

DCSL Limited

Soham Lodge

Inspection report

Soham Bypass
Soham
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Date of inspection visit:

13 February 2023

02 March 2023

Date of publication:

16 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Soham Lodge is a care home providing personal and nursing care to 26 people at the time of the inspection. The service can support up to 34 people. The service provides support to older and younger adults with dementia, nursing needs and mental health needs in one adapted building.

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

Staff knew people's individual needs, wishes and preferences well. Risks to people were assessed and monitored by staff. Staff responded to people's changing care and support needs. People's care plans and records were reviewed and updated when changes occurred.

Staff used their training and knowledge to safeguard people wherever possible and to try to keep people safe. If staff had any concerns about people, they knew where to report this both inside and outside of the service. People received their medicines as prescribed and staff followed infection prevention guidance and good practice. Staff listened to and respected people's choices and wishes.

Recruitment checks were carried out to help ensure staff were suitable to work and had a right to work at the service. There were enough skilled staff to support people's nursing, care and support needs. The registered manager monitored staffing levels by using a dependency tool and told us they would change the number of staff working to meet people's needs.

Governance systems were in place to monitor the service and helped in identifying and driving improvements needed. The registered manager and staff team acted when learning from any incidents that may have occurred. Surveys to feedback on the quality of the service provided were completed by people. Staff attended meetings to hear updates on the service and people could also attend meetings to discuss the service and raise any suggestions or concerns they may have had.

The registered manager and staff team worked well with other organisations such as health and social care professionals to provide people with joined up care. The registered manager was aware of all the incidents they were legally obliged to notify the CQC of.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 November 2020).

At our last inspection we recommended that the provider considered current guidance to formalise a

process to identify appropriate staffing levels. At this inspection we found the provider had acted on the recommendation and were now using a dependency tool to calculate safe staffing numbers.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 requires improvement to good based on the findings of this inspection.

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 Soham Lodge on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Soham 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

This inspection was carried out by an 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.

Service and service type

Soham 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. Soham Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

We visited the service on 13 February 2023 and on 02 March 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 16 February 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the Cambridgeshire and Peterborough Integrated Care System (ICS) and professionals such as the fire service 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 6 people who used the service and 1 relative. We received feedback from the local authority, the fire service and the Cambridgeshire and Peterborough Integrated Care System (ICS) about the service. We spoke with 7 members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 nurses, and 2 senior care staff and a physio assistant. We also spoke with a visiting health professional.

We reviewed a range of records, this included 5 people's care records. We looked at medicines' records and 4 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident and accident records, utilities safety checks, staff rotas and staff dependency tools, quality assurance processes and policies.

After the inspection

We received confirmation and risk assessment about a staffs right to work in the UK.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we recommended that the provider used current guidance to formalise a process to identify appropriate staffing levels. At this inspection we found the provider had acted on the recommendation and were now using a dependency tool to calculate safe staffing numbers.
- There were enough suitably trained staff to meet people's nursing and care needs. However, the dependency tool used did show a shortfall in staffing hours available. One person told us they would like to be able to sit and chat with staff more. We made the registered manager aware of this. They told us how they monitored staffing levels and outcomes for people and that they were in the process of recruiting new staff to the service. This would help to reduce the staff shortfall in hours needed.
- In the main there were no concerns about the number of staff. A person confirmed, "I have got my call bell here (next to them). It can vary how quickly [staff] come but it hasn't caused me any problems. Staff are always around when you need them, it seems fine to me." Another person said, "[Staff] answer my bell as quickly as they can. I know they have a lot of other people to help as well. It is fine. They are busy but they will always help you as soon as they can."
- New staff were recruited following a series of checks. Checks included a staff member right to work in the UK. Checks also included previous employers' references and Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helped employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to understand the importance of safeguarding people from poor care or harm and how to identify these risks to people. A staff member said, "(I would report) any concerns. (I would) inform the nurses, or line manager. The council safeguarding (team) can be informed, if no action is taken."
- The registered manager understood the requirement to notify incidents that had occurred to the appropriate organisations. This included the local authority safeguarding team and the CQC.
- People told us they felt safe using the service. A person confirmed to us, "I don't feel unsafe. There are always people around to help and I feel I can speak up if I have a problem." Another said, "I am perfectly safe here. There is always someone on hand to help me."

Assessing risk, safety monitoring and management

- The management team had identified and assessed people's known risk and these records were updated. Staff monitored people's individual risks and health conditions. Records included guidance for staff and any actions staff were to take to reduce known risks.
- Guidance to enable staff to support people who needed staff assistance to move safely was available. This included any equipment staff were to use. A person told us, "I tend to have the same [staff] hoisting me so I

feel quite safe with them as they are confident and know what to do."

- Staff completed health and safety checks to help ensure the environment at the service was safe.
- Staff used technology to support people to receive safe, care and support. There were care call bells in place for people to call staff when required and sensor alarms where needed. A person told us, "I have had some falls in the past, that is why (there is an) alarm on the door." A registered Closed-Circuit Television (CCTV) cameras and audio were in communal areas of the service to promote people's and staff's safety.

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.
- Staff understood the importance of listening to and respecting people's choices. They confirmed to us their understanding that when a person was unable to make a choice, staff helped the person in their best interest. A person told us, "[Staff] keep some records in my room and will talk to me and ask for my agreement to any changes."

Using medicines safely

- Nursing staff and some senior care staff were trained to administer people's medicines. Staffs competency to administer people's medicines were checked by the management team yearly.
- People had no concerns with how they were supported to take their medicines. A person confirmed, "[Staff] will always explain what (medicine) it is and will always wait with you while you take it. I always get my medication at the same time and they have never run out." Another person said, "I always get my tablets on time and when I need them. I know what they are for."
- The management team audited people's prescribed medicines. Actions were taken when areas for improvement had been identified during these audits.

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.
- During our inspection visit we saw relatives and visitors being able to visit their family members and

friends. A person told us, "Visitors can come when they want now which is nice."

Learning lessons when things go wrong

- Records of incidents, accidents and near misses that had occurred were investigated using a 'root cause analysis' process. This information was then used by the management team to put actions in place. These actions helped reduce the risk of recurrence wherever practicable.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection there had been no registered manager in post since July 2019. At this inspection there was a registered manager in situ who had completed their registration with the CQC in December 2020.
- During our last inspection we found the provider had not assessed the risks associated with recruitment checks. At this inspection we found that recruitment checks were satisfactory and that these records were now part of the audits undertaken within the service.
- At this inspection we found that the provider was not conspicuously displaying the rating from their last CQC inspection on their website. This was corrected during the inspection.
- The registered manager and management team audited areas of the service as part of their governance monitoring. Governance monitoring checks were completed to help make sure there was oversight of the service and continuous learning and improvement where needed. Audits and checks included people's care plans and records, checks on the service at night and at the weekend, safeguarding audits and health and safety audits. Where areas of improvement were found, actions were taken or ongoing.
- The registered manager and staff team were clear about their roles and explained these to us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team involved people and where appropriate their relatives, in their and their family members care and support decisions. A person told us, "We are having chats every week and setting goals for me. I have a plan for the week now."
- The registered manager and staff team worked to support people's wellbeing and help them remain as independent as possible. A person said, "[Staff] are on the ball if you are feeling unwell and notice if you are feeling down. That comes from them knowing you really well."
- People and their relatives were asked to feedback on the quality of the service provided. A person told us, "It is a very open culture here and you are not afraid to speak up. We have residents' meetings every month. [Staff] take minutes and circulate them, and they do seem to take notice of things." The registered manager was aware that the return response rate on the surveys could be improved.
- Staff in the main felt supported. They were asked to feedback on the service during supervisions, meetings and via a survey. Overseas staff recruited were also supported with English lessons. A staff member told us these lessons were, "Very helpful."

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 registered manager understood the requirement to notify the CQC about any incidents that had occurred. Notifications had been received by the CQC. Notifications documented that where appropriate, relatives were informed.

Working in partnership with others

- The registered manager and staff team worked with professionals such as representatives from different local authorities, health professionals, and GP's. This helped them try to promote well-being and good outcomes for people. A visiting health professional said, "Communication is good, and staff are good when handing things (information) on."