Sovereign Care Limited

Caroline House

Inspection report

7 – 9 Ersham Road
Hailsham
East Sussex
BN27 3LG

Tel: 01323841073

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Caroline 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. Caroline House accommodates up to 28 people in one adapted building. There were 26 people living at the home at the time of the inspection. Caroline House is a residential care service that provides support for older people living with dementia, mental health needs and sensory impairment. Accommodation was arranged over two floors with stairs and a lift connecting each level.

At our last inspection we rated the service good overall. At the last inspection, the provider had failed to adequately assess the risks to the health and safety of service users which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken sufficient steps to ensure that health and safety had been assessed and improvements made to ensure risks were minimised. At this inspection we found the evidence continued to support the rating of good overall. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained overall Good.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt safe at the service and staff understood what procedures they needed to follow to keep people safe. Risks to people's health and safety were assessed and measures were put in place such as updating fire evacuation procedures. Safety checks of the environment and equipment were carried out to ensure they were in good working order. The service was currently working above their identified staffing levels.

Staff had development plans in place which ensured that they were supported to complete training and gain qualifications. People's nutritional needs were met and staff sought advice from healthcare professionals in relation to people's diets. People said they liked the food and staff knew what they likes and didn't like. People were supported to access health services such as GPs, speech and language therapists and district nurses.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were happy at the home and liked the staff and other people they lived with. People told us they

thought the care they received was excellent People were enabled to maintain relationships with their families and friends.

People told us that they were involved in their care. People had their preferences taken into consideration such as tailoring activities for people and decorating their bedrooms in a style that they liked.

The registered manager was approachable and staff felt able to be open. Staff and people who use the service were encouraged to give their views and put forward ideas for improving the service. People told us they knew who the manager was and found her approachable,

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Requires Improvement. .

People felt safe at the service and staff knew about safeguarding procedures.

Risks were assessed and mitigations and actions were put in place when necessary.

Medicines were managed and stored safely.

Reviews of incidents were carried out and steps put in place to prevent further incidents.

Is the service effective?

Good

The service remains Good.

Staff received training relevant to their roles and were supported to develop.

People were supported to maintain healthy diets and had their nutritional needs appropriately assessed and supported.

People received appropriate care and treatment in line with guidance from other healthcare professionals.

Premises were suitably adapted to meet people's needs.

Is the service caring?

Good

The service remains Good.

People were supported to be independent and make daily choices.

People's had their dignity maintained and were smartly dressed.

People liked the service and had a good rapport with staff.

Is the service responsive?

Good

The service remains Good.

People had their preferences and choices respected and were able to choose how they spent their time.

There was an accessible complaints process in place and when concerns were raised, they were fully investigated.

People who were reaching the end stages of their life had their wishes taken into consideration.

Is the service well-led?

Good

The service remains Good.

There was a registered manager in place.

Staff said that they were able to be open and the manager was approachable.

The quality of the service was assessed an monitored and actions were implemented as a result of audits.

People were encouraged to give their feedback on the service and input into how the service was run.

Caroline House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 January 2018 and was unannounced.

The inspection was carried out by two inspectors 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.

Before the inspection we reviewed information about the service which included notifications and information submitted by the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to people using the service, their relatives and friends or other visitors, interviewed staff, pathway tracked two people, carried out observations, and reviewed records. We looked at four sets of care records, four staff files, health and safety records and management records such as audits.

We spoke to 10 people who use the service, three visitors, seven staff members and one health care professional to gather information during the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At the last inspection, the provider had failed to assess the risks to the health and safety of service users; of receiving the care and treatment; which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken sufficient steps to ensure that health and safety had been assessed and improvements made to ensure risks were minimised. Action taken by the provider included replacing flooring in the dining room and main corridor and updating guidance for staff in people's care plans where they require a pressure mat to help prevent the risk of falls.

People told us they felt safe living at the service. One person said "It is very nice here, I am well looked after, and I choose what I want to do". Relatives told us that they had no concerns about their relatives and were able to visit the service at any time.

No recent safeguarding referrals had been made to the local authority but the registered manager spoke with them regarding any concerns or incidents that she required guidance about. The registered manager was aware of the local safeguarding protocols and had attended training within the last year. Staff had received training in how to protect people from abuse and were able to describe signs of abuse and how they would report any concerns. Staff said that they felt confident that if they did raise any concerns, they would be taken seriously.

A fire risk assessment had been carried out in July 2017. Actions from a previous inspection in June 2017 had been reviewed and actions had been satisfactorily completed. East Sussex Fire and Rescue Service also carried out an inspection in July 2017 and had made recommendations for improvement which included updating the fire evacuation procedure. This had been completed and communicated to staff. The service also carried out regular checks of fire equipment such as fire alarms, emergency lighting and fire door closures. Fire drills were carried out every three months at different times of the day to capture all staff including night staff. A new night procedure was introduced in August 2017 and this had been communicated and discussed as part of the fire drill. The most recent fire drill had been carried out in December 2017. There were detailed personal emergency evacuation plans (PEEPs) in place for staff to be able to follow if they needed to evacuate anyone. They included the person's understanding of the emergency, what assistance they would need and if they needed any equipment to mobilise.

Regular checks of equipment such as wheelchairs, air mattresses and call bells were carried out and documented. If anything was found to be not working, any action taken was documented such as "changed batteries". Staff carried out the weekly flushing of water outlets to reduce the risk of bacteria build up and checked water temperatures to ensure that they were within the required temperature range.

Risk assessments in relation to people's care such as mobility and behaviour that challenges were individual and relevant to the person they were about. Information from risk assessments was transferred into care plans and any required monitoring was completed to ensure that the risk assessment remained current; such as reviewing triggers for challenging behaviour episodes.

The service was currently working above the number of staff determined by assessing people's needs. Staff were working in addition to the minimum allocation and were helping out with additional tasks such as ensuring that commodes are cleaned. People said "Staff are always regular, if we have agency staff they are always with another carer who knows us".

We reviewed four recruitment files and found that the manager had carried out all relevant pre-employment checks such as disclosure and barring service checks and references from previous employers to ensure that staff were suitable to work at the service. All staff had completed an application form and the manager had explored any gaps in employment histories.

We observed afternoon medication being administered. People were offered support to take their medicines for example by being offered a drink and staff waited to see whether people had taken their medicines before leaving them. There were clear instructions for staff to follow when administering medicines such as appropriate guidance in PRN or 'as required' medicine protocols which documented how to recognise when to give the medicine. One person was refusing to take their medicines. The service had been working with the GP to ensure that the person was not at risk from not having their prescribed medicines and a clear plan was in place for monitoring and escalating any further concerns to the GP.

Monthly kitchen infection control audits were carried out and there were cleaning schedules in place to ensure that all cleaning duties were carried out on a daily basis with additional weekly and monthly tasks carried out such as cleaning filters. Bathrooms, rooms and communal areas appeared clean and uncluttered. There were cleaning schedules in place for staff to follow on a daily basis to ensure the home remained clean. Domestic staff also cleaned carpets and carried out deep cleans regularly.

The sluice room was found to be unlocked on the day of the inspection however there was no risk assessment in place to determine whether this would pose a risk to people living at the home. The registered manager said that they would look into best practice guidance and amend their practice if necessary.

Accident and incident reports were completed when they occurred. Investigations were carried out when it was deemed necessary which included a full review of the incident and putting in place a detailed action plan to minimise the risk of the incident happening again. For example, one person had left the home unescorted and actions such as increasing signage had been put in place.

Incidents and accidents were reviewed as they occurred and then overall every six months to identify any patterns. The most recent review had occurred at the beginning of December 2017 and no trends had been identified. The review included a breakdown by person for the last six months and what action had been taken such as referrals to falls clinics or occupational therapists.

Good

Is the service effective?

Our findings

Staff completed training in subjects relevant to their roles and were supported through personal development plans to achieve qualifications such as National Vocational Qualification's (NVQ's). Staff said they were able to ask for any support if they needed it and could request training in addition to what was offered if they had a special interest. For example, one member of staff said that they had requested additional diabetes training which they felt helped them to understand how to support people with diabetes better. Staff received regular supervision and annual appraisals which were linked to their personal development plans. Staff said that they were able to speak to the registered manager whenever they needed to.

People told us that the staff knew of any dietary requirements they had. One person said "The cook knows I do not really like meat so she always gives me a little portion of meat and bit of extra veg and she always gives me extra cheese". We observed people being supported to eat their meals and saw that staff had followed the guidance in people's care plans, for example ensuring that people who required a soft diet had been given one in accordance with recommendations from the speech and language therapist such as of a fork mashed consistency.

People were offered drinks on a regular basis. Drinks including strawberry milkshake and blackcurrant juice were offered with lunch, followed by tea and coffee. Tea and Coffee was offered to people during the day in addition.

People were able to choose where they had their lunch. One person told us they chose to have meals in their room as they liked to choose what they watched on television whilst they ate. They said "I enjoy the meals, it's good home cooked food". We observed one person being offered a choice of where they would like to eat their lunchtime meal, they chose their room as they felt unwell.

Nutritional assessments were carried out on people to assess whether they needed any additional nutritional support as they were under or over weight. People were weighed regularly and referred to dieticians if it was identified that they were underweight. We saw that one person had recently been discharged from a dietician as they were happy that the person had been supported to gain sufficient weight.

Feedback was given by other healthcare professionals that the service was always efficient when it came to escalating concerns about people's needs. Professionals told us that the service always asked for advice if there was anything they weren't sure of.. When other healthcare professionals visited the service, staff fed back the advice they were given to the registered manager who updated people's care plans. Staff said that they were informed when someone's care needs had changed.

People were supported to access other healthcare services such as mental health teams and dieticians. Staff referred people to other services if they felt that they needed specialist support such as to falls clinics if people had fallen a number of times. Staff said that they brought any concerns they had to the attention of

the registered manager and said she was "Proactive" and immediately went to see people.

Some people needed support from district nurses for example if they had a catheter in place. There was clear guidance in a person's care plan about how often the catheter should be changed and how staff should monitor the person's output, which we saw staff had been doing. The care plan set out when the staff should contact the district nursing team or the GP and how staff should monitor the person for signs of a urinary tract infection.

Suitable adaptations had been made to the premises to meet the needs of the people who lived at the service. There was a lift for people who were unable to use the stairs to access their bedrooms. There was large communal space available to people such as a lounge and dining room. The premises were well maintained and were suitably adapted for people who used the service such as having equipment available such as overhead hoists fitted in some rooms for those people who needed them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were currently six people with Deprivation of Liberty Safeguard (DoLS) authorisations in place with a further 12 applied for which were awaiting authorisation. The registered manager had a tracking sheet in place to ensure they were aware when authorisations were due to expire and when applications had last been followed up with the local authority. As part of the process for determining whether a DoLS application was necessary, the registered manager had carried out capacity assessments to assess whether people had the capacity to make decisions such as where they received treatment or whether they wished to be supported with personal care.

People who did not have capacity to make complex decisions had best interest's documentation in place which also included whether they had a lasting power of attorney. Staff knew about the Mental Capacity Act and were able to talk about how they supported people taking the Act into consideration. For example, asking people to make a decision a little bit later if they felt that at the time the person did not understand what was being asked of them; such as what they wanted for lunch.

People completed consent to care forms with the support of their relatives when they first moved to the home. Where people were unable to sign their consent, it was documented that they had either given their consent or a capacity assessment had been carried out. Consent was also requested for sharing information and taking photographs. We saw staff asking people for their consent before they carried out any personal care.

Good

Is the service caring?

Our findings

People told us that they liked living at the home. People made comments such as "It is excellent here; the care is really excellent, and the beds are comfy", "I never want for anything, I have made friends and they are a lovely lot of people" and "I really could not be in a better place".

Staff interacted well with people and those who lived at the service were friendly with each other. One person said "I am very happy here, I've got some good mates". Another person said "I could not say a word against them, they are all really good, they just care so much do so much for all of us".

People told us that they were treated with respect and supported to welcome visitors. One person said "My family visit anytime, they are always welcome, it's my home now". People and their families were asked to give the staff information about their lives before they came to live at the service and this information had been included in people's care plans in a document called 'My day and my life before you knew me'. We saw staff talking to people about their families and where they used to live and people enjoyed talking to staff.

People were supported to maintain their independence. One person said "I get myself up and dressed but if I need help I know they would come in to help me". Staff said that they often asked people what they wanted help with rather than assuming that they "Are unable to do anything for themselves". People were asked if they had a preference of gender of the care worker who was supporting them. Most people had not expressed a preference however one person had said that they would prefer a female. Staff said that only female staff assisted them with personal care.
Staff were observed supporting people to mobilise and then encouraging them to walk with mobility aids such as walking frames. They were patient with people and said things like "Don't worry, take your time" and "Take as long as you like". People responded well to the encouragement.

People were supported to make decisions and we observed people being asked to make choices such as where they would like to sit, what they would like to eat and what they would like to do. People told us that they were involved in planning their care and were asked about their needs by staff. One person said "They never just assume that you need something, they always ask". Care plans showed that people's needs were reviewed regularly and people and their relatives were invited to care reviews.

People had their privacy and dignity maintained at all times. Relatives told us that they thought their relative was always well presented and clean and appeared well looked after. We observed staff knocking on people's doors before entering and asking them discreetly if they needed to use the toilet. Staff made sure that people who needed sensory aids such as glasses and hearing aids were wearing them or had them available if they asked for them.

Good

Is the service responsive?

Our findings

People's preferences and choices were reflected in the care they received. One person talked about their love for steam trains, and we observed that their bedroom was decorated with pictures of steam trains and train ornaments. People told us that they were involved in planning their care and were able to talk about what they could do themselves so that they were able to maintain their independence.

People's care records included information about people's emotional and physical needs and reflected how people responded differently to different situations. Care plans about people whose emotional needs fluctuated were written sensitively and gave clear information for staff on how to reassure people. We observed a member of staff giving emotional support and reassurance to a person who had become distressed. They were calm and spoke quietly to the person and took them for a walk around the home. The person responded well to the staff member and was happier when we saw them return to the lounge.

People with specialist conditions such as Aspergers or dementia received support which was co-ordinated with healthcare professionals such community psychiatric nurses, mental health teams and social workers to support them. Their care plan gave individual guidance around which situations would cause them distress such as loud music and crowded spaces. One person had become withdrawn and all staff spoke knowledgeably about how they supported the person and respected their privacy when they did not want to be sociable. Staff still offered to spend time with the person and activities staff had spent time going through a quality survey with them the day before the inspection to ensure they understood it and were able to have their views collected.

People's care plans identified whether people had sensory needs such as required hearing aids, glasses or required information in a large print, for example, newsletters contained pictures and large print. Staff were able to tell us about each person and how they needed to be supported to ensure that their sensory needs were met. People's sensory impairments were reflected in their personal emergency evacuation plans (PEEPs) so that staff or emergency services would know how to assist the person to orientate themselves or if they needed any sensory aids in an emergency.

There were activities available to participate in as a group such as chair exercises however, activities staff also carried out one to ones with people who did not want to join in. One person preferred to spend most of their time in their bedroom and we saw that activities staff had visited the person in their bedroom and carried out a questionnaire with them on the day before the inspection. They had an isolation care plan in place which staff were aware of and attempted to engage the person every day, however they respected when the person did not want company. Relatives told us that people always enjoyed the activities and said "They seem to do something most days".

A person told us how they'd not been at the service long and had been in terrible pain with arthritic fingers, the staff had arranged for them to have some special cutlery which they said was "Really helpful" and meant they was able to remain independent. We observed people using the specialist equipment at mealtimes and saw they were able to eat without staff supporting.

There was a complaints procedure available in communal areas which gave details about how people could raise concerns. Staff said that they would raise any concerns that people told them directly with the registered manager to investigate and respond to. The service had only received one complaint in the last 12 months. The complaint had been thoroughly investigated and copies of information reviewed to come to a conclusion had been kept.

There was one person at the service who had medicines in place to prepare for end of life care although they were not at the end of their life yet. Staff were aware of what they should do if they were concerned that the person's health was deteriorating and the information was in the person's care plan. The care plan contained information such as the person's preferences for who to contact and who they would like to be there.

Some people at the service had a Do Not Attempt Resuscitation (DNAR) in place which had been authorised by a GP in discussion with people and/or their families. DNAR forms were not consistently kept in the same place in people's care files, however it was recorded whether someone had one or not so that staff were aware in an emergency.

Good

Is the service well-led?

Our findings

The registered manager told us that the values of the service were to deliver high quality care, Staff also confirmed their understanding of the vision of the service. Staff were proud to work at the service and spoke about how they enjoyed supporting people.

People said that the registered manager and all staff were approachable. One person said "You'd know who to speak to if there was a problem". Staff said that they were encouraged to speak to the registered manager and raise any concerns that they had. One member of staff said "You know that you'll be taken seriously if you raise anything". Another member of staff said "I would feel completely confident to say if I'd made a mistake, I'd be supported to fix it".

The registered manager carried out audits to assess the quality and safety of the service. There was a schedule in place which listed all the audits that the registered manager carried out which included cleaning, training and care documentation and when they needed to be completed.

The registered manager carried out daily quality audits which covered areas such as resident's care, rooms and documents completed. If there were any areas for concern, they were documented and the action taken recorded alongside. Auditing had been effective in highlighting any shortfalls which had been promptly resolved.

Analysis of falls and incidents to had been analysed to identify if there were any trends or patterns which were occurring. The registered manager reviewed whether they were happening at a certain time of day or if they were happening in certain areas. For 2017 there were no identified patterns.

Satisfaction surveys had been carried out with people who used the service in January 2018. People were asked about areas such as food, staff and overall living in the service. 22 out of 26 people responded to the survey and all answered every question either excellent or good. Some people had made additional comments or suggestions which included "Staff are very considerate" and "Activities are very good but would like more". The registered manager showed us how there had been a recent review of activities and people had been asked for specific suggestions of what they would like included and additional activities resources had been ordered.

People were invited to meetings to talk about the service and find out about changes that were happening. The most recent meeting had taken place in December 2017 where people had discussed how a donation would be spent on activities equipment. People had made suggestions such as sensory equipment, raised flower beds and some garden chairs. The proposed suggestions had been agreed at the meeting and the registered manager was identifying how the changes could be made quickly such as by adapting the garden.

The manager worked with other organisations including the local authority commissioning team, safeguarding and the local GP practice. A visiting practitioner said that the service was proactive about

requesting support to ensure that people's needs were met in the most appropriate way as quickly as possible.

The registered manager understood their role and was aware of the requirements of notifying the Care Quality Commission of any significant incidents that affected people who used the service. The registered provider displayed the rating from their previous inspection in the entrance of the service and also on their website. The registered manager had fulfilled the requirements of the duty of candour and been open and honest with people and their relatives if something had gone wrong and been clear about the steps they were taking to put it right.