Sovereign Care Limited

Filsham Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Filsham Lodge on 19 and 21 June 2018. This was an unannounced inspection.

Filsham 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.

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.

A registered manager was not in post. 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. The manager took up their post in January 2018 and has not yet submitted their application to register.

This is the second time the home has been rated requires improvement. At a comprehensive inspection in May 2017 the overall rating for this service was Requires Improvement with two breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 identified. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key question in safe to at least good. The provider sent us an action plan stating they would have addressed the breaches by December 2017.

This unannounced inspection took place on 19 and 21 June 2018 to check the provider had made suitable improvements to ensure they had met regulatory requirements. We found that the breach of regulation 11 had been met however we identified there were new breaches of Regulation 10 and 12 and a continued breach of regulation 17. This was because we could not be sure people always received care that was safe, risks to people's care were not always addressed, for example in relation to moving people safely and people were not consistently treated with dignity and respect. Further improvements were also needed to develop the quality assurance systems.

People told us that they felt safe and visitors were complimentary about the care people received. One person told us, "I feel safe, good care and no problems." A visitor said, "I can't praise the staff, it's a real home here." However, we found people's safety was not consistently managed safely. There were not enough suitably qualified or experienced staff at all times to move people safely. Not all areas of the building were clean and some bathroom equipment was not fit for use, which had not ensured that people were protected from the risk of cross infection.

The principles of the Mental Capacity Act (MCA) 2005 were still not consistently applied in practice. Documentation referred to people's best interests and decisions being made in their best interests, but care tasks were often undertaken without clear consent and discussion.
Whilst the building had been upgraded and met the physical needs of people, there was a lack of visual signage to assist in enabling people to be orientated to time, day and season.

People told us that the staff were caring, however not everyone was treated with dignity and respect. Whilst we saw some caring interactions between staff and the people who lived in Filsham Lodge, there was a lack of interaction when undertaking care tasks. People were assisted by staff with eating but practices were poor as staff did not communicate with them and sat in a position which meant the person could not see the staff assisting them. People's dignity was not protected when they were moved with lifting equipment in communal areas. We saw that people were not always offered choices in their everyday life.

People, staff and relatives spoke highly of the management team and their leadership style. However, we found areas of care and support which demonstrated that improvements were needed in leading the service forward. The provider's quality assurance framework had not consistently identified shortfalls and the audit of incidents and accidents needed to be developed to reflect lessons learnt.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. However, the deployment of staff needed to be improved to ensure peoples safety. The provider was actively seeking new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people moved into the home.

Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking, and moving and handling. For example, pressure relieving mattresses and cushions were in place for those who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. There were systems for the management of medicines and people received their medicines in a safe way.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. Staff had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. This included the care of people with specific health and mental health needs such as diabetes, dementia and Parkinson's disease. Staff had formal personal development plans, including two monthly supervisions and annual appraisals. People were encouraged and supported to eat and drink well to maintain their health and well-being.

A range of activities were available for people to participate in if they wished and people enjoyed meeting visitors and pets. Activities were provided throughout the day, seven days a week and were developed in line with people's preferences and interests. A sensory room had been introduced since the last inspection. Technology was used to keep families up to date if they lived away via protected internet access. Staff had received training in end of life care supported by the Local Hospice team. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals. Complaint systems were in place and people and visitors could be assured that they were taken seriously and responded to.

Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service. Relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff said the management team was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff could contribute to the meetings and make suggestions. Relatives said the management was very good; the manager was always available and they would be happy to talk to them if they had any concerns.

During our inspection we found three 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.

Full information about CQC's regulatory response to the breaches of regulations noted above will be added to our report after any representations and appeals have been concluded.

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

Filsham Lodge was not consistently safe.

Whist risk assessments were in place to promote safe care, these were not always followed by the deployment of suitably trained staff.

Not all areas of the service were clean and well-maintained.

Staff had received training in how to safeguard people from abuse and were confident about how to respond to allegations of abuse. Staff recruitment practices were safe.

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 provided with a range of nutritious foods and drinks.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Requires Improvement

Filsham Lodge was not consistently caring.

Care delivery did not take always take account of people's individual preferences and choices or respect their dignity.

Staff were not always seen to interact positively with people throughout our inspection. We saw staff undertake tasks with no verbal interaction with the person involved. However, we also saw that some staff were kind and thoughtful and when possible gave reassurance to the people they supported.

Is the service responsive?

Good

Filsham Lodge was responsive.

The provision of activities was meaningful and reflected people's interests and preferences.

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.

There was no registered manager in post. The home had a vision and values statement, however staff were not clear on the home's direction.

The provider's internal quality assurance framework was not consistently robust.

People and staff were positive about the management team.

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 19 and 21 June 2018 and was unannounced. The inspection team consisted of two inspectors and two experts 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 14 people, six relatives, the manager, deputy manager, two registered nurses, the clinical lead, five care staff and two activity coordinators. 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.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in May 2017, we rated this key question as Good. At this inspection, we found the key question had deteriorated to Requires Improvement.

People told us they felt safe living at Filsham Lodge. One person told us, "Really safe." Another person told us, "I am looked after." Visiting relatives also confirmed they felt confident leaving their loved one in the hands of Filsham Lodge. However, we found that people were put at risk from unsafe moving and handling techniques and that not all staff had had the necessary training to provide safe care.

We observed unsafe moving and handling practices. For example, one person wanted to get up from their chair and move to the dining room table. Two members of staff placed their hands underneath the person's arms when the person was in a reclined position in their chair, and then assisted them to stand. This is known as a 'drag' lift. The 'drag' lift is any method of handling where the care worker places a hand or arm under the person's armpit. Use of this lift can result to damage of the spine, shoulders, wrist and knees. For the person lifted, there is the potential of injury to the shoulder and soft tissues around the armpit and places staff at risk of injury. Risk of fractures to the bone of the upper arm and dislocation of the shoulder is also a possibility. The Royal College of Nursing provided the following guidance about the use of this lift technique 'Unless there is an emergency (needing immediate action to avoid serious harm to a patient's health) drag lifts must not be carried out.' This placed the people and members of staff at risk and could have caused harm or injury to both.

Another member of staff intervened, and instructed other staff to use a standing hoist to help the person into a chair at the table. Staff did not explain to the person what was happening, or ask for their permission to move them using the hoist. The hoist sling was not in the correct position and the person was being dragged up by their armpits, putting them at further risk of injury. The person became anxious and asked, "What's all the fuss about". Staff did not answer their question and continued to move the person in the hoist. The person's anxiety increased and they became distressed calling out. Staff did not attempt to reassure the person and continued with the task. The person was clearly disturbed by the experience. This was immediately brought to the managers attention so action could be taken to prevent any other unsafe practices being undertaken.

Discussion with staff identified that the staff undertaking the procedures had not had the necessary training to move people safely. We looked at the training programme and the induction training that supported their comments. The manager told us that she would immediately arrange training for all staff to ensure that people were not placed at risk of harm from unsafe moving and handling practices.

There were not always sufficient suitably qualified staff deployed to ensure people received safe care and treatment. On three occasions on the first day of inspection the lounge on Beech unit was left with no staff presence which should not occur due to the risk of falls of the people who used the lounge area. On two occasions staff were seated in the dining area hidden by the dividing wall and could not see people. During this time one person spilt a drink of tea over themselves and another attempted to stand but was prevented

from moving by a table placed in front of them, which tipped over. Staff were immediately informed. On Ash unit on the second day of the inspection staff were not always available to supervise people's safety. We observed a visitor tried to give a person a drink of juice without the required thickener added. We asked the visitor to wait until a staff member was available. People were potentially at risk from unsafe care.

Staff had not considered the safe storage and use of food and fluid thickener. Medical alerts had been sent out to all care services in 2015 to warn services of potential dangers of thickener with guidelines to follow. These guidelines had not been followed. Staff left open tubs of thickener powder in easy reach of people who may ingest it and be at risk of choking. Staff were seen adding thickener to people's drinks by memory and did not observe that people were drinking it safely. For example, thickener was added to one person's drink by staff member and the person's friend proceeded to give the drink. The person started coughing and choking and it became apparent that not enough thickener had been added as the care staff took the cup away and added more thickener before giving it back to the person to drink.

Not all people had access to a call bell to call for assistance should it be necessary when staff were not in sight. For example, the communal areas and in certain bedrooms. One person who remained in their bedroom on bedrest said, "The call bell has been taken away. It's being replaced but I don't know when. I hardly use it, but it would be nice to know I had it." One person said in Ash lounge that "I have to wait until I see a carer as I haven't got a call bell." We looked at four people who had been assessed as being able to call for assistance but there no reference as to a call bell or how they would be able to call for assistance. Three of those people spent time in the communal areas and were unable to move independently. We saw that there was no call bell facility offered and two people had to call out regularly for assistance. The lack of accessible call bells meant that staff would not be able to respond to an emergency in a timely manner.

The above evidence shows that care and treatment had not always been provided in a safe way as not all staff had the qualifications, competence, skills and experience to deliver care safely. Risk of harm to people had not always been mitigated as good practice guidelines for the use of thickeners had not been followed and access to a call bell had not always been facilitated. This meant that people's safety and welfare had not been adequately maintained at all times. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risk of infection. Staff team had received training in infection control and all staff had received training on food hygiene. However, not all areas of the home were clean and whilst cleaning schedules demonstrated cleaning tasks were completed daily, we found areas were missed. This included equipment in bathrooms that were soiled, chairs with food debris and sticky tables. Some areas on the cleaning list had been ticked as done, such as extractor fans and light pull cords but both were found dirty. The manager immediately rectified these areas and developed a new cleaning schedule that was more in depth and needed a sign off by a senior member of the team. This was an area that had been identified at a previous inspection in December 2016.

There was mixed feedback from people and visitors in respect of staffing levels. Some people and visitors told us there was always staff available when they needed assistance, whilst others felt staffing levels were insufficient. Comments from visitors included, "There always seem enough staff around, except when they all disappear at once. Usually they are watching over the lounge but when they are helping one another elsewhere there may be no-one there and it can be dodgy. I do go home feeling she is safe. They tell me if she has fallen," and "I have never worried about staffing levels, there seem to be enough around when I visit." One person told us, "There's not enough staff, there should be people around watching what's going on. (fellow resident) relies on me to get a carer so he can go to the toilet. I see people struggle to eat when more staff around would be a help." Another person told us, "I get help when I need it." Our observations

found that whilst the staffing levels were deemed sufficient to meet people's identified needs, the deployment and experience of staff had not always been considered when work was allocated. There was a lack of senior oversight in communal areas which had impacted on people's outcomes. This was an area that requires improvement.

The management of medicines was safe. Medicines were given to people by trained competent senior care staff and registered nurses (RN's). The provider had transferred the management of medicines over to an electronic system in March 2017 and this had been beneficial in ensuring people got their prescribed medicines safely and had reduced medicine errors. The deputy manager told us, "The electronic system has reduced medicine errors, medicines can only be given at the correct time, and we are alerted if a medicine is missed and take immediate action." Guidelines for the use of PRN 'as required' medicines, such as pain relief and anti-seizure medicine were still being developed for every person to include the expected outcome of the medicine, when to refer to the GP and a review date. The clinical lead said, "We are nearly there." People told us they received their medicines on time. One person told us, "They give me my pills as I need them." We observed medicines being given out safely.

Staff had received safeguarding training and understood their responsibilities for keeping people safe from risk of abuse. Staff could give examples of signs and types of abuse and discuss the steps they would take to protect people, including how to report any concerns. The care home had a whistle-blowing policy that provided guidance for staff on how to report concerns in the workplace. Staff told us they felt confident to whistle-blow if necessary. A member of staff said, "There is a whistleblowing policy that we are all aware of. If I reported something that was a worry and nothing got done, I would inform the local authority and CQC, but I know the manager would listen and escalate without doubt."

We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "Treat everyone with respect and as we would like to be treated." Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

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.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health-related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were checked daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working.

Requires Improvement

Is the service effective?

Our findings

At our previous inspections in December 2016 and May 2017, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had not been 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 May 2018. At this inspection improvements had been made in that the documentation reflected people's ability to consent to care and treatment and sharing of information but we found that staff did not always seek consent before undertaking tasks and this was an are that requires improvement..

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 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, "It is only right to ask them first before doing something." Another staff member said, "We know that asking people's consent is very important." However, some staff undertook care tasks without any verbal interaction or seeking any consent. For example, food protectors were placed over people without any explanation or asking people if they wanted one. Two people were taken to the sensory room without being asked if that was what they wanted. One person was moved in a hoist whilst still dozing and was not woken up and asked if they wanted to be moved and go to the sensory room. We acknowledge that the staff team were relatively new, but the provider had not ensured staff had understood and knew in practice how to seek consent and involve people in everyday decision making. This is an area that requires improvement.

People's individual needs were not always met by the adaptation of the premises. The service has been consistently upgraded over the past year. There was a safe accessible garden area and large communal areas. All communal areas were on the ground floor and accessible to wheel chair users and people with walking aids. There were adapted bathrooms and toilets and hand rails in place to support people. However, communal areas lacked any visual aids of day, month, season or weather to help orientate people and stimulate their memories. There were no menus or pictures relating to food to prompt and stimulate people to eat or drink. The layout of the dining area did not support people with eating their meals and being supported with drinks or an activity. There were no chairs available for staff to sit whilst assisting and maintaining good eye contact. We saw staff crouching down in front of people and also sitting on armrests to assist people to eat.

It is a recommendation that the provider seeks advice from specialist dementia friendly health professionals for advice and support on the environment.

Care plans considered people's ability to consent to care and treatment and sharing of information. There was evidence that mental capacity assessments demonstrated when a person had capacity to make that decision and when they required their representative or advocate to provide consent on their behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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. Documentation now reflected the steps taken to reach the decision. We were also made aware of people subject to DoLS authorisations. At the time of inspection, the manager informed us some people had been referred for a DoLS authorisation but some were still pending. A file was kept and updated when the DoLS was authorised.

The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. The service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

The management team took responsibility for the induction programme for new staff, training programme and organising the supervision programme. There was an induction process for staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. New staff shadowed other staff to get to know people and the support they needed. During this time, staff received on-going training in line with the organisational policy. We found however that whilst staff received the induction, the staff deployment seen during the inspection had not ensured new staff were working with experienced trained staff. This had resulted in two staff who had not undertaken moving and handling practical training working together undertaking practices that were not safe or effective. The manager explained that they had tried to organise training from the moving and handling trainer in house but this had not happened. We received confirmation that this had been arranged during the inspection process.

People told us that they felt that staff had appropriate and relevant skills to meet their needs. One person said, "I think they are well trained, seem to know what they are doing." 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 giving medicines was observed regularly through observational supervision. Staff told us that they received good training which provided them with the skills required to provide effective care.

Systems 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 manager with any queries, concerns or questions. One staff member told us, "Very supportive."

People were supported to have enough to eat and drink to maintain their health and well-being. However, there was mixed feedback about the quality and choice of food which we shared with the management team. We were told that menus were being reviewed with the chef and that was why the menus on show were not being followed. Some people told us, "The food was good." Whilst others said, "The food is quite good generally but I didn't like the chicken today and the rice was awful. Yesterday was lovely, sausage chips & beans. The food was definitely better in the home where I used to be, there isn't enough variety here." We were also told by one person they could vary choices for breakfast, and saw meals as unimaginative but satisfactory. A relative said, "It always looks hot and people eat well."

People had an initial nutritional assessment completed on admission and their dietary needs and preferences were recorded. A Registered Nurse (RN) told us, "People have a nutritional assessment when they arrive. We can cater for diabetic, vegan, soft or pureed and any other special diets. We don't have any cultural preferences now but the chef would be able to meet any dietary requirement." People's weight was regularly monitored and documented in their care plan. Some people didn't wish or couldn't be weighed. Staff said, "We use different ways to monitor their weight such as clothing if they don't want to be weighed." The deputy manager said, "The kitchen staff and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy. The chef told us staff kept the kitchen informed of any changes to people's dietary needs and also told the kitchen staff of people who needed their food fortified.

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses. The management of diabetes was effective. 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.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by local GP surgeries. The community psychiatric team was involved when necessary for those who needed it and advice sought when required. One person told us, "I'm waiting to see a doctor, I think they are coming today." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. The provider has recently employed the services of an osteopath who worked within the service. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They contact us when a health problem is noted and work well with us." Another health professional said, "They know their residents well."

Requires Improvement

Is the service caring?

Our findings

At the last inspection in June 2017, we rated this key question as Good. At this inspection, we found the key question had deteriorated to requires improvement.

We found that although people and most relatives made positive comments about staff, the staff were not always supported by the provider organisation to deliver a wholly caring service. This meant that people were not always at the centre of the care they received.

People we spoke with said, "The staff are mostly really good but some don't really want to talk to me." "Very kind." "The care is good," and "If the buzzer falls off the edge of the bed I have to shout, then they tell me off for shouting when they come."

We observed that some staff were kind and caring when interacting with people, but other staff did not always take the opportunity to interact when supporting with a task. For example, a staff member sat on the arm of a chair whilst assisting a person with their meal, the staff member did not talk to the person at all during this interaction. It was not a good experience for the person as the position they were being supported in was poor. The person could not see the staff member who was assisting them. Staff walked through the communal areas but did not always engage with people. We observed several situations where staff could have interacted more readily where people were sitting uncomfortably or looking bored. Instead we observed staff standing over people, or when they were in the same room as people, they did not take the opportunity to interact. One person was seen to be very uncomfortable but there were very little interactions from staff who walked past and no-one offered to assist them to be repositioned. There were times when we visited a communal lounge when staff were talking to each other in front of people in their own language for up to ten minutes, which was not respectful to the people who were in the lounge.

People were not always supported to be independent and exercise choice or control of their daily life. For example, at lunch time staff showed people two bowls of food and asked them if they wanted 'chicken' or 'pork'. There was no further explanation of what the meal was or what else was in the bowl, such as mashed potato or rice. A second care staff member then poured gravy over the food without asking the person if they wanted gravy, this included pouring gravy over rice. This then masked the taste of the food. When asked why gravy was poured over the meal with rice we were told, "It is easier for them to eat." There was no reflection in the care plans or the kitchen lists that it was, what the person wanted. When people were about to receive a snack mid-morning, staff automatically put clothing protectors on people without asking them or informing them that was happening. Staff gave people a plate with a piece of fruit, a sandwich square and a biscuit. No one was asked if that was what they wanted nor did staff explain to people what was on the plate. Following a dementia course, the provider had changed all crockery to dark blue melamine plastic. Whilst we acknowledge the reasoning that for some people, it may be safer, no one had been asked if this was their preference or involved in that decision. At both meals, the main course was served to everyone in a blue pudding bowl, again no one was given a choice of whether they preferred a bowl or a plate. The meal was not presented so people could clearly see what they were eating, many people did not know what they were eating. One person told us "I'm not sure what is it, it looks like rice and meat." Another person said, "I'm

not sure, it looks like a pie and gravy." Some people required a pureed or soft meal for health reasons. Before assisting people, staff had automatically mixed all the food together. As no one had been asked we were not assured that this was their preference. The national guidance for the presentation of pureed food states 'pureed food should be presented in an appetising way, colourful and all food separate so people can see and taste what they are eating.'

People's dignity was not always protected when staff moved people in hoists. We observed two separate occasions where people were moved in the communal area without the privacy screen being used. Peoples' clothing had rucked, leaving the people's underwear and continence pads showing in view of people and visitors.

People were not consistently treated with dignity and respect and that they were not always supported to make choices in their everyday lives. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We also saw some caring interactions between staff and the people they supported. Visitors told us that they felt Filsham Lodge, "Was lovely with a homely atmosphere, I couldn't be happier with the care staff give my relative. We visited a lot of homes and this was had the best feeling to it." We were also told by one person, "Really kind staff, we can have a laugh as well."

People's equality and diversity needs were respected and staff were aware of what was important to people. People were encouraged to be themselves. One person said, "I know that I can be myself and staff will support me." Another person liked to look smart and told us staff ensured that their clothes were clean and pressed, we were also told, "I like to look nice and have my hair done, I get my hair done every week."

People's bedrooms were personalised with photographs, art and items important to them. One person told us, "I like my room, it's home." Rooms were redecorated when they became vacant and if a person expressed a certain colour preference before they moved this would be done.

People told us they could 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.

The care plans contained information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different; they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to sit and read, rather than participate in activities, were supported to do so.

People's rights to a family life were respected. Visitors were made welcome at any time and could have meals with their loved ones. There were items of interest from the provider, such as their vision and values, details of events that had taken place, the weekly activities programme, health information booklets and advice about advocate services. Information on the use of advocacy services was available and the manager confirmed the home worked in partnership with Independent Mental Capacity Advocates (IMCA) when required. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. One relative told us, "We are always welcomed and feel at home, tea, coffee and cake is always offered."

Care records were computerised and located in the staff offices. All computers were password protected. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training.

Good

Is the service responsive?

Our findings

At the last inspection in June 2017, we rated this key question as requires improvement as further was needed to prevent social isolation. At this inspection, we found the key question had improved to good.

People and their families were involved in developing their care, support and treatment plans as much as they wished to and could. One person said, "I know I have talked to staff about my care but I don't remember how often." Another person told us, "They came to see me before I moved in, at the hospital. We talked about how I felt about moving in to the home and what support I wanted." A visitor said, "Really good because they tell us as changes happen and we are all really involved."

Before coming to live at Filsham Lodge senior staff visited the person and completed a pre-admission assessment. This ensured that the person's needs' and expectations could be met by the service. This also ensured that any specialised equipment was in place before they arrived. Care plans had been reviewed regularly and updated when people's needs changed. Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person was at risk from skin damage. The care plan identified the risk by using an assessment tool and gave clear instructions regarding preventative measures, such as airflow mattress and 2 hourly re-positioning. It also directed staff to ensure an air cushion was in place when seated in the lounge. Another care plan for a person who was at risk from recurrent urine infections guided staff to monitor behaviour and test the urine for leucocytes, nitrates and blood and inform the GP. It also stated that fluids should be encouraged and their temperature taken daily. The management team had ensured that peoples' health needs were explored and that long-term conditions that may impact on their well-being were considered and planned for. For example, one person lived with a chronic obstructive pulmonary disease that restricts airflow from the lungs. Staff knew that this meant that there was an increased risk of chest infections and staff monitored for early signs of breathlessness to enable them to respond quickly and prevent an exacerbation of the illness. This meant that care delivery was responsive to people's individual needs.

The management team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people at Filsham Lodge. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us of pictorial methods used in surveys to gain feedback from the people they supported. For those who had a visual impairment staff used large print and said they could if necessary provide information on tape so people listen to the information.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions

had been held with family and those closest to them. We looked at the care plan for one person who was receiving end of life care. The documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids should be offered regularly in small amounts. Staff we spoke with had a good understanding of end of life are and of the need to involve families as much as possible.

Activities at Filsham Lodge were planned and tailored to meet peoples' preferences and interests as much as possible. We were told that the format of activities may change on the day depending on who chose to attend and how many. A programme of events was displayed in the communal areas of the home. These included one to one sessions, quizzes, art sessions and musical and film sessions. We also saw that pet therapy was an important part of life at Filsham Lodge and enjoyed by the people who lived there. Kittens and dogs were seen with people during our inspection. One person told us that they loved seeing the dogs and enjoyed petting them. There were still periods of times when the activity team were in one to one sessions or in the sensory room and the staff team did not step in to provide an activity or interact with people. We also noted that at times both music and the television was on in one communal area and that it was distracting for some people. This is something that the management team were aware of and addressing. The activity team consisted of two co-ordinators both whom were very passionate about their role. We saw some very caring interactions from the activity co-ordinators and it was obvious that they knew people well. "our residents and ensure that we give them as much mental and physical stimulation as possible." We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "Everyone gets attention." Since the last inspection a garden area with seating and shelter had been developed which was enjoyed by people and their families.

Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails.

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. The complaint system was also available on the website for the service. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to as per the organisational policy. A complaints log is kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One visitor said, "I have been asked to complete forms about food - I give feedback all the time."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2017, we rated this key question as requires improvement because whilst improvements were seen the improvements were not embedded in to practice. At this inspection, we found steps had been taken to drive improvement; however, these improvements were still not fully sustained or embedded. Some of this was because of changes within the staff team and new staff being recruited.

The registered manager had resigned in January 2018 and had handed over to the new manager. The manager had been in post for six months and had not submitted their application to be registered with CQC. This is a breach of section 33 of the Health and Social Care Act 2008 a failure to comply with a condition of registration. The manager was supported by a deputy manager and clinical lead. The provider also visited regularly.

People, staff and visiting relatives spoke highly of the management team. We were told "Really warm and welcoming, always support us as well." We were also told, "Knowledgeable and helpful."

There was a governance framework with a range of tools to help them monitor, review and assess the quality of the service. These included; satisfaction surveys, medication audits, falls, accident and a general audit tool. The general audit considered infection control throughout the service; however, we found it was not consistently robust in identifying shortfalls. For example, the cleanliness in bathrooms and equipment and communal areas. The manager developed and added to the general tool by the second day of the inspection and had addressed the shortfalls. Whilst there was a good range of audits, improvement was required to ensure that actions, timescales and outcomes were included. This will enable the provider and management team a clear oversight and embed improvements.

The training programme showed the provider the status of training but no action had been taken to ensure that new staff had received practical moving and handling training. This had resulted in people being at risk from unsafe moving and handling processes. There had been no clear oversight by senior staff on the floor to ensure new staff worked with suitably qualified staff to ensure people were safe.

There was a lack of caring interaction between staff and the people living in the service. We were told that this was due to a number of new staff and that they were not familiar with the inspection process. However, when talking with staff it was clear they did not understand the provider's vision and values for the service and therefore these were not yet fully embedded in the homes culture. Not all staff were aware of a person-centred approach to delivering care; the importance of involving people in making decisions about the care and support provided and encouraging people to be independent and make choices. For example, not offering choices and delivering a task based approach to care. We saw instances throughout the inspection when staff were with people but not engaged with them and just stood watching in the lounge areas. Staff spoke to each other in their own language which prevented people from joining in and isolated them in their home. The staff mix had not ensured that people received safe care, as two staff without all the necessary training were working together. when we spoke to the manager she assured us that the allocation had addressed this and was not sure why staff had been moved. This meant that there was a lack of oversight

from the management team and a lack of communication from staff working on the floor.

Accidents, falls and incidents were documented but whilst the manager told us of actions taken and lessons learnt this was not clearly documented. Some had been cross referenced in to the care documentation and daily notes, but these were not always easy to track. We were told that each incident and accident was reviewed by the manager; however, they were not subject to monthly or six-monthly audits to monitor for any emerging trends, themes or patterns.

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 continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 showed that people and visitors were happy with the service they received. Where the satisfaction survey raised concerns, these were used as an opportunity to drive improvement. For example, the food was mentioned as needing to be improved. Based on this feedback, an action plan was implemented which identified that the meals were to be reviewed.

Systems for communication for management purposes were established and included a daily meeting with the senior staff. These were used to update senior staff on all care issues and management messages. For example, discussion around who had fallen and what risks had been identified. Staff felt they could feed into these meetings. One staff member said, "The manager is open to suggestions, staff meetings give us the opportunity to raise issues and solve problems." Each shift change also had a handover meeting so staff changing shifts shared information on each person. A handover sheet given to staff facilitated this process with key aspects of care being recorded. Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings.

The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "The staff are knowledgeable about the people they care for and want to get it right" and, "They listen, take advice and act on the advice."

Relatives felt they could talk to the manager and staff at any time and the relative's meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and it's dealt with."

The service had notified us of all significant events which had occurred in line with their legal obligations. 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 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 management team understood General Data Protection Regulation (GDPR) which came into effect in

May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff said they were currently reviewing their record keeping and were seeking advice on how to best make the changes required under this legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 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).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured people were consistently treated with dignity and respect and that they were supported to make choices in their everyday lives. 10 (a) (b)

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. The provider had not ensured that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. The provider had not ensured where equipment was supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs; 12(1)(2)(a)(b)(c)(e)(h)

The enforcement action we took:

we served a warning notice.