. Therefore, if they were experiencing an infection and their fluid intake was reduced, staff would know that it had reduced due to the infection and that they were required to encourage people to drink more to help them achieve their optimum level of fluid intake. We have identified this as an area of practice that needs improvement.

People, staff and relatives were actively involved in developing the service. Satisfaction surveys had recently been sent out to staff, people and their relatives. Results from the recent satisfaction survey in January 2017 found that 72% of visitors rated the friendliness of staff as very good. Feedback from people found that 24% of people voted excellent to the question, 'are the staff kind to you' with a further 68% voting good. Where

the satisfaction survey raised concerns, these were used as an opportunity to drive improvement. For example, feedback from the relative satisfaction survey found that 32% of relatives voted the homes décor as poor. Based on this feedback, an action plan was implemented which identified that the home was being re-painted from one area to another.

Systems were in place to mitigate the risks relating to health, safety and the welfare of people living at the service. The service had recently been subject to a number of damp problems and consequently the flat roof needed repair. The registered manager told us, "This was an unexpected repair but one that needs doing." In one area of the service, the carpet was frayed and coming away from the edges which posed as a trip hazard. The registered manager identified that there was a plan to replace the carpet. However, in the interim, we raised concerns about the trip hazard and were informed that a sign was now in place to warn people and visitors.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of Filsham Lodge had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The provider was aware of their legal requirement to display their performance rating. We saw this was on display within the entrance hall of the service.

The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The service maintained good links with the local community. The registered manager had built links with the Care Home in Reach Team who had provided a 16 week programme of training. In addition local volunteers also visited the service to spend time with people and people also enjoyed visits from the local choir, schools and churches.

Staff spoke highly of the registered manager and their leadership style. One staff member told us, "The manager is approachable, firm but fair." The values of Filsham Lodge were embedded into practice and staff spoke highly about working at the service. They told us what they enjoyed and the challenges of the service. The registered manager told us, "Our key strength, is the care. The staff really care and are dedicated. A key challenge is recruitment. We offer a staff bonus to try and promote staff retention. So every three months, a staff member could potentially earn another £400."

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The care and treatment of service users was not provided with the consent of the relevant person. Where the service user was 16 or over and unable to give such consent, because they lacked capacity, the registered provider did not act in accordance with the 2005 Act. Regulation 11 (1) (2) (3).

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