

# Foxley Lodge Care Ltd

# Sonia Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sonia Lodge is a residential care home providing personal and nursing care to 16 older people at the time of the inspection. The service can support up to 28 people in one large adapted house with a passenger lift between floors.

### People's experience of using this service and what we found

People and relatives told us they were happy with the care they received. However, the provider has not always been compliant with the duty of candour. They had not been open and transparent when things had gone wrong.

The culture within the service was not always positive in promoting person-centred care and positive outcomes for people. Staff did not always treat people with respect, using derogatory language when speaking about people and their needs.

We observed staff not wearing masks in line with guidance on our arrival at the service. The service was not clean, communal areas were dirty and some areas smelt of urine.

There was not always enough staff to meet people's needs. People's social needs were not being met; they were not involved in meaningful activities.

Risks to people's health and welfare were assessed. However, some risk assessments had not been changed when people's needs changed, and some information was contradictory. There was clear guidance for staff to support people with diabetes and epilepsy to keep them safe. Staff knew how to support people safely and had taken appropriate action when required.

Checks and audits had been completed but had not been effective in identifying the shortfalls found. The provider had not completed audits on the quality of the service since April 2021.

People were supported by staff who had been recruited safely. Medicines were managed safely. People and staff had been asked their opinions on the quality of the service. People were referred to healthcare professional when their needs changed. Staff knew how to report any concerns about abuse or discrimination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was Good (published 17 November 2018).

## Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to concerns about the provider's integrity. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sonia Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control, staffing levels, dignity and effectively monitor the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Sonia 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Sonia 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, care workers and agency care worker. We observed the interactions between staff and people including how people were supported.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits were reviewed.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We continued to review and analyse evidence from the inspection. We spoke with one professional who visited the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and welfare had been assessed. People's care plans contained risk assessments for all elements of their care, however, some of these contained contradictory information. Some risk assessments had been reviewed but had not been changed to reflect people's changing needs, other risk assessments contained the correct guidance. One person now used bedrails after rolling out of bed, this was only recorded on one of the risk assessments. Staff told us bedrails were used when the person was in bed.
- Some people could display behaviour which was challenging to staff and others. There was guidance in place, but this did not include triggers, how the behaviour may escalate and how staff should manage the behaviours. One risk assessment reviewed stated the risk had reduced but the risk assessment had not been changed to reflect this. Staff told us people's behaviour that challenged had reduced and explained how they managed it. Some people required equipment to transfer, there was limited guidance for staff about how to do this. When people's needs fluctuated this had not been reflected in the guidance. We observed staff transferring people safely.
- Accidents and incidents had been recorded. However, the recording of the analysis and action taken was poor. For example, when people had fallen, action had been taken such as pressure alert mats had been introduced and furniture had been moved. This had reduced the risk but there was no review of the action's effectiveness and not all risk assessments reflected the action taken. The analysis of trends was limited, there was no system in place to show how the information had been analysed. This did not show how the decision that there were no trends had been reached.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were living with health conditions such as diabetes and epilepsy. There was detailed guidance for staff about how to recognise when people were unwell and what action to take. Staff knew how to recognise when people were unwell, they had taken appropriate action to ensure people received medical help when needed. People had been referred to appropriate healthcare professionals when their needs changed, such as to the dietician when people lost weight.
- Checks had been completed on the equipment and environment to make sure they were safe. These had been completed as required and action had been taken when equipment had broken down, such as a boiler being replaced.

### Staffing and recruitment

- There were not enough staff to meet people's needs. Staffing levels for care staff were calculated using a dependency tool. However, records showed, and staff told us the minimum levels were often not met. Staff told us it was a bonus to have four staff on duty. During the inspection, there were four care staff which met the assessed number of staff, we observed people were clean and looked well cared for. However, people who required assistance to eat were still eating their breakfast at 10am and their lunch was at 12.30pm.
- There were no laundry staff. Care staff were expected to complete this role. This additional responsibility had not been considered when calculating care staff numbers. There was one cleaner, who worked each morning, during the inspection they also worked in the laundry. The service was not clean, people's bedrooms had not been tidied following care and some people's bedding needed changing.
- The activities co-ordinator had recently left the service and care staff were expected to provide activities. Some people did not have meaningful activities and were not occupied, they were sat at tables looking out of the window or asleep.
- Some staff had left the service recently and the registered manager had found it difficult to recruit new staff. The service had employed two regular agency staff who worked exclusively at the service, this had helped with staffing but not completely. When there was short notice sickness staff had covered as much as possible to keep people safe. Staff told us they worked well as team to make the shift work smoothly.

The provider had failed to deploy enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been recruited safely. Staff had completed application forms with a full employment history and their identity had been checked. References had been obtained from previous employers to check the applicants conduct. Checks had been completed with the Disclosure and Barring Service to check for any criminal records or professional misconduct.

### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. Staff were not always wearing face masks as required. When we arrived at the service, we observed three staff not wearing their masks. During the rest of the inspection masks were worn as per guidance. We discussed this with the registered manager, who addressed the issue directly with staff.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was not always clean. Some communal areas were dirty including a shower room and stairs, some areas smelled of urine and some of the furniture was dirty.

The provider had not consistently assessed the risk of and preventing infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



We have also signposted the provider to resources to develop their approach.

#### Using medicines safely

- Medicines were managed safely. However, during the inspection the morning medicines round did not finish until 11am. The next medicines round was due to begin between midday and 1pm. We discussed with staff about the timings of medicines and the gaps required between some medicines such as paracetamol. They explained most tablets were only given once or twice a day so were not affected. Pain relief was not given again until the required interval had passed. This was confirmed by the medicines administration records.
- Room and fridge temperatures had been recorded to make sure medicines were kept at a temperature to maintain their effectiveness.
- Staff had received training and their competency had been checked. Records showed people had been given their medicines and the stocks of medicines matched the amounts recorded.
- Some people were prescribed medicines 'when required' such as pain relief and medicines to relieve anxiety. There was clear guidance for staff about when to give them, how often and what action to take if they were not effective.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. Staff were able to recognise different forms of abuse and understood their responsibilities to report any concerns. Staff had reported concerns to the registered manager and the registered manager had taken appropriate action.
- The registered manager understood their responsibilities to report concerns. They had acted when required and worked with the local safeguarding authority to keep people safe. There had been learning from safeguarding investigations to reduce the risk of it happening again.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not acted on the duty of candour. A previous complaint about fees which had not been resolved by the provider was investigated by the Local Government Ombudsman (LGO). The provider had not acted upon the findings of the first investigation by the LGO and an Adverse Findings Notice (AFN) was issued. A second complaint was also investigated by the LGO, the provider again did not act upon the findings and another AFN was issued.

The provider had not acted in an open and transparent way with relevant persons in relation to care and treatment provided to people. This was a breach of regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not promote a positive culture that is inclusive and empowering. Staff did not always speak about people in a respectful way. Such as, referring to people who needed assistance with eating their meals as 'feeders'. The registered manager had used the word 'feeding' within care plans when people required assistance. There were lists showing the days people should have a shower and their bed linen changed. Daily records showed people had showers on set days and staff wrote 'it was their shower day'. This practice did not promote person-centred care and choice.
- Staff were task orientated. We observed staff not having time to respond to people's requests. We observed staff asking people to wait for their pudding, even though it was apparent they were becoming distressed by this response. We observed staff moving people from a wheelchair sitting at a table to an armchair, so they could use the wheelchair for someone else. The person was not given an option about moving.

Staff did not always treat people with dignity and respect. This was a breach of regulation 10 (Dignity and

respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks and audits had been completed over all aspects of the service. However, these audits had not identified the shortfalls found at this inspection, such as, the guidance within risk assessments. The provider had not completed audits on the quality of the service since April 2021, previous audits had not identified shortfalls.
- When shortfalls had been identified there were no records of the planned action to rectify the issue. For example, areas of the building needed maintenance including decoration and new carpets. The registered manager told us why some repairs had not been completed including allowing plaster to dry out. However, this had not been recorded with a plan of when and how the work would be completed.

The provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People attended 'resident meetings' where they discussed how they were and if they were happy with the support they were receiving. Some people had been supported to complete quality questionnaires. People appeared to be happy with the care and support they were receiving. Relatives told us they were happy with the care and support their loved one received.
- Staff meetings were held each month. All aspects of the service were discussed including staff practice and general staffing. Staff were asked for suggestions about how to improve the service and people's care. Staff told us they had made suggestions such as alarm on a person's door, who was at risk of falls, so staff knew when they had left their room. Staff told us they have regular supervision and felt supported by the registered manager.
- The registered manager investigated any day to day complaints they had received. These were recorded, investigated and the outcome recorded. When needed changes or improvements were made, these included additional CCTV being added into the lounge.

Working in partnership with others

- The service worked well with other health and social care professionals. Staff referred people to healthcare professionals to make sure they received appropriate care.
- The registered manager kept up to date with changes within adult social care. They worked with local authority commissioners.

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 10 HSCA RA Regulations 2014 Dignity and respect  Staff did not always treat people with dignity and respect.
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 consistently assessed the risk of and preventing infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the services provided. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour  The provider had not acted in an open and transparent way with relevant persons in relation to care and treatment provided to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to deploy enough staff to meet people's needs.</p>