Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Soham Lodge

Qua Fen Common, Soham, Ely, CB7 5DF

Tel: 01353720775

Date of Inspection: 06 February 2013

Date of Publication: April 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✖	Enforcement action taken
Records	✖	Enforcement action taken

Details about this location

Registered Provider	DCSL Limited
Overview of the service	Soham Lodge is a nursing home for up to 26 people. Because of the areas needed for improvement the provider has voluntarily placed a ban on new admissions to the home until they feel that there has been sufficient improvement.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Soham Lodge had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 February 2013, talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

We visited the home on 6 February 2013 to check compliance with a warning notice that had been issued to the provider in December 2012.

We found that improvements had been made to the assessments and care plans although these were not all up to date and accurate. We found that not all of the care plans were being followed by all staff and this could place people at risk of receiving unsafe or inappropriate care.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have taken enforcement action against Soham Lodge to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✖ Enforcement action taken

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Although improvements had been made, we found that people were still at risk of not always receiving care, treatment and support that met their needs.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

We served a warning notice on the provider for this regulation following our last inspection on 26 and 28 November 2012. We carried out this inspection on the 06 February 2013 to see if the warning notice had been complied with.

As part of our inspection we looked at the care plans for three people who lived in the home. We discussed the care and support these three people were receiving with three members of care staff and two nurses.

We found that there had been significant improvements to the assessment of people's needs and the care plans since our last inspection. However, there were still some parts of the care plans that needed reviewing and updating to ensure that the information was accurate and that staff were providing the appropriate treatment and care.

Although not all parts of the care plans accurately reflected people's current needs, when we discussed people's needs with care staff they were able to tell us what people's current needs were and what action they had taken to meet those needs. However, when we talked to one of the nurses she gave us different information from the care staff about what drinking and eating aids one person used which meant that we could did not know if people were always being cared for in a consistent manner.

The permanent members of staff who we talked to knew the people well. We talked to one agency nurse employed by the home to cover staff shortages, told us that it was their first day in the home and they had read the care plans and risk assessments so that they would know what support people needed. Because not all of the care plans were up to date and accurate this placed people at risk of receiving care or treatment that was

inappropriate or unsafe.

Although people's needs had been assessed and a care plan had been written, these were not always being followed by all of the staff. The care plan for another person stated that they had been assessed by a speech and language therapist as needing a soft diet. However, their food intake chart showed that although their main meals were of a soft consistency, they were regularly having hard boiled sweets and cheese straws, which could have placed them at risk of choking. The care plan also stated that the person was lactose intolerant, although we found they were having food containing lactose. The staff we talked with were aware that the person should have a soft and lactose free diet but that the person was not always having a soft or lactose free diet. Staff confirmed that this dietary need had not been discussed with the person or their family.

Where people had been assessed as requiring an electrical, airflow pressure relieving mattress to reduce their risk of developing a pressure sore, their care plans did not detail what setting the mattress should be set to. We looked at the charts that where being used to check the air flow mattress where set at the right pressure and working correctly and not all of these included the recommended pressure setting and there was no evidence that the mattress were being checked every day as stated in the care plans. This could place people at risk of suffering discomfort and pressure damage to their skin.

Records

✖ Enforcement action taken

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been maintained.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

As a result of our previous inspection of the home on the 26 and 28 November 2012 we made a compliance action in relation to the records.

During this inspection on 06 February 2013 we looked at the care plans for three people. Although we found that some improvements to records had been made, not all of the care plans were an accurate reflection of the care and treatment people were receiving. For example, one of the care plans stated that the person had a catheter inserted. However, when we talked to three members of care staff and one nurse they told us that the person's catheter had been removed and they had since been using continence pads.

The personal care section of one person's care plan stated that if they refused assistance with their personal care, then more than two members of staff should assist her. However, when we talked to staff they told us that they did not do this and that they would leave the person for a short period and then offer to assist her with the personal care again later. This means that the care plans did not reflect the care than was being provided by care staff.
The wound management section of one person's care plan stated that they had a wound to their shin and that it should be dressed, as needed. However, staff confirmed that the person no longer had a wound or a dressing. The failure to provide accurate information about people's care and treatment could lead to them receiving inappropriate care and treatment.

This section is primarily information for the provider

✖ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

Vary a condition of registration This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
Treatment of disease, disorder or injury	**How the regulation was not being met:** The provider had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe by ensuring the delivery of care met service user's individual needs and ensured their welfare and safety. (Regulation 9(1)(b)(i & ii))
We have served a warning notice to be met by 01 April 2013 This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
Treatment of disease, disorder or	**How the regulation was not being met:**

This section is primarily information for the provider

injury	The provider had not ensured that people were protected against the risks of unsafe or inappropriate care and treatment by maintaining an accurate record in respect of each person in relation to their care and treatment. Regulation 20 (1)(a).

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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