

Sovereign Care Limited Filsham Lodge

Inspection report

137 – 141 South Road
Hailsham
East Sussex
BN27 3NN

Tel: 01323844008

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Filsham Lodge is situated on the outskirts of Hailsham. The service provides nursing care and support for up to 53 older people, some of whom are living with dementia. The manager told us that the service accommodated a maximum of 51 people as double bedrooms were no longer used. There were 38 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.

People's experience of using this service:

A registered manager was not in post. However the manager had submitted an application that was in progress. Whilst the provider had progressed quality assurance systems to review the support and care provided, there was a need to further embed and develop some areas of practice that the existing quality assurance systems had missed. This included ensuring all equipment used by people was clean and hygienic and that care delivery was consistently delivered in a way that ensured people had a choice. Recruitment processes needed improvement and these were attended to immediately during the inspection process.

The service had made improvements to the safety of people's care. People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Risk assessments included falls, skin damage, behaviours that challenge or cause distress, swallowing problems and risk of choking, and mobility. The care plans also highlighted health risks such as diabetes. People said they felt comfortable and at ease with staff and relatives felt people were safe. 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. 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.

The service had made improvements that ensured people were consistently treated with respect and dignity. Staff were kind and caring, they had developed good relationships with people. They treated them with kindness, compassion and understanding. Staff supported people to enable them to remain as independent as possible. They communicated clearly with people in a caring and supportive manner. We received positive feedback from relatives and visiting professionals about the care provided. One visitor told us, "I have no complaints at all, the staff are all kind and very good," and "The staff keep us informed and my relative is content here."

The service had started to improve communication with allied health professionals and were working alongside them to consistently drive improvement. A number of audits had been developed, including those for accidents and incidents, care plans, medicines and cleaning schedules. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Staff said they were encouraged to suggest improvements to the service.

The organisation had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

More information is in Detailed Findings below.

Rating at last inspection:

The rating of this service at our last inspection was "Requires Improvement." (Report published 14 September 2018).

At our last inspection, there were three breaches of the regulations. We also took enforcement action at that time.

Why we inspected:

This was a planned focussed inspection to follow up on our enforcement action.

Follow up:

The overall rating of the service remains Requires Improvement. The service had met the breaches of Regulation and the Safe and Caring questions had improved to Good. However further time was needed to ensure the improvements were continued and sustained.

As the service remains rated as Requires Improvement, we will request an action plan from the registered provider about how they plan to improve the rating to good. In addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Filsham Lodge

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- Three inspectors and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- Filsham Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was in the process of being registered.

Notice of inspection:

- The first day of our inspection was unannounced.
- We visited the service on the 10 and 15 January 2019.

What we did:

- Before our inspection we reviewed the information, we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.
- We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, as well as speaking with eight people, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We used the SOFI in communal areas throughout the inspection visit.
- We spoke with the manager, provider, deputy manager, six members of staff, two activity coordinators, the maintenance person and the cook.
- During our inspection process we spoke to three visiting professionals who provided specialist support to people who lived in the home.
- To help us assess how people's care needs were being met, we reviewed five people's care plans and associated records. We also case tracked a further three people who received specialist diets and with other more complex needs, such as diabetes. Case tracking involves talking to the person (if they are able), observation of their care, talking to staff directly supporting the person and examination of care records.
- We looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in June 2018, this key question was rated "requires improvement". This was because 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 people have the qualifications, competence, skills and experience to do so safely.

At this inspection, we found the service had taken steps to improve people's safety. Therefore, the rating for this key question has improved to Good.

Assessing risk, safety monitoring and management:

- At the last inspection in June 2018, risks to people when being moved were not managed safely and people's position in chairs was not always comfortable and safe.
- Since the last inspection, moving and handling assessments had all been reviewed with specialist support from an occupational therapist. We saw staff moving people safely and people's position in chairs had been improved. This included new chairs and foot stools.
- People told us, "Yes, I feel safe, no worries at all" and "I'm very safe here, I'm looked after very well." Visitors told us, "Very pleased with the care, I have total faith in the staff," and "There is always staff around, I have no concerns about the safety of my mother."
- Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm.
- 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 protected and promoted. Detailed plans showed staff how to meet people's individual needs. For example, people with mobility problems had an assessment that was used to give clear guidance for staff. This included specific equipment to be used, such as walking frames and footwear.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Preventing and controlling infection:

- At the last inspection in June 2018, improvements were needed to ensure the home was clean and

hygienic. This inspection found improvements had been made.

- The service managed the control and prevention of infection well. There was an improved cleaning schedule and daily audit of cleaning. The manager said improvements were on-going with support and training for the domestic team.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Staffing levels and recruitment:

- Sufficient numbers of skilled and experienced staff contributed to the safety and well-being of people who lived at the home. There were appropriate numbers of staff deployed during our inspection to ensure people's needs were being met in a timely manner.
- Not everyone could verbally tell us of their experiences, but those that could told us, "Always around when I need someone," and "Very good, they look after me very well."
- Visitors told us that they had no complaints about staffing numbers and felt staff were skilled and well trained. One visitor said, "Excellent staff, I have complete faith in all the staff."
- When staff were on leave, permanent staff were offered extra shifts or they used agency staff known to the service to ensure continuity of care.
- Recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care, two references were obtained and employment histories verified. There were some discrepancies in the provision of references which were addressed immediately and therefore the risk was mitigated.

Using medicines safely:

- The management of medicines continued to be 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 ensured people got their prescribed medicines safely.
- Guidelines for the use of PRN 'as required' medicines, such as pain relief and anti-seizure medicine had been developed for every person. These included the expected outcome of the medicine, when to refer to the GP and a review date. People told us they received their medicines on time. One person told us, "I always get my medicines, never missed a tablet." We observed medicines being given out safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- Staff knew how to recognise signs of abuse and act upon these, including referring any incidents to the local authority.
- There were posters for staff, people and visitors displayed how to act upon or escalate concerns about potential abuse. Staff were aware of whistleblowing.
- People told us they were safe. Feedback included, "I know that I am safe and looked after properly", "Yes, I feel safe living here" and "I like it here, I'm safe and looked after."

Learning lessons when things go wrong:

- Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was

clearly recorded. Specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

At our last inspection in June 2018, this key question was rated "requires improvement". This was because people had not been consistently treated with dignity and respect and they were not always supported to make choices in their everyday lives.

At this inspection, we found the service had taken steps to ensure people were consistently treated with respect and dignity and supported to make everyday choices. Therefore, the rating for this key question has improved to Good.

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

- At our last inspection, not all staff interacted with people positively whilst providing support and care.
- This inspection found staff had developed good relationships with people and we saw warm interactions between staff and people. Staff spoke respectfully to people and knew the people they supported well.
- Visitors told us, "I find staff compassionate and caring, my relative is comfortable with staff and happy," and "I have nothing but good to say about the staff, excellent."
- Staff recognised when people needed emotional support. We observed a person receive emotional support from a member of staff who recognised that they were becoming upset. The staff member sat with them, holding their hand and talking to them in a kind, reassuring way. The person's body language indicated that it had made a real difference to their wellbeing. Staff bent down to address people at their own eye level and maintained good eye contact.
- Staff spoke with people calmly and warmly and ensured they had everything they needed such as drinks and snacks in between meals. A staff member told us they explored with each person where they wanted to spend time. This meant the staff member considered what the person wanted to do and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence:

- At the last inspection people's dignity, privacy and independence was not always promoted.
- This inspection found improvements had been made and people's human right to be treated with respect was understood by staff, who protected their privacy and cared for them respectfully. Staff spoke about people in a caring and thoughtful manner way. Support plans were written in a respectful manner and reflected how staff should support people in a dignified way and respect their privacy.
- Staff told us how they ensured people's privacy was protected by ensuring they knocked on their bedroom doors, kept people covered during personal care, and whilst supporting to the communal bathroom. Care practices seen confirmed this. Staff knocked on people's doors before entering and closed them before delivering care. One person said, "They always treat me well and are respectful." Another said, "I feel staff

respect me." Staff told us, "We keep in mind at all times that some things are very private and we are all responsible to ensure people are treated with respect." This showed staff understood the importance of privacy and dignity when providing support and care.

- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed staff support with. Such as dressing, washing and mobilising. One person told us, "I try to do as much as I can for myself, staff are very patient."
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Visitors told us that they could visit any time to see their relatives. One visitor said, "I am welcomed at any time, it's a really friendly home and staff go out of their way to keep us updated."
- Staff understood and respected confidentiality. A member of staff said, "We do not talk about residents to anyone even people we work with unless they need to know". We saw that records containing people's personal information were kept secure. Where information was stored on a computer, the service complied with the Data Protection Act. The management team and staff had an understanding of 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 confirmed that they had received training in GDPR.

Supporting people to express their views and be involved in making decisions about their care:

- People and their families or representative were involved in developing their care plan as much as was possible. Records showed where appropriate, people, relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care.
- Staff promoted peoples' independence and involved people in their care and lifestyle decisions as much as possible.
- People were now being supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We saw that staff sought accessible ways to communicate with people. People's communication needs were recorded in their care plans providing information and guidance on how best to communicate with people who had limitations to their communication. For example, we saw staff communicating with a person who had difficulty expressing themselves verbally. Staff spoke to the person slowly, listened and observed for facial expressions. This meant peoples' opportunity to communicate effectively had been considered by the staff.

Is the service well-led?

Our findings

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

Aspects of leadership and management did not consistently assure person-centred, high quality care.

At the last inspection in June 2018, we rated this key question as Requires Improvement because whilst improvements were seen the improvements were not yet 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.

Understanding quality performance, risks and regulatory requirements:

- Since the last inspection the provider and manager had implemented some improved quality assurance processes. These included audits of care plans, staff files, complaints, safeguarding concerns and incidents and accidents, and quality satisfaction surveys. However, there were still areas that needed to be developed. For example, the cleanliness of hoist slings needed to be improved to ensure the risk of potential cross infection was reduced. Aspects of the recruitment processes needed improvement and these were attended to immediately during the inspection process.
- The meal service which included offering people choices of where, how and what they ate was still inconsistent but improved on the second day of the inspection.
- The action plan we received following our last inspection set out a variety of systems and checks the provider proposed to put in place to ensure good governance. We spoke with the provider and manager who advised there were still areas of improvement to be implemented but were proud of what had been achieved since the last inspection. This included providing activities specific to peoples' needs and continued refurbishment of the premises.
- There had been a safeguarding investigation and the senior management team had worked closely with safeguarding officials and commissioners to address the concerns. They had worked hard to make improvements and had kept relatives informed of what had happened and the actions that would be taken in response.
- A relative commented that there had been improvements and they were happy with how things now were at the home. The relative identified areas that in their view had improved recently, such as staff engagement and the food on offer.
- There was no registered manager in post. The manager has been in post for over one year. They were in the process of registering with CQC.

Working in partnership with others:

- The service had worked hard over the past three months in improving partnership working with key organisations to support the care provided and worked to ensure an individual approach to care. Some visiting health care professionals were positive about the way staff now worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "Staff listen and are knowledgeable about the people they support." However, we were also told that communication was

sometimes poor and that not all staff were aware of people's specific needs. We were also told that not all staff were aware that appointments had been made and this had meant people were not readily available for the booked appointment. This was discussed with the management team as an area that needed to be improved.

- The service worked with other local health and social care professionals, community and voluntary organisations.
- There were connections with social workers, commissioners and the community team for people who lived with dementia.

Managers and staff being clear about their roles:

- There was a management structure in place, which gave clear lines of responsibility and authority for decision making about the management and provided clear direction for the staff.
- Staff had clearly defined roles and were aware of the importance of their role within the team.

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

- There was a more positive workplace culture at the service. Staff said they had been able to raise concerns and felt listened to. Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who used the service, policies and procedure, tasks and actions to complete, any issues and ideas.
- Regular feedback was sought from people who used the service and their relatives or advocates. This was used to inform the provider how well the service operated. These surveys were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One visitor said, "We give feedback all the time and are more than happy with things, very caring and kind staff."

Continuous learning and improving care:

- The manager told us that following a recent safeguarding investigation all staff had completed training on moving and handling, which included on-going competency assessments. The lessons learnt were being used to enhance staff knowledge and to improve on the service delivery.
- Accidents and incidents were documented and recorded. Incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following to ensure people's safety and this was clearly recorded. Specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- People, family and staff felt they were able to talk to the manager and staff at any time and the regular meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One person said, "I can talk to the staff they really care."
- The provider was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified CQC of all significant events which had occurred in line with their legal obligations. The rating achieved at the last inspection was on display at the home and on the provider's website.

- All staff were keen to emphasise the service would advocate for people if required. For example, in respect of ensuring medicine reviews took place. This meant people were only on the medicines currently required as opposed to taking those which were no longer relevant or the best for the person.