# Sovereign Solutions Care Services Ltd

# The Old Manse

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

## Overall summary

The inspection took place on 1 and 8 April 2015 and was unannounced.

We last inspected The Old Manse on 20 January 2014. At that inspection we found the provider was meeting all the regulations.

The Old Manse provides accommodation and support for up to 3 people with a learning disability. needs. There were three people living at the home when we inspected.

The Old Manse is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

Staff and relatives told us that people were safe. However, systems in place did not ensure that people would be protected from the risk of harm.

People were supported by enough staff to meet their needs and were supported to do activities that they enjoyed doing.

# Summary of findings

People received their medication as prescribed. People were supported to have their health care needs met and received the food and drink they needed to maintain their health and wellbeing.

Staff were friendly and kind to people. However, staff had not received the training and support they needed to carry out their role effectively.

People told us they could speak to staff and the manager if they needed to. We found that the provider did not have robust systems in place to ensure that concerns and complaints would be listened to and addressed quickly.

Staff had a limited understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, training on these had not been provided and although applications had been made to the local authority there had been a delay with acting on this legislation which serves to protect people's human rights.

We found poor leadership. Systems in place to monitor the service had not been effective and failed to identify the failings that our inspection identified. We identified multiple breaches in the regulations. The action we told the provider to take can be seen at the back of the full version of this report.

# Summary of findings

## 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 safe.

Arrangements in place did not ensure that people would be protected from the risk of harm or abuse.

Risks to people were not always identified and acted upon to prevent the risk of harm to people.

People their medicines in a way that they had been prescribed and staffing levels were adequate to meet people's needs.

**Requires Improvement**

**Is the service effective?**
The service was not effective

Staff had not received the training they needed to carry out their role.

Arrangements in place were not robust to ensure the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were understood and followed.

People received the food and drink they needed to maintain their health and wellbeing.

**Requires Improvement**

**Is the service caring?**
The service was not always caring.

People told us staff were kind. People's privacy and dignity were not always respected by staff.

The home had not been maintained in a way that respected people's privacy and dignity.

**Requires Improvement**

**Is the service responsive?**
The service was not always responsive.

People and their relatives told us they could speak with staff if they were not happy about something.

People had not been supported to have current care plans that reflected how they would like to receive their care.

**Requires Improvement**

**Is the service well-led?**
The service was not well led.

Staff had not been supported and supervised in a way that promoted a positive culture.

**Inadequate**

# Summary of findings

The home had not been well managed. Robust and effective quality monitoring systems had not been established.

# The Old Manse

**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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 and 9 April 2015. The inspection team was one inspector.

We reviewed all of the information we held about the home. This included statutory notification's received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We asked for information about the home from the Local Authority who are responsible for monitoring the quality and funding the placements at the home. They told us they had no concerns.

We met with all three people who lived there. We were unable to speak with some people directly due to their limited verbal communication skills so we also spent time observing people's care in the communal areas of the home.

We spoke with four staff, the deputy and the registered manager. We looked at three people's care records and other records that related to people's care. We also looked at records relating to medication records, staff employment records, staff training records, and quality assurance systems, audits, complaints and incidents and accidents.

Requires Improvement

# Is the service safe?

## Our findings

All the staff spoken with had some understanding about the different types of abuse. Most staff told us that they knew how to recognise and respond to allegations and that concerns would be reported to the manager. However, during our discussion with a staff member they told us about an incident that should have been reported to the manager and referred to the local authority in line with the homes safeguarding procedures. We saw information about incidents that had happened that should have been reported to the local authority for them to decide if further action was needed. This included an injury that was not witnessed and the person was unable to say what happened and also an incident between two people living at the home. Staff told us and records confirmed that most of the staff had not completed safeguarding training so they had the skills and knowledge to keep people safe. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us about a recent incident that had happened in the local community and had a negative impact that placed other's at risk of harm. The person's risk assessment required two staff to support the person when out, this had not been followed. The manager was not able to tell us what action had been taken following the incident to prevent a reoccurrence. We found that people's care records had not been updated following an incident or injury to ensure that adequate safeguards were in place. Records of accidents and incidents had not been well maintained and had not been analysed so that steps could be put in place to minimise the risk of a reoccurrence. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw adequate numbers of staff available to support people during our inspection. Staff and relatives that we spoke with told us that adequate staff were available to support people. There was a staffing structure in place and the manager told us that staffing levels were determined and based on people's care needs and that safe standards of staffing were in place day and night.

Staff told us that the manager or a manager from another service would be available to support in the event of an emergency situation. Staff gave us examples of how they would manage different incidents. A staff member told us, "I use my common sense but I have not had any training". Records showed that half the staff had not completed any fire safety training and almost half had not completed any first aid training.

All staff spoken with told us that employment checks were carried out before they started to work at the home. Records looked at included a police check and references. However, we saw that references had not always been sought from the previous employer, when staff had worked in care settings. This meant that the provider may not have all the information they needed to assess staff's conduct in their previous employment to determine if they were suitable to work at the home.

We were told that only staff who had been trained administered medication. We looked at some people's Medicine Administration Records (MAR), to see whether their medicines were available to administer to people at the times prescribed by their doctor. We found that medicines were available to people as prescribed. We saw that the medication was stored safely.

Some people required medication on a 'when required' basis. We saw that protocols for 'as required' (PRN) where available apart from for one medicine. However, staff that we spoke with were able to give a consistent account of when the PRN medication should be given.

Requires Improvement

# Is the service effective?

## Our findings

Deprivation of Liberty Safeguards ( DoLS) requires providers to submit applications to a 'Supervisory Body' for authorisation to deprive someone of their liberty in order to keep them safe. Where people lacked the capacity to make an informed choice about their care the manager had only recently made applications for a DoLS and there was no explanation why there had been a delay. The manager was waiting for the supervisory body to come and assess these applications. Most staff spoken with were unable to explain the principles of Deprivation of Liberty Safeguards (DoLS). Their limited understanding of DoLS showed us that staff may not always recognise a situation that could be a restriction on people. We saw that people were subjected to restriction in the home.

All staff told us that they needed to complete some training or were due refresher training so they would be more confident in their role. The provider did not have a training and development plan in place or a system to monitor when staff were due refresher training to develop or maintain their skills. For example, a staff member who had worked in the home for two years had not completed fire safety training or safeguarding training. Staff had not received the training they needed to recognise and respond to the needs of a person relating to their disability. Risk assessments and guidelines had not been followed which put the person and staff supporting them at risk of harm. Staff had not received training in how to keep people safe. We found that safeguarding matters had not always been dealt with effectively and staff had only limited knowledge and understanding of mental capacity act and the deprivation of liberty safeguards and had not received any training. All the staff spoken with said that staff supervision and meetings had been infrequent. One staff member told us that had not received any supervision in five months. Staff told us that the manager had been helping at another service in recent months and had not always been available to provide support to staff. Staff told us that they could speak with the deputy manager if they needed to. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. We saw that staff asked people for their consent before providing care. The manager told us where it was believed that people may lack capacity to make a decision an assessment had been completed by the person's social worker. However, they told us that they had not been provided with a copy of the assessments so they did not have the information they needed.

The manager told us that some best interest discussions had taken place with other health care professionals in respect of meeting people's health care needs. However, a record of the discussions had not always been kept. This would ensure that the manager could demonstrate how and why these decisions had been made.

One person smiled and said yes when we asked if they liked the food. Another person smiled and laughed when we asked them about the food. We saw that drinks and snacks were offered to people regularly throughout our inspection. Staff confirmed that a rotational menu was in place. Staff told us that the dietician had been involved previously to ensure people had a well-balanced diet. We saw staff preparing the evening meal and they also described how they prepared a person's meal that needed blending to ensure the meal was prepared safely and in accordance with speech and language guidelines.

Staff told us and records showed that people were supported to attend routine health checks including dental and optician appointments. Staff told us that they received good support from a local resource centre which provided specialist support to people with learning disabilities to ensure they maintained good health. We saw that some people's weight had not been monitored as detailed in their care plan. Weight loss can be an indication that people are unwell and may require further investigation. However, the manager had recently taken action to ensure that monitoring was taking a place and an appointment had been made for a person who had experienced recent weight loss.

Requires Improvement

# Is the service caring?

## Our findings

One person who could tell us told us that the staff were kind. We spent some time in the communal areas and observed the care provided to people and their interactions with staff. We saw that staff knew and understood people and were able to respond to them in a way that ensured people could understand.

We heard staff speak kindly and they reassured a person who was a little anxious about what activities they would be doing the following day. The staff member listened to the person and explained what was happening and asked the person their view. Most people had limited verbal communication. Relatives that we spoke with told us that they had been involved in making decisions about their family members care.

Each person had a single occupancy room so that they had their own private space. We saw that one bedroom had a broken door lock. We asked staff how they ensured the person's privacy. A staff member told us that when doing personal care staff would put a chair or something behind the door to stop people entering the room. This did not ensure that the person's privacy and dignity was promoted.

We saw some practices that did not ensure that people's privacy and dignity was respected. We saw that a person's clothing had become soiled after eating a meal and the person was not supported by staff to help change their clothing. We saw that staff had recorded some comments in people's daily care records that did not ensure that people's dignity was promoted. For example, '[person's name] is being demanding and loud'.

When staff were talking in communal areas about people's care and wellbeing they did not always ensure that people's confidentiality was promoted.

People were supported by staff to promote their independence. We saw that one person was supported and encouraged to make a drink. People were also encouraged to return cutlery and cups to the kitchen. Staff told us that people helped out with the weekly food shopping and were supported to do some cleaning tasks in their bedroom.

We saw that one person had visitors during our inspection. A relative told us that they were made to feel welcome by staff when visiting their family member and there were no restrictions. Staff told us that some people had regular visits from their relatives. Staff told us that they supported these visits and recognised the importance of people's relationships with their family and friends.

Requires Improvement

# Is the service responsive?

## Our findings

One person told us, “The staff are good they help me”. We saw that staff responded promptly when people approached them and to the requests made by people.

A relative told us, “The staff know and understand [person’s name] needs. Some people were not able to contribute verbally to how their care was planned. Relatives that we spoke with confirmed that they had been consulted with about their family members care. Staff were able to tell us about people’s individual needs, interests and how they supported people. However, we saw that care records had not been kept up to date and did not always detail changes in people’s care needs. The manager had taken action between the first and second day of our inspection to update care record documentation so that clear guidance on what action they would need to take in order to meet the people’s individual care needs was in place.

People were supported to take part in activities that they enjoyed. One person told us that they went to college and they showed us some of the work that they had completed on their course. They told us that they enjoyed going to college and that they also went to a place of worship on Sunday and enjoyed singing in the choir. Staff told us that one person enjoyed going out to the park and for long walks and another person liked to go to the shop each day to get a newspaper. We saw that people were supported with these activities during our inspection.

Relatives told us that they could speak with staff if they needed to or if they had any concerns. One relative told us that they had asked for regular meetings with the manager to talk about their relatives care and this had been provided. A meeting between a relative and the manager took place at the time of our inspection.

One person told us that they would talk to staff if they were not happy about something. Staff spoken with told us how they would handle complaints and confirmed they would follow the complaints process. Staff told us that they were confident the manager would respond to people’s complaints and concerns appropriately. We looked at the records of complaints. We saw that there had been no recent complaints. However, where complaints had been made there was no record of how the complaint had been investigated. This did not ensure that people could be confident that systems were in place to listen and respond to concerns and complaints.

Inadequate

# Is the service well-led?

## Our findings

The provider had completed visits to the home and had reported on the quality of the service. We were told on the first day of our inspection that no records of these visits or any actions were available for us to see. On the second day of our inspection the reports were available for us to see. However we saw that the reports by the provider had not identified the areas of concern that we found during our inspection and were not effective in monitoring the quality of the service.

We asked to see what systems were in place to monitor the service and identify areas for improvement. The manager told us that the only audits in place were for medication and this consisted of weekly count of boxed medication. There were no other systems and processes in place to look at for example care records, health and safety or staff training and development.

The home had not been well maintained throughout. Painting, decorating and general repairs were required throughout the home to ensure that it was a safe and comfortable home for people to live in. We saw that some potentially hazardous items were not stored securely to prevent risks to people.

The manager told us that they had spent time supporting another service which had taken them away from their management role. After the first day of our inspection the manager made the provider aware of the concerns we raised. In a well led service we would expect that the provider's quality monitoring systems would have identified the failings in a timely way, so that the risk to people could be managed. There was no effective system for auditing the service. Where incidents, accidents, and safeguarding incidents had taken place the systems in place to monitor quality had not been used to analyse the information so that themes and trends could be identified and action taken to manage the risk to people. The systems in place had not identified that staff had not received the training they needed to carry out their role, the systems in place had not identified that risks to people were not well managed. The systems in place had not ensured that the providers safeguarding procedures were not being followed. The systems in place had not ensured that effective record systems were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had worked at the home for two years and was registered with us. We saw that there was a reactive leadership approach. On the second day of our inspection the manager told us that they had started to address the concerns we had identified. They told us that they had made improvements to people's care records and that staff were in the process of reading the updated records, steps had been taken to audit staff training and make arrangements for staff to receive the training they needed to carry out their role. The manager was also in the process of setting up an audit system to monitor quality in the home. However, this had not yet been implemented.

Relatives that we spoke with told us that they were satisfied with the care that their family member received. Both relatives told us that they could speak with the manager if they needed to about their relatives care.

Regular staff meetings would provide staff with an opportunity to actively contribute to the development of the service. These would also provide a baseline from which to audit and check progress against agreed actions. Staff that we spoke with told us that meetings had been infrequent. Staff told us that due to the manager's commitments of supporting another care home they mainly spoke with the deputy manager if they had any concerns. Staff told us that they felt they worked well as a team.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br>**The provider had not taken proper steps to protect people from the risk of abuse.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**The provider had not taken proper steps to protect people from the risk of unsafe care and treatment.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>**The provider had not taken proper steps to ensure that staff received the skills knowledge and training they needed to carry out their role.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**The provider had not ensured that effective quality monitoring systems were in place.** |

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider had not ensured that effective quality monitoring systems were in place. |

**The enforcement action we took:**
A warning notice was issued on Regulation 17 HSCA (RA) Regulations 2014 Good Governance.