

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 care to up to 28 people. The service provides support to older people including people with dementia. At the time of our inspection there were nine people using the service. People lived in one adapted residential building which was split over two floors. There was a lift to ensure the second floor was accessible to people.

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

People who used the service and their relatives were positive about the service. One person said, "I feel well cared for here. I feel it is safe living here. I am happy." A relative said, "I am happy with the home. The staff are really nice."

There had been significant improvements since the last inspection. However, there were still some improvements to make. Quality assurance checks had not identified that recruitment processes had not been updated to ensure information on staff employment history was complete. The provider had not always ensured safety was prioritised as gas safety checks had not always been up to date. Some care plans needed more detail about the support people needed. However, staff knew what support people needed.

Medicines management had improved, and people were receiving their medicines as prescribed. People felt safe living at the service and staff knew how to raise concerns if needed. The service was clean, and people were protected from the risk of infection. The recording of incidents and actions taken to reduce risk had improved. There was a system in place to analyse if there were trends of patterns of accidents.

There was enough staff to support people. Staff engaged with people well and chatted to people throughout the day. Staff moral had improved, and the atmosphere was happier. People were positive about the service and liked the staff who were supporting them. Staff told us they felt supported.

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

People and their relatives could feed back their views about the service through surveys and meetings. Where people had made suggestions about improvements the provider had listened and acted. The service worked in partnership with other services to drive forward improvements and respond to changes in people's health needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 06 July 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some areas had improved. However, some further improvements were needed, and the provider remained in breach of regulations.

This service has been in Special Measures since 20 April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 02 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, dignity and respect, good governance, staffing and recruitment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make further improvement. Please see the safe and well-led sections of this full report.

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.

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.

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 monitor the service and will take further action if needed.

We have identified a breach in relation to good governance.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Health and Social Care Act 2008.

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 carried out by one inspector.

Service and service type

Sonia Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sonia Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. 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.

At the time of our inspection there was not a registered manager in post. However, the provider was taking action to address this.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with three people who lived at the service. We spoke to two relatives about the care and support their relative received. We spoke with six members of staff including the provider, deputy manager, care staff and housekeeping. We observed the support staff provided to people when they were in the living and dining areas. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection we found care plans and risk assessments contained contradictory information. At this inspection care plans no longer contained contradictions. However, there were areas where the level of detail in care plans needed to be improved.
- One person was at risk from choking. Their care plan did not include sufficient information, such as what to do if the person choked. We raised this with the provider during the inspection and a new risk assessment was put in place. This included more detail. However, further details were needed such as what cutlery the person used, for all meals, to reduce the risk of them choking. However, staff knew how to support the person safely.
- At the last inspection risk assessments where people expressed distress or agitation did not include triggers, how distress may escalate and how staff should support the person. At this inspection these risk assessments had improved. However, there were areas where more information was needed. For example, staff knew how to distract one person if they needed to do so. However, more detail about what was and was not effective needed to be added to the care plan.

The provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection staff did not always intervene quickly to calm people when they were expressing

agitation. At this inspection staff intervened quickly when people were upset. For example, staff one person was displaying signs of being upset. Staff quickly reassured the person. Staff were consistent in how they supported people.

- At the last inspection staff were not monitoring one person's blood sugar in line with the care plan. The machine staff used to monitor the person's blood sugar had not been calibrated to ensure it remained accurate. At this inspection no one needed this support. However, staff had updated their training on diabetes care if people needed this support in the future. A new blood sugar machine had been purchased and staff knew how to calibrate this if it was required.
- People and their relatives told us they felt the care provided was safe. One relative said, "I think they are really trying to put improvements in place. I feel confident that the care is safe."

Staffing and recruitment

At our last inspection the provider failed to ensure safe recruitment procedures were established and operated effectively. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection the provider had failed to ensure staff work history had been explored in full prior to new staff starting work. At this inspection there continued to be some gaps in staff work histories that had not been fully explored. The provider addressed this concern during the inspection and full work histories were put in place.
- Other recruitment checks were in place. For example, the provider had sought references. Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had improved and there were now sufficient staff to provide support to people. At the last inspection there was very little engagement between staff and people. People spent long periods of time in the lounge without stimulation. At this inspection there were good levels of engagement between people and care staff and people were engaged in activities or conversation. A part-time activities co-ordinator had also been employed.
- At the last inspection staff did not always have time to support people with eating and drinking. Continence pads were not regularly changed, and the service smelt of urine. At this inspection improvements had been made. Staff spent time with people supporting them to eat and drink as needed. The service no longer smelt of urine and people were appropriately supported with their continence.
- At the last inspection the dependency tool needed to be reviewed. A dependency tool is a tool used to assess people's needs and identify the level of staff support they need. The tool had not been effective in recognising people's complexity of needs. At this inspection a new dependency tool was in place. This was more detailed to support the analysis of people's needs and had been regularly updated.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines management had significantly improved, and medicines were now managed safely. Medicines were stored and disposed of safely.
- At the last inspection medicine competency assessments did not include any information on what was discussed or observed, and we were not assured staff had been assessed as competent to administer medicines. A new competency assessment process had been put in place and staff competency had been appropriately assessed.
- Improvements had also been made to how people's pain was managed. At the last inspection there was no information on how people expressed pain. This had been put in place to support staff to identify if people needed support with pain management. One relative said, "I am confident that staff can understand [my relative] and they check [they are] not in pain."
- At the last inspection medicine stock management and administration records needed improvement. Medicines counts and records did not always match, including medicines which were subject to tighter controls such as some pain medicines. At this inspection this had been improved and the number of medicines in stock matched the records.
- Body maps were now in place to ensure staff were applying medicines safely to people's skin. This included where people had pain patches which need to be rotated to ensure they did not cause issues like irritation to the person's skin. Where people had 'as and when required' medicines (PRNs) there was sufficient information for staff on how to administer the medicine safely. For example, how often the medicine could be given.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for Learning lessons when things go wrong.

- Since the last inspection there had been a reduction in the number of incidents as the service had worked with the local authority to support one person to find an alternative support better suited to meet their needs.
- At our last inspection there was a lack of information on actions taken and learning from incidents. At this inspection action taken was recorded and the provider was able to demonstrate where lessons had been learnt. People's care plans were reviewed and updated following incidents to reduce the risk of reoccurrence. For example, one relative told us their loved one was moved to a downstairs room after a fall to reduce risk.
- There was now a system in place to review incidents and accidents for trends to enable staff to identify if there were other factors impacting on risks, such as the time of day or where the incidents occurred.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The service was enabling relatives to visit in line with current guidance.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity was assessed where appropriate. Where people needed support to make decisions, these were made in their best interests and recorded.
- Staff understood how to support people to make day-to-day choices such as what they wanted to eat or what they wanted to wear.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had undertaken training in safeguarding people from abuse and knew how to identify and report concerns.
- The manager knew how to report concerns to the local authority where they needed to do so. Concerns were reported as appropriate. Staff told us they were confident the manager would act appropriately if concerns arose.
- Staff knew how to whistleblow if they were concerned about poor practice at the service. People told us they felt safe living at the service. One person said, "The staff are really nice. I'd tell them if I was worried."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the services provided. The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user. The provider failed to seek and act on feedback from relevant persons. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality checks continued to need improvement in some areas. For example, the provider had not undertaken all of the actions needed to improve recruitment practices prior to the inspection. Whilst this was addressed during the inspection quality assurance processes had not resulted in this being improved prior to our visit.
- The provider had not always prioritised important safety checks. The gas safety certificate for the gas appliances had expired in June 2022, three months prior to the inspection. We raised this with the provider and ensured this was resolved immediately after the inspection. However, the provider had not taken sufficient action to ensure a new safety check had been completed in a reasonable time frame, prior to us raising this concern.

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

At our last inspection staff did not always treat people with dignity and respect. This was a continued breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer breach of regulation 10.

- At the last inspection people's clothes were not clean and people were wearing mismatched clothing. Since the last inspection staffing levels at the service had improved and improvements were made to how laundry was processed. People were well dressed and in clean clothes. One relative said, "I am happy [my relative] is always clean, dry and well kept."
- Staff interactions with people had improved. For example, at the last inspection staff put down food in front of people and walked away without speaking to them. At this inspection staff spoke to people when they were providing people with meals. People were offered support with meals where this was needed. Staff checked people were happy with their food and drink and there was a good level of staff engagement at mealtimes.
- The culture at the service had improved since the last inspection. The provider and staff had spent time talking and listening to each other. The morale amongst the staff team had significantly improved since the last inspection and staff now felt supported in their role. This had led to an improved atmosphere and people and staff chatted happily together throughout the day. Staff said, "It's far better than before. The staff get on well. I feel supported in the role." And, "It's changed a lot. There is good team work now. There is enough staff at the moment. We have supervision and there is a good handover, and everything is shared, and this is really helpful."
- At the last inspection record-keeping was poor, in that people's daily notes were not always accurate. Record-keeping practices had been discussed with staff. At this inspection record-keeping had been improved and no concerns were identified with daily notes such as records on continence support or what people ate and drank.
- The provider was supporting the deputy manager who was in the process of applying to register with CQC as a manager for the service. The deputy manager was in the process of undertaking a qualification in health and social care management. They had also attended learning events such as an event on improving end of life care. They had brought back learning from this event and shared this with staff. For example, best practice on repositioning people at the end of their life to reduce pain.

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

At our last inspection the provider failed to seek and act on feedback from relevant persons. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer breach of regulation 17 for seeking and acting on feedback from relevant persons.

- At the last inspection the provider was not able to evidence that feedback from people and their relatives had been sought. This had improved. People and their relatives had been invited to feed back by completing a survey and through attending meetings. Most of the comments were positive. One area for improvement was the decoration of the service. The provider had taken action to address this and some areas of the service had been newly decorated. One relative said, "I have raised suggestions and I feel they listen to me. They have done it [the service] out nicely."
- At the last inspection relatives told us that communication from the service to them needed to be improved. At this inspection relatives were positive about improvements to communication. One relative said, "The staff are very pleasant and keep me informed. I get a newsletter, which is nice."
- Staff had also been provided with the opportunity to feed back about the service. Feedback from staff was positive.

Working in partnership with others

- Since the last inspection the provider had worked closely with health and social care professionals to make improvements to the service. For example, the service had worked with the health care professionals to undertake a complete audit of medication administration and develop an action plan. Actions were taken to address areas for improvement identified in the audit. The provider had also contacted specialists in diabetes support to seek guidance and training and learning.
- The service continued to refer people to relevant health care professionals when people's needs changed. Staff were aware of any guidance that health care professionals had issued. For example, one person was being monitored by the speech and language team (SaLT) to assess concerns about their swallowing. Staff knew to record if the person coughed so they could share this information with the SaLT to support the assessment.

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 and the deputy manager understood the need to be open and transparent when incidents occurred. They were aware of the need to apologise if there was a duty of candour incident. A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents or accidents at the service which qualified as duty of candour incidents. However, when incidents had occurred relatives had been informed appropriately. One relative said, "They always contact me if there is ever a problem."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust systems were in place to demonstrate safety was effectively managed. The provider had failed to have effective systems in place to improve the quality and safety of the services provided.