

Minster Care Management Limited

Sovereign House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sovereign House is a purpose-built residential care home that provides personal and nursing care for up to 60 younger adults or older people, some of whom, may have a diagnosis of dementia. The ground floor of the home is mostly allocated to people on short term six-week placements. These are for people have been discharged from the hospital to the home to continue their care. People are then assessed to check if they are well enough to go back home or continue their care with the right support in the right place. At the time of our inspection the service supported 47 people.

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

Systems and processes to check the quality of the service were in place but these had not been consistent in identifying areas of risk to make sure people's needs were met safely.

People's needs were assessed before they moved into the home to identify their needs and ensure these could be met. Care records did not always identify risks associated with people's care to ensure they were safely managed. Staff did not always know about and follow risk assessments to manage risk. This included risks around nutrition.

Enough staff were on duty to meet people's needs and people felt safe and spoke positively of the staff that supported them. Staff were recruited safely and received on-going support, training and supervision to be effective in their roles. Staff understood what signs to look for of potential abuse and knew what process to follow to keep people safe from the risk of abuse.

People received their medicines when they needed them from suitably trained staff. Arrangements for the storage of medicines were not consistently safe but this was addressed during the inspection visit.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people lacked capacity, this had been identified and people were supported with decision making when needed.

There were two activity co-ordinators employed at the home to support people with social activities to help maintain their wellbeing. This included spending one-to-one time with people cared for in bed.

People were offered a choice of meals and snacks to maintain their nutrition and hydration needs but some staff were not clear about people's dietary and support needs to ensure these were met safely consistently.

Staff cared about people and were responsive to their needs. Staff understood how to respect people privacy and dignity and people told us this was maintained. Care plans contained some personalised information to support staff in delivering individualised care. People had opportunities to maintain positive

links with the community and stay in touch with people who were important to them.

People were supported to be independent. Signage and visual prompts were available to support people to find their way around the home and picture cards were used to help effective communication and involve people in their care.

Some information about people's end of life wishes had been obtained and documented in their care plans to ensure their wishes were respected.

People and their relatives felt at ease to raise any concerns or complaints with staff and had confidence these would be acted upon. Complaints received had been responded to.

Systems were in place to ensure staff followed good infection control practice and to make sure the home was kept clean. Overall these systems had been effective.

Systems to monitor the quality and safety of the service were in place to help ensure staff followed the required policies and procedures. However, audit systems had not consistently identified areas needing improvement. This included staff having access to accurate information to ensure they were clear about people's current needs and the safe storage of medicines.

People, staff and relatives had opportunities to voice their views of the service through planned meetings or quality questionnaires. Feedback from people, their relatives and staff was welcomed to drive improvement. Responses showed positive feedback.

Health and safety checks were carried out to make sure the environment was safe for people and checks completed were within the required timescales.

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 requires improvement (9 August 2018) and there was one breach in the regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement as at the previous inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Requires Improvement ●

Sovereign House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a Specialist Nurse Advisor (SPA) 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

Sovereign House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection-

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with three care staff, a nurse, the clinical lead nurse, an advanced nurse practitioner, a visiting GP, the registered manager, deputy manager, cook, two domestic staff, the maintenance person and an activity organiser. We viewed the report completed by 'Healthwatch'. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed a range of records. This included six people's care records and multiple medication 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, accident and incidents, quality monitoring records, complaints, training records, and health and safety checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

- Risk management was not always effective to ensure people's safety.
- We identified the rubber feet (known as ferrules) on two people's walking frames had worn away and the metal was exposed which presented a fall risk. We brought this to the attention of the registered manager who took immediate action to replace the rubber ferrules.
- Staff did not always know about and follow risk assessments to manage risk. For example, one person was at risk of malnutrition and there was an instruction in a risk assessment for them to consume three fortified (added calories) meals and two nourishing snacks per day. Staff did not know this. One staff member said, "[Name] eats and drinks well. [Name] is not on fortified foods." The deputy manager confirmed the person's risk assessment was correct and the person did require fortified foods and snacks. They took immediate action to remind staff of this.
- People at risk of skin damage had care plans that instructed staff to reposition them regularly. However, one person on a six-week placement who had developed a pressure wound to their skin (prior to their admission to the home) did not have detailed care plans that showed how the pressure wound was managed which included input from the Tissue Viability nurse. This meant it was not clear if it was improving or deteriorating. However, this person's wound care had been reviewed when the person had recently moved to the floor providing nursing care.
- One person with diabetes did not have a sufficiently detailed risk assessment to show how risks associated with this condition should be managed. There was no guidance to staff to indicate signs of high or low blood sugar levels and what staff should do in response to prevent the protect the person from the risk of harm. However, nursing staff knew how to respond to these symptoms.
- Staff knew people at high risk of falls. We saw one person at risk of falls was encouraged to use their walking aid. One staff member identified a person without their frame and said, "Where is your frame? You need to use your frame. Let me help you." The staff member then fetched the person's frame from their bedroom demonstrating they knew this person was at risk.
- Sensor devices were used to alert staff when people at risk of falls when they moved from their beds or chairs, so staff could assist people and help prevent the risk of them falling.
- The provider's emergency evacuation procedure was on display. Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe.
- People had Personal Emergency Evacuation Plans (PEEPS) so staff and emergency services knew what level of support people required in the event of an emergency evacuation.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I had a fall and went into hospital. I feel safe here because staff are always nearby." Another said, "I feel safe here, I'm well looked after, I cannot grumble."
- The provider had a safeguarding policy and procedure and staff completed safeguarding training, so they knew how to keep people safe from harm or abuse. Staff told us they would report any concerns to their manager.
- Safeguarding concerns were recorded, and the relevant agencies informed to ensure they were appropriately investigated and managed.

Staffing and recruitment

- Enough staff were on duty to meet people's needs and people said staff responded to their requests for assistance when needed. One person told us, "I have this buzzer to call for help if I need it. I am quite happy with the staff, they do what they can for me."
- Staff were recruited safely. Records confirmed they had not started work at the service until all the required checks had been completed to ensure they were safe and suitable to work with people who lived at the home.
- All nurses had valid PIN numbers demonstrating they were safe to deliver nursing practices at the home.

Using medicines safely

- Medicines were managed safely, with the exception of how thickening powders were stored.
- Three people's prescribed thickening powders were not stored in a secure area. Thickening powders are added to fluids for people who have been identified as being at risk of choking. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a care home resident (not at Sovereign House) died following the accidental ingestion of the powder. The registered manager took action during our visit to ensure the powders were stored safely.
- Nurses completed three medicine competency assessments before they were signed off by a manager as competent. The deputy manager said, "We assess and address any capacity issues. If competences are not passed, we offer further support and learning."
- People had medicine care plans that showed their prescribed medicines, and some stated how people preferred to take them. For example, one person liked to take one tablet at a time taking a sip of water between taking each tablet. We saw the nurse administered the person's medicines in this way demonstrating the care plan was followed.

Preventing and controlling infection

- Some practices to maintain cleanliness of the home needed to be improved to minimise the risk of infection. For example, there were bins in use which contained used disposable gloves with no lids, chairs in one of the lounges were stained and in need of cleaning. However, there were domestic staff who cleaned the home every day and overall the home was clean with no unpleasant odours.
- Staff told us they completed infection control training and we saw they used disposable gloves and aprons when required during our visit.
- Staff were committed to improving hand hygiene to minimise the spread of infection. They had identified not all people had been given the opportunity to wash their hands prior to eating meals. The deputy manager explained they had introduced, and were trialling, the use of different products including hand gels and wipes with people. There were staff identified as 'hand hygiene champions' to improve awareness of the importance of effective hand washing.
- The service had achieved 'Say no to infection' accreditation for the third year running showing their commitment to achieve good infection control practice within the home.

Learning lessons when things go wrong

- Lessons had been learnt following a person falling in the home. A falls motion sensor had not worked to

alert staff at the time. It was later identified the sensor was faulty. This had not been identified prior to the sensor being fitted. The registered manager told us lessons had been learnt in this regard and they would ensure a staff member was present in future when the alarm company attended to fit equipment to confirm it was in working order.

- Lessons had also been learnt after people had sustained injuries following falls. All staff had been required to attend a meeting where falls management was discussed. Staff had updated their training in regards to moving and handling people to help reduce the risk of these happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with the involvement of families where appropriate before they moved into the home, and following this, their needs were reviewed monthly.
- Assessments included information on people's health physical and mental health, life history and what support they required.
- There were systems in place, such as daily care records, and daily handover meetings to enable staff to share information about people's care and any close monitoring needed.

Staff support: induction, training, skills and experience

- Staff completed regular training to ensure they updated their knowledge and skills to support people safely.
- New care staff completed training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- Staff competences were tested to ensure they were effective in their role. The deputy manager told us, "Staff are also supported by online learning. Their competencies are assessed. Staff practices are monitored to check they have taken knowledge in."
- Staff used safe moving and handling techniques to assist people demonstrating their learning had been effective. One person commented, "They are good at using the stand aid with me."
- Nurses has access to the clinical support they needed. An advanced nurse practitioner visited the home twice a week to support them. The clinical lead nurse also accessed support from the GP, Tissue Viability Nurse (in regards to skin damage) and other health professionals involved in people's care.
- Staff had access to regular supervision meetings with their manager where expectations of their role were discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary preferences were assessed, and information was provided to the cook to ensure people's dietary needs were catered for. For example, where people required a soft diet or were vegetarian, different food options were available. We saw people were offered a variety of hot and cold drinks during our visit.
- Some people had been provided with spouted beakers, straws or plate guards to help them eat and drink independently. Red plates were also used for some people living with dementia in response to research that had suggested a red colour plate helped to increase their food intake.
- People's care plans documented foods they liked and disliked and usually staff knew this.
- Some staff knew people's dietary needs and preferences better than others. For example, the staff

member serving food knew those people who needed their food cutting up, but other staff did not know this. This included an agency staff member. This resulted in the food server having to check their instructions were followed by staff. We discussed this with the registered manager with a view to ensuring all staff were clear on people's dietary needs and records being clearer about this.

- Staff told us they assisted people regularly with drinks and they regularly checked to make sure people had drinks accessible to them.
- People liked the food and relatives spoke positively about the food. One person said, "The food is good, it's mostly home cooked which suits me. I like it and I get plenty of cups of tea." A relative told us, "When [Name] came here they hadn't been eating; now they enjoy eating a full diet which is nice to see."
- On one floor, there was only one person who chose to eat their lunch in the dining room. The table was laid with a table cloth and cutlery and the person told us they had already chosen what they wanted to eat. Staff checked the person still wanted what they had chosen before providing their meal to make sure they were happy with this.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the home met people's needs. Corridors and doorways were wide to accommodate mobility equipment and walking aids. The garden was accessible to everyone and a passenger lift enabled people to access different floors of the home.
- There was clear signage to support people to find their way around the home. Exit doors contained number locks to ensure people were kept safe and secure.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs when required. One person told us their legs were itchy and said, "It's driving me mad. I've told the nurse she is getting me a prescription for my legs." Records showed a nurse had requested the GP to visit the person in response to their discomfort.
- The service received weekly visits from the local GP to support people with their healthcare needs in addition to any other visits requested.
- People who stayed at the home for a short period of care following discharge from hospital were supported by a multi-disciplinary team (MDT) including staff at the home and health and social care professionals. We attended an MDT meeting during our visit and the team discussed how well people were progressing, and whether they needed additional support, so that they could return home or move on to a more permanent care placement.
- People had access to chiropody services and a list was kept of those people who needed to see the chiropodist on their next visit.

Ensuring consent to care and treatment in line with law and 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 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being

met.

- The service was compliant with the MCA. Staff followed the principles of the MCA by asking people for consent before providing them with assistance. One staff member said, "We have training and we know that we must ask before we do anything. People have the right to refuse help."
- People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed. For example, the use of bed rails to keep people safe.
- Referrals had been made to the local authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for people as appropriate to keep them safe from harm and conditions were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw positive interactions with people throughout our visit. One person said, "Staff are lovely, really kind and down to earth people. I can talk to them and they listen to me."
- One person said to a nurse. "You are lovely, I appreciate all you do for me." The nurse acknowledged this comment and said, "Thank you."
- Staff provided reassurance to people when they showed signs of being anxious. One person asked a nurse 'Where do I live?' They replied, "You are safe with us here living at Sovereign House." The person responded with a smile.
- Relatives said staff were caring. One told us, "They are very caring; even when [Name] is not at their best... The other day [Name] said they didn't want to get up, so they looked after [Name] in bed, they asked at lunchtime what they wanted to do and [Name] said to stay in bed so they brought lunch in to [Name] and helped them to eat it. Another told us, "I'm happy with [Name] being here.... The staff are friendly and always speak to me."

Supporting people to express their views and be involved in making decisions about their care

- Letters in people's care files demonstrated their family members had been invited to attend care review meetings to contribute their views where this was appropriate.
- Communication between the home and people's families was maintained. For example, a family member had been informed when a new medicine had been prescribed for a person.
- People made daily choices in regards to their care such as where they sat, what television channel they watched and what type of drink they wanted.
- Staff knew how to communicate effectively with people to ensure they were involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their right to privacy. One person said, "I am having a shower tonight, I really look forward to having a shower. They (staff) make sure I am safely sitting down and then leave me in private. I am in there for ages giving myself a good scrub. The carer doesn't come back in until I tell them I have finished." Another told us, "The staff are caring and treat us with respect, they respect our dignity too."
- We saw staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and waited for permission before they entered. One staff member knocked a bedroom door and said, "Good morning, can I come in or do you want me to come back later?" The person replied, "Later, please." The staff member respected this and did not enter their room.
- People confirmed they were supported to maintain their independence. One person said, "I see the

physiotherapist nearly every day. I was in hospital for three months and I never thought I would walk again. With their help I am getting back on my feet and I am walking. Soon I will be able to go home."

- During our visit we observed staff reminded people to use their walking frames to enable them to walk independently. They also provided drinks to some people in two handled beakers which meant those people were able to drink independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure people received personalised care their met their needs. This was a breach of regulation 9 (Person-centred care) 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 9.

- Staff were responsive to people's needs. We heard a person say to a staff member, "My legs are tingling." In response the staff member helped the person to stand up and gently rubbed the person's legs. The person said, "Thank you, that feels so much better." The staff member then helped the person to raise their legs onto a stool and helped them remove their slippers on their request. The person said, "That's better I'm more comfortable now." The person told us, "Staff are really good, they make sure I am okay."
- Staff responded promptly when a person told them they felt cold. The person was provided with a blanket and they commented, "That's better I'm nice and warm." Another person told a nurse they were in pain and the nurse quickly provided the person with pain relieving medicine.
- Pre-assessments were completed to assess people's needs and preferences before they started to receive care. For example, one person preferred a specific diet for religious reasons and liked two pillows to sleep with. Their medical conditions were listed, and records showed the persons family had contributed to the assessment.
- People's care plans contained some information about their likes and dislikes to help staff provide care in accordance with their wishes. For example, one person preferred having a wash in bed instead of showers, staff knew this, and records confirmed the person had received a wash in bed every day. However, records were not detailed about how tasks should be completed to ensure they were personalised and people received support in ways they preferred.
- Staff said they got to know about people's needs and preferences by speaking with them. One staff member told us, "If you like this job, you enjoy talking with them (people) and if you don't know something you have the senior staff to help you. I always ask girls if I am not sure of something."
- Relatives spoke positively about the healthcare support provided. One told us, [Name] had a small cut recently, they called to tell me, and they've been treating it, it's healed now. [Name] has the chiropodist come too and the hairdresser...It's ideal here for them."

- Care plans contained some information about people's life histories, so staff could use this information to talk with people about them. Information included details about family members that were important to them and past experiences they had/had not enjoyed.
- Two activities co-ordinators were employed at the home. During our visit we saw one spent time with people providing one to one activities in their bedrooms. For example, they played card games and completed a quiz with people. They also sang songs with one person who smiled and made movements to the music demonstrating their enjoyment.
- There was a weekly activity plan on display which included a church service, garden party, art and craft, sing along and a quiz. We did not see any group activities take place on the first floor and three people spent most of their day in the lounge watching television. The registered manager told us this was because a planned hairdressing visit has been cancelled which a number of people would normally have attended. The hairdresser had been rearranged to visit the home later in the week.
- There were magazines, books and newspapers as well as board games available at the home for people to use although these were not located in the lounge areas for people to easily access. The management team told us they would review this.
- Faith was important to some people who lived at the home and frequent church services took place. Representatives from a local Roman Catholic place of worship visited the home twice weekly to provide one to one mass. The home arranged for priests to visit people as they neared the end of their lives if they wished to be read their last rights.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and were recorded in their care plans. Staff knew about people's communication needs and supported people appropriately.
- One person was unable to verbally tell staff when they felt pain. Their communication care plan informed staff to look for visual clues to indicate pain. A staff member said, "If he's in pain he 'screws his face up'. His facial expression clearly indicates pain." The person also used pictures and cards to communicate.
- Another person did not speak English. We saw through our visit staff effectively communicated with the person which enabled them to make choices and make their wants and needs known. A staff member said, "There is always a Punjabi speaking staff member on duty. We also point at and show them things to help them make choices." We saw this happened.
- A home brochure was available to people with pictures. Care plans contained some pictorial illustrations to show what the care plan related to.
- Communication care plans for people living with dementia instructed staff to use diversional tactics and be calm in their approach when people became anxious. We saw this happened.

Improving care quality in response to complaints or concerns

- A complaints procedure was on display in reception and included CQC contact details. Both people and relatives felt confident in raising concerns with the service if they needed to. One person told us, "I'd probably talk to a carer if I had a problem or complaint, they're good here, they do a good job" A relative told us, "I have no complaints, I see the carers, they look after [Name] very well."

End of life care and support

- End of life care plans were in place but there was limited information about people's personal wishes at

the end of their life such as if they would want family present or had any specific requests. However, ReSPECT forms had been completed for some people which stated if people wished to remain at the home or go to hospital when at the end of their life. These had been discussed and signed off by the GP following discussions with the person or their representative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

- The management team consisted of the registered manager, deputy manager, clinical nurse lead and business manager/administrator. Regular audit checks of the service were completed but they had not been consistent in identifying areas needing improvement. This included improvements to care records.
- Audit systems had not identified information about people's dietary needs was not always accurately recorded in the folders staff used to check people's dietary needs
- Care plan reviews had been completed regularly to check if people's needs were up-to-date and accurate. However, some care records were not accurate and some records needed more detail to ensure risks were effectively managed. This included nutritional records, diabetes records and records relating to a person's pressure wound.
- Summary information that agency workers used to support people was not sufficiently detailed to ensure they could provide support safely and effectively.
- A health and safety audit had been completed by the registered manager which had identified a number of actions which we saw had been completed such as keeping stairwells clear.
- Regular checks of the building and equipment such as fire extinguishers, nurse call bells and hoists were completed.
- Daily checks were completed of specialist mattresses to make sure they were set correctly and in accordance with the person's weight.
- Audits of people's care plans identified some shortfalls such as a photograph missing in one file and the medication care plan needed review. We saw these actions had been completed

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

- People spoke positively of living at the home and relatives were complimentary of the staff. One relative told us, "All the staff are caring and all work with the same spirit of checking on people, they call them by name... They are well trained."
- The service had received a number of compliments about the care and support they provided. One stated, "Just a short note to say how wonderful all the staff have been in getting [Name] back on her feet. The care attention and love they have shown has been just great." Another stated "To everybody at Sovereign House. You were fantastic, and we truly thank you from the bottom of our heart."
- Health professionals had provided positive feedback. One compliment stated, "I would like to thank your

staff on your extremely proactive approach to infection prevention."

- A consultancy firm had visited the home in May 2019 to complete an audit based on CQC standards to help identify areas that needed improvement and increase regulatory compliance. The audit had resulted in a positive rating.
- The management team regularly walked around the home to check any areas needing improvement. Action plans showed the outcomes of these and we saw these actions had been carried out.
- There was good team work and communication between staff. For example, care staff asked the nurse for advice and care staff worked together to ensure people were moved safely. A staff member commented, "Morale is good, and we have good managers who listen to us."

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 visited the home on a regular basis to undertake their own review of systems and processes to ensure they were followed and to check appropriate actions had been taken when things went wrong.
- Relatives told us they were kept informed of any concerns relating to their family members such as falls or injuries.

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

- People and relatives spoke positively of the management of the home. One relative told us, "Management are lovely, we've been to resident meetings and they have an open-door policy for us if we want to be more private in our discussions."
- Newsletters were used to communicate with people, staff and families. A selection viewed showed good news stories and upcoming events were shared.
- People's views about the service they received were sought through two weekly 'resident forum' meetings, but it was not documented who had attended to demonstrate how many people had shared feedback. Also, the registered manager told us whilst feedback was gathered from people who were unable to attend the forums (people cared for in bed), it was not recorded. This meant opportunities to drive forward improvement could have been missed.
- Satisfaction surveys showed people were happy with the care they received. However, one person did not like the food. Records showed this issue had been discussed and resolved with the person to their satisfaction. Questionnaires sent to families in June 2019 were still to be analysed.
- Questionnaires staff had completed showed they had requested more practical training. Practical first aid training and fire safety had been booked to take place in September and October 2019.
- The home had established links with a local nursery and school children had visited the home throughout the year. Links with YMCA had also established.
- The home participated in the 'skills for care' managers network group and in their annual awards. Staff at the home had been nominated for awards by each other, residents, and their families. In July 2019 one staff member had won an award for 'going the extra mile'. We spoke with them and they told us receiving the award was 'wonderful'.

Working in partnership with others

- The service worked closely with the local authority to improve practices within the home. They had achieved accreditation for 'Say No to Infection' (infection control practice) as well as 'React to Red' (responding promptly to red skin problems) for the third year running.
- A range of health professionals were involved in people's care to ensure their needs were met effectively. For example, a Parkinson's nurse and Neurologist had worked together to adjust a person's medication to improve their ability to do things for themselves such as eating and drinking.

