

DCSL Limited

Soham Lodge

Inspection report

Soham Bypass
Soham
Ely
Cambridgeshire
CB7 5WZ

Tel: 01353720775

Website: www.sohamlodge.co.uk

Date of inspection visit:

23 May 2016

24 May 2016

Date of publication:

25 July 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Soham Lodge provides accommodation for up to 31 people who require personal care or nursing care. The home provides support for older people, some of whom are living with dementia. There were 24 people living in the home at the time of our inspection.

This unannounced inspection took place on 23 and 24 May 2016.

At the time of the inspection the manager was in the process of applying to the Care Quality Commission [CQC] to become the 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.

Not all staff were following the correct procedures when administering medication. Medication was stored securely and medication administration records were accurate

The provider had not notified the CQC of all events as required.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed.

There were enough staff on shift to ensure that people had their needs met in a timely manner. Not all staff were aware of what actions to take if they thought that someone had been harmed in any way. Risks to people had been assessed and the necessary action had been taken to reduce the risks where possible.

The recruitment process had been followed to ensure that staff were only employed after satisfactory checks had been carried out. Staff received the training they required to meet people's needs and were supported in their roles.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were usually respected.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans and risk assessments gave staff the information they required to meet people's care and support

needs.

There was a complaints procedure in place and people and their relatives felt confident to raise any concerns either with the staff or manager.

People's views about the quality of the service were being obtained.

We found one breach of the Health and Social Care Act 2008 Registration Regulations 2014. You can see what action we told the 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?

The service was not always safe.

Not all staff were aware of the procedures to follow if they suspected someone may have been harmed.

Not all staff were following the medicine administration procedures. Medicines were stored securely.

Action had been taken to assess and minimise risks to people's safety.

Staffing levels were sufficient to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Good ●

Is the service caring?

The service was responsive.

Care plans contained up to date information about the care and support that people needed. □

People were aware of how to make a complaint or raise any concerns.

Good ●

Is the service responsive?

The service was responsive.

Care plans contained up to date information about the care and

Good ●

support that people needed.□

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

The service was not always well-led.

The Commission had not always received the necessary information from the provider as required.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

A quality assurance process was in place to identify any areas for improvement.

Requires Improvement ●

Soham Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 May 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service.

During our inspection we spoke with ten people who lived at Soham Lodge and three relatives of people who lived there. We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home. We also talked with the manager, one nurse, one senior care assistant and one care assistant. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs).

Is the service safe?

Our findings

Four of the six people we talked to about feeling safe told us that they felt safe. One person told us, "Safe, yes there is always a nurse in the room (communal rooms)." Another person told us, "Entirely safe." However one person told us, "Not really, I get frightened, I don't like being alone and you spend a lot of time on your own."

At our previous inspection December 2015 we found that there were some issues with the way medicines were managed. At this visit, on 24 May 2016, we found that some improvements had been made. The records of medication administered were accurate and medication was stored securely. However, we also found some other issues with the way medicines were managed.

On the first day of the inspection information was not available in the medication administration records to advise staff when they should administer PRN (as required) medication. The nurse who was responsible for administering the medication was not able to tell us correctly when they would administer the PRN medication for one person. On the second day of the inspection the PRN guidelines had been added to the medication administration records so that staff had the information that they required.

Staff told us, and records confirmed that staff had received training in administration of medication. The manager told us that the deputy manager checked the nurses' competence to administer medication when they had completed the training.

However, we found that not newly employed nurses had had their competence checked before they started to administer medication. We observed that one nurse did not always explain to the person what their medication was for and they did not follow infection control procedures. The nurse did not check that the person had taken all of the medication they had been given and we saw that there was some medication left in the container. This meant that there was a risk to people's well-being and health if they did not take the full amount of medicine prescribed. We also saw that the nurse administered liquid medication during one person's mealtime and did not offer them a drink after they had taken their medication.

These issues were discussed with the manager. The manager said they would ensure that the competency of all new nurses was checked straight away.

People were supported by a staff group that knew how to recognise when people were at risk of harm. Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. However although staff had received training not all of the staff were aware of the correct procedures to follow if they thought someone may have been harmed. All staff stated that they would report any concerns to the manager but one nurse also said that they would discuss any issues with the staff involved. Information about how to raise a safeguarding concern was visible on a noticeboard in the home for people and their visitors to refer to.

Risks to people had been assessed and action had been taken to reduce risks whilst still minimising the

restrictions placed on each person. For example, risk assessments included the information that one person's ability to walk unaided varied depending on how their health issues were affecting them that day. Staff were advised to assess the person each time they wanted to walk so that they had support when it was needed but not when they did not require it.

We saw that there was enough staff to keep people safe. We observed that staff had time to sit and talk to people and engage them in activities in the house. The manager stated that staffing levels were based on the needs of the people who lived at Soham Lodge and that when needed staffing was increased. During times of staff absence the hours were covered by other members of the staff team, or if needed, agency staff. The manager checked the training and qualifications of agency staff before they commenced working in the home. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place. Prospective new staff had to complete an application form, telephone interview and face to face interview. People were safeguarded against the risk of being cared for by unsuitable staff. This was because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory employment and personal references were obtained before they started work.

Staff recorded all accidents and incidents and these were analysed by the manager so that any patterns were identified. This would ensure any learning was recognised and adjustments were made to the care and support people received. This reduced the risk of an incident occurring again. The accident forms we saw showed that the manager had taken the appropriate action as a result of their investigation into the accident. For example, when people had fallen they had been referred to the GP.

The PIR confirmed that equipment used in the home had been regularly tested. A 'disaster' plan was in place to be used in the event of an emergency or untoward event. The records showed that firefighting equipment and emergency lighting had been tested regularly

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. When needed DoLS applications had been submitted to the relevant authority. This meant that people were only having decisions made on their behalf or their liberty restricted after staff had followed the correct procedures.

People received support from staff who had received training which enabled them to understand the specific needs of the people they were supporting. A staff induction checklist was in place but hadn't always been signed as completed for new staff. The manager stated that staff were required to complete mandatory training which included safeguarding, health and safety, and first aid. Staff told us that the training programme equipped them for their roles. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. The manager stated that action would be taken for staff that had not completed all of their training by a certain date. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed. Some staff were receiving extra training to allow them to become "champions" in different areas such as dignity, nutrition and infection.

Staff had the guidance and support when they needed it. Staff were confident in the manager and deputy manager and were happy with the level of support and supervision they received. The manager stated that they also provided opportunities for staff to reflect on their work and their colleagues to see if improvements could be made. For example, discussing the end of life care people had received and identifying if anything could have been done differently.

People were supported to maintain a healthy diet. One person said, "You can ask for more if you want. They give you a list and you choose from that, lots of veg." A relative told us, "No complaint [about the food], quite varied and she can always have a second helping. They [the staff] make sure she always has a drink and check it regularly." When appropriate people were supported to eat their meals. If needed, people had been referred for eating and drinking assessments to see what support they required with their food and drink. Observation of lunchtime showed that there was a lack of organisation. Although people were assisted to

the dining room at the same time for some people there was a long delay before being given their meal. One person told us, "Some days it's not hot, they take hours coming to serve you." We discussed this with the manager who stated that the temperature of meals was being checked to ensure that this did not happen in future.

Discussion with people and records showed that people had been supported to access health care professionals as needed. There was a strong working relationship with the local GP. The GP had a planned visit once a week and as required.

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "Staff are very good, in fact they spoil me. My legs swelled up something terrible, but they have taken care of them and now they are lovely." Another person told us, "I couldn't fault any of the staff, they all seem caring, not just to me, to all the others." Another person told us, "They (the staff) are all very caring and it's a hard job." One relative stated, "The staff interact with mum, they are always kind to her. When using the hoist if she cries out they are patient, will stop until she feels comfortable, always caring."

Staff told us how they promoted people's dignity. For example, by keeping people covered up when they assisted them with personal care. One person told us, "There are two men [male carers] down here, they are very good, they cover me up [when carrying out personal care]." However, one person told us, "I get showered every day, they don't cover you up but you get used to them seeing everything." People also told us that they didn't think staff always treated them with dignity. One person told us that staff sometimes talk to each other rather than engaging with the person. They stated, "Sometimes they are either side of your bed chatting and I just say finish your conversation and get on with your job, they should talk to me." Four people told us that they don't always get help to the toilet in a timely manner. We discussed this with the manager who was not aware of this happening and stated they would take the necessary action to ensure that people were assisted to the toilet when needed.

We observed staff working with people in a kind and caring manner. We saw one member of staff taking time to chat with one person and engage them in a game of dominoes. We also saw when a member of the administrative staff came into the communal areas they took time to acknowledge people and ask how they were. They also had their dog with them and took time helping people greet him. One person smiled and responded very positively to the dog. We also observed a member of staff helping someone with their knitting. We saw that when people had wanted to be in the communal area, but not where it could be noisy, they were helped to sit away from the TV and the main area where activities were carried out.

Staff had a detailed knowledge of the people they were supporting, their life history, likes and dislikes and hobbies and interests. Staff were able to tell us how they offered people choices such as what they would like to wear and eat and what time they would like to go to bed.

People told us that their family and friends could visit at any time. One person told us, "Of course they are made welcome." One relative told us, "I can come anytime day or night, they always make me feel very welcome. I usually make myself a cup of tea."

People had been supported to find advocacy services when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

The manager stated that the home was working towards gaining the Gold Standards Award Framework (GSF) Accreditation. The GSF is about giving the right person the right care, in the right place at the right time when they are receiving end of life care. The manager and other members of staff had invested a lot of time

and effort into assessing people at the end of their life to try to ensure that they were treated with dignity and respect and that their wishes were followed. The manager stated that she had supported one family to return their relative to Soham Lodge in the final days of their life as the person had not wanted to die in hospital. The family had written to the manager stating, "With the help from the manager and her tireless persistence we managed to get her back [to Soham Lodge]. She was lovingly cared for in her last five days, giving her and the family peace of mind." Another person told us that their relative had also passed away whilst living at Soham Lodge at that due to the manager and staff it had been a "peaceful and lovely ending." They stated that one member of staff who was not due to be working had come in and supported the family. Two of the relatives had also been provided with a room that they could stay in during the last week so that they could be close to their relative.

Is the service responsive?

Our findings

Staff were able to tell us how they supported people to make choices. People confirmed that they could make decisions about what time they wanted to get up and go to bed, what they had to eat and how they chose to spend their time. However the staffing levels sometimes meant that people had to wait for assistance until a member of staff was available.

Care plans we looked at were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, how to support someone to make decisions about their care by making sure the choices were explained in a quiet environment and first thing in the morning when they were more alert. Although the care plans contained all of the "task led" information about people such as what support they required with personal care not all of them contained information about people's life history, family or likes and dislikes. However staff were able to tell us about these areas. Staff confirmed that they read the care plans regularly and could ask for the care plans to be updated if there were any changes needed.

One member of staff was responsible for organising the activities in the home. They helped people to plan and co-ordinate activities according to their interests. One person told us, "We have lots of entertainment, games, have made Easter bonnets and scrabble." Another person told us, "2.30-4.30 in the afternoon there's always entertainment and Monday mornings we have a sing-song." Another person told us, "I am the scrabble king. We have an entertainments manager she is really good at organising things. We do a big crossword on the floor and we do outings, we went to the Wizard of Oz." Volunteers were also used to provide activities in the home. On the day we visited there was a disco in the afternoon which was presented by a volunteer.

People told us they were aware of how to make a complaint. One person told us, "I would not have a problem complaining, I would go straight to the office." A complaints procedure was displayed in the home. Staff were aware of the procedures to follow if anyone raised any concerns with them. One complaint had been received and had been dealt with appropriately.

Is the service well-led?

Our findings

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The provider had not always informed CQC of significant events. This meant we could not check that appropriate action had been taken.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014.

The previous registered manager had left the home in November 2015 and a new manager had been appointed. The new manager was in the process of applying to the Care Quality Commission to become the registered manager. All of the people, staff relatives and volunteers that we talked to were complimentary about the new manager. Staff told us that the manager always supported them and they thought she was approachable.

There was a good atmosphere at Soham Lodge and staff took pride in their work. Staff understood their lines of accountability. They confirmed that they received regular supervision and training to carry out their job. Staff told us they enjoyed working in the home and that they would be happy for a relative to live there. During the inspection we saw the manager working alongside staff and explaining how they should work with people. The manager told us that this was an important part of their role and they tried to do it on a regular basis.

The manager told us that she ensured that staff had the training they required. There was a list of mandatory training that all staff had been required to complete by a certain date. The manager stated that if staff did not complete their training by the set date then they would not be in a position to carry on working. The manager was monitoring which staff had not completed the training and was taking the appropriate action to ensure they complied.

Staff meetings were held regularly. The minutes of the previous staff meeting showed that any member of staff could add items to the agenda and issues such as training, health and safety and the management structure had been discussed. One member of staff told us that they had requested at a staff meeting that a new tea set and new coloured bedding was purchased and this had been done.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

The manager carried out monthly audits on the quality of the service provided. Audits looked at a wide number of areas including medication, health and safety, food hygiene and infection control. We saw that accidents and incidents had been analysed to identify any trends so that any necessary action could be taken.

The manager arranged meetings with the people living in the home and their relatives so that people could make decisions about things that affected them such as the menus, activities and trips out. The meetings also provided people with the opportunity to raise any concerns they may have had. Questionnaires had also been given to people so that they could state if they thought they were receiving a good quality service or if any improvements were needed. The manager stated that when all the questionnaires had been received they would be compiling a report of the results and would develop an action plan if required.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community such as shops and pubs. They were also supported on trips out such as to local schools for social events and concerts.

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 18 Registration Regulations 2009 Notifications of other incidents Failure to provide notification of incidents to the Commission