

Foxley Lodge Care Ltd

Sonia Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Sonia Lodge is a residential care home for 28 people with dementia. At the time of the inspection there were 24 people living at Sonia Lodge in one adapted building.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Sonia Lodge continued to provide good quality care. The kind and supportive culture was clear to see. People were engaged in different activities and there was a sense of mutual respect between people and staff. People greeted staff with warmth and staff told us about people and their backgrounds with fondness and sensitivity.

People were protected from harm and abuse. Risks continued to be assessed and lessened to provide people with the least restrictive and best possible quality of life. Staff continued to be recruited safely and there continued to be an appropriate level of trained staff to meet the needs of people living at Sonia Lodge. Staff told us that they felt supported and listened to informally and through supervisions and appraisals. Medicines continued to be stored and given to people safely. Staff had appropriate training and the registered manager conducted spot checks to ensure staff were safe to give people medicines. Protocols and checks ensured that people continued to be protected from the spread of infection.

The care and support provided to people continued to be person-centred and in line with best practice guidance. The registered manager attended local forums and learnt from visiting professionals. People and their families were given the time and support to be involved in all aspects of their care. Regular reviews ensured people were given the support they needed to meet their changing needs. Training continued to be tailored to take into account people's individual and changing needs. Staff were knowledgeable of people's dietary and hydration requirements and appropriate referrals were made to professionals when required.

People always had alternative options for meals and staff sought people's ideas when creating the menus. When people were unwell, staff responded quickly and contacted the relevant professionals. Policies and procedures were in place to support a consistent level of care when people went to hospital or visited health professionals. The premises continued to meet the needs of people living at Sonia Lodge, rooms were personalised to people's taste and people had access to different areas to relax or socialise in. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager sought feedback from staff, relatives, health professionals and people using the

service and an accessible complaints procedure was available. Regular checks and audits were carried out to ensure issues were identified and resolved. Complaints, compliments, feedback, errors and incidents were recorded and these were collected and analysed by the registered manager to identify if lessons could be learnt.

People were asked about their end of life preferences and their personal information was kept securely. Staff continued to respect people's privacy, dignity and confidentiality.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sonia 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 15 and 16 October 2018 and was unannounced.

One inspector and an assistant inspector carried out the inspection.

Before the inspection we reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

The registered manager completed a Provider Information Return. 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.

On the inspection we spoke with ten people, three relatives and three members of staff. We also observed interactions between staff and people and 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 also spoke with the registered manager and provider who were present at the inspection.

We looked at a range of documents including; three care plans, medicine records, audits, daily logs, accidents files and complaints and compliments files. We also reviewed meeting minutes, surveys, activities records, training records, agency staff records and three permanent staff files.

Is the service safe?

Our findings

Sonia Lodge continued to keep people safe. People told us that they felt safe, one person said; "I am happy living here", "I'm safe alright".

Staff could identify signs of abuse and told us what they would do if they witnessed or suspected abuse. Safeguarding protocols and regular training ensured that staff knew to contact a senior member of staff or registered manager immediately. Staff told us that they were confident that any allegations would be thoroughly investigated by the manager. Staff were also aware of the whistleblowing policy and knew to contact the local authority safeguarding team, Care Quality Commission and external organisations if they had any concerns.

Risks to people continued to be identified and mitigated against. Positive risk taking was encouraged to promote people's freedom and independence. We saw that people were encouraged to move around the home freely. Staff monitored interactions to ensure that any possible conflict was diverted, so people could continue to move around without restriction. People told us that they were relaxed and content at Sonia Lodge.

Environmental risk assessments were in place and the registered manager ensured that health and safety checks and certificates were up to date, such as; gas, electricity and water. The premises continued to be well maintained and maintenance and repairs were conducted. Fire safety equipment were serviced regularly and there was a programme of fire drills so that people and staff knew what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place and staff told us about what to do if there was a fire. Sonia Lodge also had a business continuity plan in the event of other emergencies. Staff were aware of this plan.

Staff continued to be recruited safely. Staffing levels were decided in line with people's needs. The registered manager used a dependency tool to assess people's needs and how many staff were required to meet everyone's support needs. A relative told us; "I think there is more than enough staff, there is always plenty of staff about". The registered manager carried out checks to ensure that new members of staff were safe to work with people. References and criminal record checks with the Disclosure and Barring Service (DBS) were done before people began working at the service. The DBS supports employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Medicines continued to be stored and managed safely. Staff had training before giving people medicine and spot-checks were carried out by the registered manager to make sure staff continued to give people their medicine safely. Staff and the registered manager also conducted regular reviews of medicine administration records. If medicine errors were identified, these were dealt with swiftly. If the registered manager had any concerns then the staff member would undergo further training with the local pharmacist. If people had 'as needed' (PRN) medicines, protocols and guidance were in place to ensure these were given correctly.

People were protected from infection. Staff had the appropriate infection control training and wore personal protective equipment such as gloves and aprons to prevent the spread of infection. A robust cleaning schedule was also in place to ensure the premises were clean. A relative told us; "[Loved one's] room is always clean and tidy and her clothes are clean and put away".

Incidents and accidents continued to be reported and investigated appropriately. The registered manager analysed them for patterns and trends and put in measures to reduce the likelihood of reoccurrence. For example, the registered manager had been in contact with the GP as a person had recently had three consecutive falls. Initial investigation could not find a cause, but the GP had made a referral to another professional for further examination.

Is the service effective?

Our findings

Sonia Lodge utilised best practice guidance to provide people with person-centred care, that was built around their needs and wishes. For example, the registered manager sought advice and guidance from a range of professionals and these tools were incorporated in to peoples care and support plans to provide people with the best possible care. Staff used these tools to monitor peoples weight, skin integrity and assess risk of falls, dehydration and malnutrition. The tools also provided guidance for staff if peoples conditions changed. We saw that a referral had been made to a dietician following three consecutive decreases in a person's weight. In addition, Sonia Lodge had a protocol in place to reduce the risk of further weight loss. The registered manager would immediately put in place a food and fluid chart, a fortified diet and high calorie snacks. We saw that this protocol was being used for two people whilst they waited to see the dietician.

Before people moved to Sonia Lodge, an assessment was carried out by the registered manager to gain an understanding of the person, their life history and emotional, physical and spiritual needs. This ensured that staff could meet their needs before they moved in and were reviewed regularly once someone had moved to the service.

Staff partook in a range of training which enabled them to meet the needs of people living at Sonia Lodge. Staff told us that they felt supported by the registered manager and provider and had regular supervisions and annual appraisals. New members of staff went through a thorough induction programme which included shadowing and training to promote safe practice. The service used agency staff when required, and the registered manager told us that recruitment checks were conducted by the agency to check staff suitability. The registered manager also conducted a training session with agency staff on or before their first shift, which was tailored specifically to the service and people's needs.

People at Sonia Lodge had a choice of meals, and alternatives were always available. Some people had plate guards to help them to eat independently. One relative told us; "It is good food. They provide an alternative if you don't like something, I have seen them do this for people." During a drawing activity we saw one person had written; "Lunch will soon be served which will be very good".

The staff at Sonia Lodge continued to work closely with health professionals. Staff could tell us what signs to look out for to indicate people were unwell and we saw that appropriate advice was sought and referrals made when necessary. For example, on the first day of inspection staff noticed that a person's behaviour had become unusual. As a result, they had spoken to the GP who subsequently prescribed the person antibiotics. When people visited health services or were admitted to hospital, they took information about them, their medical history and medicines so health professionals knew how to care for and support people.

The premises continued to meet the needs of the people. People had a variety of areas to spend time in to socialise or relax. People could choose how their rooms were decorated before moving to Sonia Lodge. We saw that one person had brought all their furniture from their previous home to help them to feel comfortable and at home at Sonia Lodge. There was signage around the premises to help people to

navigate around the building. In addition, toilet doors were painted blue, so that staff could more easily direct people to them.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that there were DoLS in place and the registered manager was following the conditions of each DoLS authorisation.

Mental capacity assessments were conducted for specific decisions and people's representatives were involved. When a person was not deemed to have capacity to make a decision following the assessment, best interest meetings were held. For example, a best interest meeting was held to discuss the use of covert medicine, as the person often refused important medicine.

Staff always sought people's consent. We saw staff asking a person whether they could help to reposition them. The person did not respond on several occasions so staff respected this and tried again later when the person was able to communicate their consent. We heard a member of staff asking a person whether it was ok to apply some cream, the person agreed and staff talked to them whilst the cream was being applied.

Is the service caring?

Our findings

The atmosphere at Sonia Lodge was relaxed and friendly. When we arrived, people were sat in the lounge, with their bags and personal items, taking part in a quiz. A person commented; "I love it here, they have been so good to me". A relative stated; "Everyone is looked after so well. I wouldn't have [my loved one] anywhere else".

Staff spent time with people, they sat down next to them and listened intently to what they had to say. Interactions were kind, people greeted staff with hugs and kisses and they chatted and laughed together. A member of staff told us; "We remind each other to make sure we sit down and chat with people. Just a chat and time makes a big difference". We saw a person and member of staff pulling silly faces at one another and laughing, the person commented; "I like [member of staff], she's very nice". We heard another member of staff join in with someone who was singing, the person smiled in response and they carried on singing together.

When people became upset, staff would comfort them by holding their hand or putting their arm round them and it was clear from people's responses that they appreciated the gesture. We observed a person start to cry. The registered manager sat with the person, listened to them, held their hand and gave sensitive and supportive advice. It was clear that staff cared for people and responded with kindness and concern to changes in people's emotional state. A person told us; "I sometimes feel fed up. I go to my room when I feel like that". They added, "Staff try to help me when I feel like that".

Staff knew people well and could tell when people were unwell. They told us that some people were unable to tell them when they felt pain, but they knew the signs to look out for. People told us that call bells were answered swiftly. One person commented; "If you are not well staff are quick to help you".

People were supported to share their views as much as possible. They had regular keyworker meetings where they could discuss the care and support they were given. Peoples representatives were also invited to attend to provide their loved one with additional support. Guidance on accessing an advocate was displayed in the hallway and the registered manager had contacted advocacy agencies to organise support for a person living at Sonia Lodge.

People continued to be treated with dignity and respect. People looked clean and wore their own clothes. A relative commented; "I think the staff provide excellent care and treat the residents with respect and curtesy". Staff used a dignity curtain to protect people's dignity and privacy when receiving medicine or being transferred. When people were hoisted, we observed staff reassuring people by explaining to them what they were going to do.

We saw that people had keys to their rooms and could come and go as they pleased. People told us that their family could visit them whenever they liked, for as long as they liked. We saw family members visiting people at various times throughout the two days of the inspection.

A number of people had Deprivation of Liberty Safeguards in place and it was not deemed safe for them to leave the premises alone. However, people told us that they felt independent and we saw people going out with members of staff and their relatives. A member of staff told us; "We try to promote their independence, encourage people to do things for themselves. Instead of doing things for them, we say do you want to try? We show them how to wash hands and they do it. We do it so they can keep their independence and skills".

Is the service responsive?

Our findings

Peoples care plans were thorough. Staff were required to read through peoples plans and life histories to get to know them and how they should be supported. As a result, staff at Sonia Lodge knew people well and responded quickly to changes in their needs and preferences.

Care and support plan reviews took place every month or when people's needs had changed. Each person had their own keyworker and reviews were attended by people, their keyworkers and friends and family. The reviews gave people the opportunity to discuss how their care and support needs should be met. It also enabled changes to be made in response to people's spiritual, sexual and cultural needs. For example, one person told us they were not particularly religious, but would go to church if they wanted to. Representatives from different faiths also visited Sonia Lodge on a regular basis to provide comfort to people.

Data kept by the service highlighted how a person's needs had significantly increased and that the person needed nursing care. This thorough record keeping and analysis supported the service to find a new placement for the person where their needs could be safely met.

A range of activities continued to take place at Sonia Lodge. An activities coordinator was employed by the service and they explored with people their interests in order to provide them with meaningful activities. For example, a former artist was encouraged to take up art again and a former dancer was supported to do chair dancing. Others were supported by external organisations to explore their interests, including visiting museums and shows. People also visited local cafes, shops and attended music concerts. Sonia Lodge hosted a summer and Christmas party, where the local community and friends and families were invited to attend. We saw pictures from these events, people were smiling and laughing with one another. Staff had also introduced a person to an activity which had led to physical improvements in that person's health.

People knew how to raise complaints and felt confident in doing so. People and staff told us that they would talk directly to the registered manager. One person commented; "I would make a complaint to the manager. I feel comfortable to do so". They told us that they had faith in their ability to investigate their concerns. Relatives also told us that they would be confident raising concerns to the registered manager. An 'easy-read' version of the complaints policy was also in people's support plans and on the wall for people, staff and relatives to access.

Information and support was provided in line with the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood the standards and tailored support and care plan reviews to enhance effective communication and the care provided to that person.

Peoples end of life wishes continued to be discussed, reviewed and recorded. People had end of life care plans and some had disclosed their wishes. Staff had end of life training and when people became unwell, staff supported people and their relatives.

Is the service well-led?

Our findings

Sonia Lodge continued to demonstrate a kind and person-centred ethos, where people were central to how the service operated. The registered manager told us; "I try to put in place my values and vision for the service. I am passionate about it, I know what they did for us ". It was clear when talking to staff and observing interactions that staff embraced this respectful and supportive attitude. There was a clear management structure and staff were aware of their roles and responsibilities.

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

People, staff, relatives and health professionals alike praised the leadership in Sonia Lodge. A person told us; "I know the manager" and "I like her, she's great". They added, "If I have a problem with anything I go to the manager and she sorts it out". A relative commented; "[Registered manager] runs a pretty tight ship". A health professional stated; "I feel that the manager at Sonia lodge performs their role to a very high standard". The provider also visited the service weekly and had a good relationship with people and staff. The registered manager commented; "I am lucky we have a very good owner. We have very good rapport".

The registered manager continued to carry out a series of daily, weekly and monthly checks to monitor and maintain the quality of the service. Records and policies were clear and up to date and were held securely. Keyworkers, the provider and an external consultant also conducted audits. When issues were identified they were quickly rectified. An audit had recently been added following concerns over people being woken up early. Staff now had to complete a morning audit sheet, which monitored when people were woken and the reasons for it. People told us; "I go to bed and get up when I like".

People, staff and relatives continued to be asked for their feedback through surveys and the feedback was positive. Staff went through surveys with people and noted their responses, for example; '[X] nodded', '[X] smiled'. The registered manager reviewed feedback for trends and patterns and used the information to make changes when necessary and to boost staff morale. We saw that the registered manager had also sought informal feedback in supervisions and staff meetings and praised staffs' contribution to the service.

Staff recently suggested that the dining tables should be moved from the small lounge to the conservatory. A staff member told us; "I think it has made a difference to people. People sit in there and have lunch together". On the days of inspection, we saw people relaxing at these tables throughout the day, drinking tea and looking out to the garden, or taking part in activities.

In addition, the registered manager sought feedback from visiting professionals which were contained with a comments book. We reviewed these and comments were positive. A health professional commented; "[The registered manager] always makes themselves available for GP visits. They are well informed about their patients and clearly has their best interests at heart. [Registered manager] is knowledgeable and

helpful and I get a sense that we work together as a team to do the best for the patient".

The registered manager continued to keep up-to-date with the latest and best practice. They worked closely with local agencies such as the older persons mental health team, local authority, GP surgery, Kent Association for the Blind as well as local cafes, shops and the church. The registered manager also subscribed to care management magazines and attended local authority and CQC forums. On the first day of inspection, we observed the registered manager talking to staff about a method used by district nurses to work out how much fluid a person required. It was clear that continual learning and development was central to the culture at Sonia Lodge.

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 manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The previous rating for the service was displayed in the hallway for people to see.