

Mr Hassan Ibrahim

# Sovereign House

## Inspection report

30 Canterbury Road  
Herne Bay  
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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

### About the service

Sovereign House is a large detached property with lift access to two floors. It's located in Herne Bay and is a short walk from the beach and town centre. The service provides residential care and support for up to ten older people, some of whom are living with dementia. At the time of our inspection there were nine people living at the service.

### People's experience of using this service

People and their relatives spoke positively about the service and said staff were very caring and supportive. Throughout our inspection we observed staff interacted well with people and had formed good relationships with them and their relatives.

There were safeguarding policies and procedures in place and staff had a clear understanding of these and how to keep people safe. People's needs, and preferences were assessed and risks were identified with plans in place to manage risks safely. Medicines were administered, stored and managed safely and staff followed infection control practices to prevent the spread of infections. Robust recruitment checks were in place and there were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their dietary needs and preferences. 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 support this practice. People were involved in and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to participate in activities of their choosing. Staff worked with people to promote their rights and understood the Equality Act 2010.

There were effective systems in place to assess and monitor the quality and safety of the service. The service worked in partnership with health and social care professionals to plan and deliver an effective service. The service took people's and staff's views into account to help drive service improvements.

For more details, please see the full report which is on the website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (published 8 August 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service 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 safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 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.

#### Inspection team

This inspection was carried out by a single inspector.

#### Service and service type

Sovereign House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 site visit took place on 11 March 2020 and was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We used this information to help inform our inspection planning. 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

During the inspection we spoke with three people using the service, two visiting relatives and one regular visiting health care professional to seek their feedback on the service. Following our inspection, we also

spoke with two relatives by telephone to seek their feedback on the service. We also 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.

We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and the cook. We reviewed a range of records including three people's care plans and records and two staff recruitment and training records. We also reviewed records used in managing the service, for example, policies and procedures, monitoring records and minutes of meetings.

# 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 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff were proactive in identifying and assessing risk ensuring people remained safe. Hazards were assessed and guidance was provided to staff to support, manage and minimise risks to people.
- Care plans contained risk assessments informing staff on what to do to support people's changing needs and when to seek further advice and support. Care plans and risk assessments were reviewed to manage identified risks whilst ensuring people's independence and rights were promoted and respected.
- Risk assessments covered areas of risk such as mobility, nutrition and hydration and mental health. Health related risks were managed safely by staff and referrals to health and social care professionals were made promptly when required. A visiting professional commented, "Staff refer appropriately and timely and always take advice on board to keep people safe."
- Arrangements were in place to deal with foreseeable emergencies and to maintain the safety of the premises. Environmental and equipment safety checks were conducted on a regular basis and people had emergency evacuation plans in place in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. People appeared comfortable and relaxed responding happily when staff approached and supported them. One relative commented, "I have no concerns at all, the care is brilliant and staff know [relative] so well."
- There were effective safeguarding systems in place and the registered manager had good oversight and knowledge of safeguarding within the home. Staff were aware of their responsibilities to safeguard people including how to report concerns and abuse. Training records confirmed that staff had received training on safeguarding adults.
- There were up to date policies and procedures in place for safeguarding adults and systems to report, act on concerns and to monitor. Safeguarding records demonstrated that concerns were appropriately managed by staff and referrals were promptly sent to local authorities and the CQC when required.

### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents; and reflected on them as a means of improving safety. There was an evident open culture within the service which encouraged staff to report any concerns.
- Records demonstrated staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Accidents and incidents were monitored and reviewed on a regular basis to identify themes and trends as

a way of preventing recurrence. Any lessons learnt were shared with the staff team.

#### Using medicines safely

- Medicines were managed, administered and stored safely in line with good practice guidance.
- Medicines were administered by trained senior staff whose competency was checked to ensure the safe management of medicines. Medicines administration records (MAR) were completed correctly by staff and medicines were administered as prescribed.
- Medicines audits were conducted on a regular basis to ensure safe practice. Systems were in place to respond to any medicine errors, including contact with health care professionals, investigation of any errors and retraining for staff if required.

#### Preventing and controlling infection

- Staff had received training and understood their roles and responsibilities for maintaining good standards of cleanliness and hygiene.
- Staff had access to personal protective equipment which included gloves and aprons which we observed they used appropriately when required.
- People and their relatives told us the home was kept clean. One relative commented, "Its always homely and clean when I visit. There are never any smells and everyone is well cared for."

#### Staffing and recruitment

- Throughout our inspection we observed there were enough staff to meet people's needs in a timely manner. People were supported by a consistent staffing team, most of whom had worked at the service for many years and knew people very well.
- Relatives and staff had no concerns about staffing levels. One relative commented, "The manager and deputy are very approachable and the staffing levels are always good. They have had the same staff for years, and they don't use agency."
- Staff were recruited safely. Full employment checks were completed before staff started working with people. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

# 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 physical, mental and social needs were assessed in line with recognised best practice.
- Assessments covered areas such as, personal history and preferences, capacity and consent and nutrition and hydration amongst others. Nationally recognised assessment tools such as depression scale assessments were used to assess levels of risk associated with depression in people living with dementia. This helped to ensure the general physical and emotional well-being of people.
- People and their relatives were involved in assessments and were supported to make choices about their care. One relative commented, "[Relative] came from another home as [relative] didn't like it there. Staff here were so helpful during the move and got to know [relative] so well."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health care and support needs were effectively assessed, documented and reviewed to ensure their needs were met.
- People and their relatives told us staff supported them to maintain their health and responded promptly to health requests. One relative commented, "Whenever there are any concerns staff always let us know. The GP visits when needed and nurses visit as well. They [staff] make sure everyone is kept well."
- Records of health care appointments were documented and retained in people's care plans detailing any treatment required or received so staff were informed of any changes. People were referred appropriately to health and social care professionals such as, GPs, community mental health teams and specialist nurses amongst others, when required. A visiting specialist health care professional told us, "Staff here are very good and there is always continuity of staff. I can call them and they are very knowledgeable of people's needs and listen to advise and information given. I have no concerns at all, people really do receive good care."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs and were supported by the provider through an induction programme and on-going training.
- Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff were knowledgeable about the people they supported and received training appropriate to their needs. This included training in areas such as safeguarding, moving and handling, MCA and DoLS and dementia care amongst others.



- Staff told us and records confirmed that supervision and support was provided by senior members of staff. This meant staff practice was reviewed and staff were provided with the opportunity to feedback and further develop.

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

- People's nutrition and hydration needs were met and supported by staff. People told us they enjoyed the food. One person said, "Its always lovely food here. We do get a choice and can have more if we want." A relative commented, "The food is really good and freshly prepared."
- Staff were knowledgeable about people's nutritional needs, risks and specialised diets which we saw were catered for.
- We observed meal times in the dining room. People were provided with equipment where required to help promote independence at meal times. For example, adaptive cutlery and red and blue coloured plates as good practice guidance states some people living with dementia can experience changes in their ability to be able to pick out an object from its background. Therefore, strong plain primary colours that contrasts with the table promote a better meal time experience and an increase in nutrition. There was good staff presence within the dining room to support and encourage people to eat their meals where required. People appeared relaxed and food was served hot and appeared appetising. People told us they enjoyed their meal.
- The Food Standards Agency visited the service in February 2019 and rated them 5 which is the highest rating a service can be awarded.

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

- The environment was warm, homely and supported people living with dementia. People had pictures on their doors to aid orientation and were encouraged to personalise their rooms with their own items.
- People had access to equipment that enabled greater independence whilst ensuring their physical and emotional needs were met; for example, walking aids and handrails.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review by staff.

# 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.

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

- We observed that people were involved in decisions about their care and staff supported this practice. One relative told us, "Staff are very good at ensuring we are all involved in what's going on. Communication is very good." Another relative commented, "We visit most days and are always involved in [relatives] care."
- People were free to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was supported and respected by staff.
- People were provided with information about the service in a format that met their needs, for example, large print menus. This enabled people to make independent decisions and choices. People were provided with the opportunity to give feedback or to suggest service improvements through regular care reviews and surveys.
- During our inspection we observed staff were attentive and patient when supporting people which enabled them to be involved in making decisions about their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives spoke positively about the care and support staff provided. One person said, "They [staff] are all very lovely. They treat me very well and make sure I'm ok." One relative told us, "Staff are very caring and know [relative] so well." Another relative commented, "The staff really care, it's not just a job. People are well treated; the care is brilliant."
- Throughout our inspection we observed that people appeared happy and relaxed in the presence of staff. There were positive caring interactions between people and staff and people responded well to staff who greeted them in a friendly jovial manner. Staff had developed strong relationships with people and their relatives and knew them very well.
- People's diverse needs were respected, assessed and documented as part of their plan of care. The registered manager told us they were reviewing their current care planning tools to better capture and document people's diverse needs. Staff respected people's differences and worked with them to meet their cultural and diverse needs. For example, supporting them to maintain or practice their faith.
- Staff had received training on equality and diversity to ensure any protected characteristics people had were not discriminated against, in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person commented, "I can do what I like when I like, staff know what I like."
- Staff shared examples of how they maintained people's dignity by closing doors and curtains and

promoting their independence by encouraging people to do as much as possible for themselves.

- At meal times we observed that people were supported and encouraged to eat independently and staff only intervened when necessary.

# 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 good. At this inspection this key question has remained the same. 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

- People received personalised care from staff that knew them well. One person said, "I like living here. The staff are very caring and know me very well." A relative commented, "We are very happy with the care. Staff are like family and we know one another very well."
- People's care and support needs were assessed and reviewed to ensure their individual needs and wishes were met appropriately.
- People were treated respectfully, as individuals and were able to follow their own routines and choices. Staff were very knowledgeable about people's personas and were able to describe how people liked to receive their care and support.

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 were supported to access important information relevant to them. For example, large print and easy to read documents were made available.
- People's communication needs were identified, assessed and recorded in their care plans and staff understood and acted in accordance with the AIS.

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

- People were supported to participate in meaningful activities that were relevant to them. One person told us, "We do lots of different things like watching films and having my nails done." A relative told us, "Staff do lots of activities such as massage and manicures. They also hold parties and summer parties in the garden. [Relative] is never in her room much now as she is always in the lounge with others which is great. [Relative] has lots of company and stimulation."
- Weekly activities were planned within the home by staff in consultation with people. During our inspection we observed various activities taking place including hand and feet massages and watching films. The registered manager told us, "We work hard to engage family and friends to visit and join in activities such as Yoga, G fitness and Music for Health. This is as well as the activities staff arrange such as life story work and craft afternoons."
- People were supported to maintain relationships with those close to them. One relative said, "We visit anytime and are always made welcome." Another relative commented, "We visit regularly and take [relative]

out for coffee." Records showed that relatives were encouraged to visit with no restrictions placed upon them and staff updated them when changes in their loved one's needs were identified.

#### End of life care and support

- People received responsive care and support at the end of their lives.
- Care plans documented discussions had with individuals and their relatives about any advanced directives and end of life care wishes they had.
- Staff had received training in end of life care and had a good understanding of current best practice. Staff had established positive links with external health and social care professionals', including GPs and local hospices. A visiting health care professional told us, "Staff did end of life care planning training with us last year and were very open and responsive to it. It was a very supportive exercise and staff are very caring."

#### Improving care quality in response to complaints or concerns

- There were appropriate arrangements in place to respond to people's concerns and complaints.
- We observed the registered manager operated an open-door policy and people and their relatives told us the manager and staff were very approachable. One relative commented, "I am very happy with the care and have no complaints at all. I am aware that I can go to the manager if needed."
- The complaints procedure was available in different formats to meet people's needs and was on display and made accessible to all. Complaints records showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure best outcomes for people.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke highly of the service and the care received. We observed the registered manager and staff interacted well with people and their relatives during our inspection. One relative said, "All staff know [relative] so well and how to respond to [relative]. The care given is excellent and I can't ask for any more than that." Another relative commented, "Staff really do care. I leave here knowing that [relative] is very well cared for."
- There were systems in place to ensure effective communication between staff, people and their relatives. Notice boards displayed information about the service and local provisions. The service encouraged feedback in a variety of ways, for example, through meetings, comments and suggestions and surveys that were conducted. We looked at the results for the residents, relatives and friends survey conducted in 2019. Results were positive showing 100% of respondents were happy with the accommodation and 100% were happy with the food. Any comments made were noted in actions to be taken and addressed.
- Staff told us managers provided good leadership and management support was available to them when needed. Comments included, "The manager is very approachable and supportive", "I can go to the manager or deputy at any time", and, "We work well together as a team. Staff support each other so people get good care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, and 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 service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law. They were aware of the legal requirement to display their CQC rating which we saw was on display.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements. There were systems and processes in place to enable them to monitor

performance within the service.

- Audits and checks were routinely conducted in areas such as accidents and incidents, health and safety, environment and premises, infection control and medicines management amongst others.
- Daily staff handover meetings were held and provided staff with the opportunity to discuss people's individual daily needs and any issues or concerns so they could be promptly remedied. Staff meetings were held and provided staff with the opportunity to discuss issues relating to the management and safety of the service.

Working in partnership with others

- The registered manager and staff worked effectively to establish good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, working closely with mental health professionals, GPs and hospices.
- The registered manager told us of work they had completed with health care professionals to develop 'anticipatory care plans' to assist in avoiding people becoming unwell and needing to go into hospital. They said, "The plans give staff guidance and confidence to manage any health concerns, this means people only go into hospital when it becomes unavoidable."