Admiral Healthcare Limited

Sophia Maria House

Inspection report

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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

This inspection took place on 21 June 2016 and was unannounced. Sophia Maria House is registered to provide accommodation for up to seven women who require support with their mental health needs. At the time of the inspection there were three people living at the service.

At the last inspection on 30 July 2014, the service was meeting the regulations we inspected.

The service has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a safeguarding policy in place which gave staff guidance on how to protect people from harm and abuse. Staff demonstrated their awareness of the signs of abuse and the registered manager knew how to raise an allegation of abuse with the local authority safeguarding team.

Staff identified risks to people and these were managed. Staff developed risk management plans that gave guidance to staff on how to manage the identified risks and reduce their recurrence.

The service had sufficient numbers of staff available to meet people's support needs. The staff rota showed that there was sufficient staff on duty during the day, evening and night shifts to support people. The level of staff was flexible to meet the needs of people to attend appointments or events outside of the service.

The management and administration of people's medicines were safe. People received their medicines as prescribed and staff ensured people received the appropriate support with managing their medicines as needed. Staff ensured people's medicines were re-ordered on a regular basis so these did not run out. There were systems in place for the safe administration, storage, and disposal of people's medicines.

Staff had access to regular training and reflected on their working practices. The registered manager supported staff to undertake training which was relevant to their role and improved their knowledge in how to care for people effectively. Staff were supported by senior staff with regular supervision and appraisal to support them to identify their training and professional development needs.

People were supported to give their consent to care and support they received. People signed their care records to demonstrate that they understood their care arrangements in place for them. Staff were aware of their role and responsibilities in providing support to people within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were able to make choices on the meals they received. People were encouraged to prepare their own breakfasts if able and to support staff in the preparation of the lunch or evening meals. People made

choices of the meals they wanted and they were able to make changes to this if they required. People had meals that met their health, nutritional needs and their preferences.

People's health care needs were met by health professionals when required. Staff sought professional health care advice for people as and when needed to support people to maintain their health and well being. Staff demonstrated that they knew people well because they knew people's personal histories. This helped staff to understand people's likes and dislikes and involve them in making decisions about how they wanted to receive care and support.

People and their relatives contributed and were involved in planning their care. Care and support needs were person centred and people were cared for in a way that met their choices. Staff showed people kindness and compassion when speaking and when delivering care to them. Care and support delivered to people demonstrated staff valued them and respected their dignity and privacy.

People had the opportunity to participate in both in house activities and community based activities if they chose. Staff promoted and encouraged people's independence and supported them to maintain relationships with friends, relatives and people that mattered to them.

The registered provider had systems in place that people or their relative was able to make a complaint. People were aware of the process of how to make a complaint about the care they received or if they were unhappy with any aspect of the service. People received a copy of the provider's complaint policy and were confident that staff would deal with their complaint appropriately.

The service supported staff to be involved in the development of the service. Staff had the opportunity to discuss their opinions, share their ideas and views to develop the service. The registered manager informed the Care Quality Commission of notifiable incidents, which occurred at the service. The provider had systems in place that monitored, and reviewed the service to improve the quality of care to people. Staff completed regular checks of the service to ensure people were cared for in a safe environment.

The registered provider completed regular checks on the service to ensure it was of good quality. The registered manager developed a plan of action and shared these with the staff with details of associated actions points. Staff implemented service improvement plans to help develop the service and to ensure people received effective quality of care.

The service worked in partnership with local health and social services departments. The registered manager and staff developed relationships with commissioning teams outside of their local area because people had their care co-ordinated by different local authorities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The service kept people safe from harm. The registered provider had safeguarding processes in place to protect people from abuse.

Staff identified risks to people and plans were put in place to manage them.

There were sufficient numbers of staff in place to care effectively for people.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective. The service provided effective care for people.

Staff were supported with regular, training, supervision, and appraisal.

People had access to healthcare support to maintain their health. Meals provided met people's preferences and requirements.

The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff knew people's needs, wishes, likes, dislikes, and their care was delivered in line with them.

People and their relatives were involved in making decisions about how they received care.

Staff treated people with kindness and compassion and respected their privacy and dignity when providing care.

Is the service responsive?

Good

The service was responsive. People had an assessment and review of their care and care plans regularly.
Changes in people's care needs were recorded and their care records were updated to reflect any changes.

People were able to raise concerns and complaints to the manager, and a system was in place to manage and resolve any complaints.

Is the service well-led?

Good

The service was well-led. Regular monitoring and review of the service took place to ensure people received good quality care.

The registered manager involved people and staff in the development of the service.

The manager sent appropriate notifications to the Care Quality Commission.

Sophia Maria 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 was planned to check 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 unannounced inspection took place on 21 June 2016 and carried out by one inspector. Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law. We reviewed the provider information return (PIR).This form asks providers to give key information about the service, what it does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection, we spoke with two people living at the service and two care workers. We also spoke with the registered manager. We completed general observations of the service, reviewed three people's care records and medicine administration records (MARs).We also looked at records regarding the maintenance of the building and the management of the service.

Following the inspection, we contacted one health and one social care professionals for their feedback.

Good

Is the service safe?

Our findings

People told us, they felt safe living in their home and were happy living at the service. One person said, "Yes I am safe here, I have no problems."

People had protection from abuse by staff that had knowledge of the provider's safeguarding processes. The registered provider safeguarding processes gave staff guidance on how to manage allegations of abuse. Staff knew the signs of abuse and described the actions they would take to manage an allegation to protect people from harm.

Staff identified and managed risks to people. People had an assessment of risks associated with their health and care needs. Risk assessments and management plans guided staff on how to manage and reduce identified risks. For example, one person's risk assessment identified risks associated with their medical condition. The guidance detailed what actions staff should take if the person's health needs deteriorated. People were supported by staff to take measured risks. For example, a person was assessed as being safe whilst using public transport independently. Staff supported them to complete this task safely while increasing their independence and confidence.

People were kept safe in a suitably maintained environment. The registered manager ensured checks of fire, electrical and gas systems occurred to ensure they were safe. Equipment used in the service was also safety checked. For example, portable appliance tests (PAT) checked the safety of electrical equipment. This made sure the equipment was safe for people and staff to use.

People were cared for by sufficient numbers of skilled staff. Senior care staff managed a team of support workers on each shift. One person said "There are always enough staff around if I want help. The come with me out sometimes if I need the help." Another person said "staff are always around, which is a good thing." One member of staff told us "The manager [registered] is very helpful and we can contact them if I need any support or advice." The registered manager reviewed staffing levels on a regular basis to ensure the levels of staff met people's individual needs. For example, staffing levels were flexible enough to allow staff to support people to complete activities outside of the service.

The registered provider had robust recruitment processes in place to ensure the appropriate employment of staff. Staff completed an application process and the registered provider completed pre-employment checks to ensure their suitability of employment at the service. The registered provider undertook criminal records checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. Staff recruitment records held documents used in the application process including, personal identification, employment references and staff right to work in the UK.

People had their medicines managed safely and as prescribed. One person told us "[Staff member's name] gives me my tablets." Another person using the service managed his or her medicines themselves. They had regular assessments to identify their abilities to manage their medicines independently. The person had

their medicines each week and they completed their Medicine administration recording sheet [MARS]. Staff checked the MARS to ensure they administered their medicines as prescribed on a weekly basis.

People had their medicines recorded, stored, and disposed safely. We checked people's MARS and found these were completed accurately. We checked each person's medicine stocks and these were correct and matched what was recorded on people's MARS. MARS charts had photographs of the medicine people took which increased staff and people's knowledge because they became familiar with them. This helped to reduce the risks of medicine errors. Each person had a medicine care plan, which detailed his or her specific needs. For example, these recorded whether a person had an allergy of medicines. Medicines administered followed the registered provider's procedure for the person as outlined in their care plan and the prescriber's instructions. The management of people's medicines was safe. People received their medicines in line with the prescriber's instructions to maintain their health. Medicines were stored safely in a secured, locked cupboard in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care.

Good

Is the service effective?

Our findings

People were cared for by skilled, supported and trained staff. There was a training programme in place for staff. Staff had completed mandatory training, which included medicine management, infection control, and safeguarding training. The registered manager and senior care staff assessed the effectiveness of staff training. For example, the registered manager assessed and agreed staff competency on the management of medicines. Staff did not manage people's medicine until senior staff had assessed them as being competent.

Staff had the knowledge and skills to provide appropriate care. Staff completed training that was relevant to their role, which improved their knowledge and skills. For example, staff completed training in specific medical conditions and managing mental health conditions. Staff told us the training helped them to better support people they cared for. One member of staff told us, "The training is very good here, the registered manager encourages us to do training."

The registered manager supported Staff received supervision that supported them in their role. Staff supervision identified training, and professional development needs. One staff member said, "The registered manager is very supportive." Staff records held notes from staff supervision meetings, these contained agreed goals with actions taken to achieve them. The registered manager ensured that newly employed staff shadowed staff with more caring experience, so they became familiar with the needs of people for whom they provided care.

Senior staff completed annual appraisal for all staff working at the service. The registered manager had systems in place to complete regular staff appraisals. The action points from the appraisal allowed staff the opportunity to discuss their professional development and progress within the service. Appraisal meetings provided staff with the opportunity to reflect on their practice and develop goals and targets to support them in their caring role.

People were cared for in a way that protected them from unlawful care and support. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were cared for in a way, which did not unlawfully, deprive them of their liberty. The registered manager had an understanding of their role and responsibilities in line with MCA and DoLS. The registered manager made referrals to the local authority to make application for DoLS. The provider complied with the MCA in general, and (where relevant) the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the unlawful deprivation of their liberty.

People gave their consent to receive care and support from staff. People were able to make an informed decision using methods of communication they understood to aid their decision. Staff completed an assessment of people's mental capacity to determine whether they could make specific decisions. Staff were aware of the actions to take if people lacked the capacity to make a decision. Staff were able to tell us that a best interests' meeting would be held to discuss complex decisions. The persons care co-ordinator would be involved in decisions regarding their capacity or mental health needs. Staff involved people and their relatives in making important decisions regarding their care. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People had food and drink which met their preferences, nutrition and hydration needs. One person told us, "I like the food I can ask staff to help me make my evening meal but I can make my own breakfast." There was sufficient food and drink for people to have and these were stored appropriately. For example, staff took regular fridge and freezer temperature checks to ensure food was stored safely. People had the choice of meals they wanted to eat and to have meals of their choice. We observed staff preparing a meal for a person which met their needs and which they enjoyed eating.

People had access to health care services when their needs changed. Staff knew people's health care needs and attended health appointments with them. People had regular reviews and monitoring of their health. For example, people had regular mental health assessments to ensure the care support and medicines prescribed to meet the person's needs. Any changes in care and support were documented and staff made aware and implemented those changes. People had a hospital passport in place that included their health conditions, allergies, and health care needs. The passport ensured people received consistent care and treatment in line with their health care needs. Healthcare professionals were aware of people's needs to enable them to provide appropriate and consistent care.

Good

Is the service caring?

Our findings

People told us they liked all the staff that cared for them. One person told us, "Oh yes staff are very, very nice, and very caring." Staff knew people and their needs well. People received support with their care needs, in line with how they wished to receive care by staff. People were provided with the care and support that met their needs and people told us staff spoke with them in a way that was kind and compassionate.

People and their relatives were involved in planning their own care. For example, assessments were person centred and were individual and tailored to meet people's needs. Care assessments detailed the support people required such as supporting them with their personal care. They also had information on the activities people enjoyed doing. Staff regularly assessed people's care needs allowing them to make decisions about how they wanted to receive care and support. This meant that staff listened to people's views and they contributed to their assessments and in planning their care.

Following an assessment of need, staff regularly reviewed people's care and support plan. During these reviews people's views and decisions made recorded and used to develop their care plan. Health and social care professionals were involved in the review of people's care. They offered their professional guidance when specialist support was required. Regular review of people's care ensured the care and support delivered remained relevant, current and reflected people's current needs and requirements.

Staff provided care and support to people which demonstrated kindness and respect for them. Staff provided personal care to people while maintaining their privacy and dignity. For example, we observed staff knocking on people's bedroom doors and they waited from a response before entering their room. Staff managed people's care and support needs in privacy. We observed staff speaking to people in a private area when this was required. This ensured the conversation could not be overheard and ensured the person had the privacy they needed.

People had regular contact with people that mattered to them. People maintained relationships with people outside of the home and arrangements were made to support them to visit friends and relatives if they chose. A person told us, "[my relative] visits me here all the time, there are no problems with that." Another person is able to use public transport independently and visits friends and relatives when they wanted, Relatives and friends were encouraged to visit people at the service. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. Staff had an awareness of how to keep people's personal private information safe and kept confidential. Staff updated daily progress notes and during the day, when changes occurred these were recorded in people's care records. This meant that people's records contained the most recent information that was pertinent to their care and support needs.

Good

Is the service responsive?

Our findings

The registered manager supported staff to provide a responsive service for people to meet their needs. People had assessments of need completed before they came to live at the service. This was to ensure the service was appropriate and could meet people's individual care needs. Staff then considered whether the service could meet those needs. Once people agreed to live at the service, staff developed a care plan with them and, when appropriate, their relative. People's care plans described their individual needs and the support staff needed to provide to meet them. Regular reviews of care plans took place to ensure the service continued meeting their needs.

People had care plans that were person centred. For example, staff sought advice from specialist professionals and had professional guidance to follow to support a person with their mental health needs. Records showed that a person's mental health needs had been maintained.

People's social care needs were met by the service. The deputy manager told us "we support people to be as independent as possible some people want support to find employment and training and we help them with this." Staff encouraged people to attend activities outside of the service. For example, people were encouraged to engage in community activities. We saw two examples were people were encouraged to attend college. This was to support the person reach their goals to develop and increase their knowledge and education.

People were supported to be as independent as possible. We saw people went out independently to complete their chosen activity. When required staff supported people, for example if people needed to attend a health appointment. Staff supported people to prepare and make meals with staff supervision. Staff supported people to follow their own interests and participate in activities that were meaningful to them. The registered manager arranged regular residents' meetings. People were encouraged to participate and their views were heard and action taken to resolve any concerns raised. For example, people were involved in planning meals for the week. A record of the meeting was available so people were able to review them and they had a copy for their records.

The registered provider had a complaints policy in place. This gave people and relatives guidance on how to make a complaint about any aspect of the service. One person said, "I have no complaints about this service, they look after me very well in fact." People had a copy of the complaints form. The complaints policy and procedure was available for people, relatives, and staff. Records showed the service had not received any complaints in the last 12 months. The registered manager told us, they dealt with any issues promptly before a formal complaint was required.

Good

Is the service well-led?

Our findings

The registered manager supported staff to provide a service that was well led. People told us they got on well with the registered manager and could talk with her because she listened to them. We observed people and staff knew the registered manager well and engaged with them when they arrived at the service. One person told us "I like [the registered manager]." The deputy manager supported the service when the registered manager was not on site. Staff and people were familiar with them and from our observations were able to speak with them when they chose to.

People and their relatives were encouraged to feedback to staff, the registered manager, and the provider on the quality of the service provided. The provider analysed the survey responses people and their relatives made. People and their relatives provided positive feedback that demonstrated people were happy with the service and the care provided. We saw the feedback from people who used the service. We saw that the majority of responses rated the quality of care either good or excellent. Most of the responses were positive about staff and the service.

Staff contributed to the management of the service through monitoring and reviewing the service. Staff completed regular checks at the service. From this, staff put in place a plan for action to make improvements to resolve any outstanding issues. There were regular staff meetings relating to the service and their caring roles. Staff were able to discuss any concerns they had regarding their caring role. For example, staff discussed the methods used for the administration of people's medicines. Staff made a suggestion to change the device to another method which made it easier for staff and people to manage medicines safely. The registered manager agreed to the suggestion and implemented this change with additional training and support for staff.

The registered provider had systems in place to ensure people received good quality care, which met their needs. Reviews of the provider's policies and procedures occurred to ensure accuracy and consistency of them. The registered manager reviewed these to ensure they were relevant and gave staff guidance to protect the health and wellbeing of people using the service. People received a safe service because the registered manager and staff took action to mitigate risks and to improve the quality of care.

People lived in a service that completed internal audits on the quality of food and the home environment. For example, medicine audits took place to protect people from harm from the unsafe management of medicines. The registered manager or senior care worker audited medicine administration records (MARs). These checks helped to reduce the risk of errors in the administration of medicines to people.

The registered manager worked in partnership health and social care organisations. Staff had developed working relationships with local teams which benefitted people because their care needs was co-ordinated and staff had access to additional support when required.
There was a registered manager at the service. They were aware of their responsibilities and kept the Care Quality Commission (CQC) informed of notifiable incidents that occurred at the service.