Sovereign Care Limited

Caroline House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Caroline House is a residential care service that provides support for upto 28 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. There were 21 people living at the home at the time of the inspection. Two people were currently in hospital.

People's experience of using this service and what we found
There were governance systems being used to consistently drive improvement within the service. However were areas that needed to be further developed to ensure people's safety and well-being. For example, there was a lack of clear and accurate record keeping regarding some people's hydration support. Environmental audits had not identified two radiators that were hot to touch and not covered, and whilst accidents and incidents were recorded and analysed, preventative measures to prevent a re-occurrence were not documented to guide staff.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People had care plans and risk assessments which meant people's safety and well-being was promoted and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded and lessons learnt from complaints and incidents were recorded.

The home had an effective management structure which provided good leadership for staff and communicated effectively with people, relatives and professionals. Families, visitors and staff were positive about the management and care team, saying they were approachable and welcoming. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.
The last rating for this service was Good (published 22 March 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service and the age of the last rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

The provider took immediate action to mitigate risk to people during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caroline House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Caroline House

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Caroline House is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Caroline House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We looked around the service and met with the people who lived there. We spoke with eight people to understand their views and experiences of the service and we observed how staff supported people. 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 the registered manager, and seven further staff members.

We reviewed the care records of five people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative, two social workers and two health care professionals on the 8 March 2023 to complete the inspection.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection, the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Measures were in place to help protect people from the risk of abuse.
● Staff had a good understanding of safeguarding and knew how to recognise and report signs of abuse and who to report to. Staff were confident that actions would be taken if they were to report something to the registered manager. Staff told us and records provided, confirmed that safeguarding training was up to date.

● Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed the provider co-operated with investigations. The registered manager shared lessons learned at supervision sessions and staff meetings.
● People told us, "I am safe," and "I have friends here, I feel happy and safe." A relative said, "I think the staff are wonderful, I know they are safe here."

Assessing risk, safety monitoring and management
● Risks to people were safely managed. Assessments were undertaken before people moved into the service to ensure their needs could be met by the service and staff and adjusted regularly to meet changing needs.
● Risk assessments were clear, comprehensive and the majority were up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, malnutrition or choking. The provider used recognised tools for assessing risks such as Waterlow for skin damage and the Malnutrition Universal Screening Tool (MUST) for nutrition.
● Where peoples' nutritional needs and skin viability had been assessed as requiring close monitoring, charts, were used for daily recording. This included food and fluids and repositioning charts. The records for fluids were not consistently completed, which meant records were not always accurate. However, this had been identified and was addressed by the introduction of a new chart and staff meeting.
●There were people who required pressure relieving mattresses to support their skin integrity, we found one that was incorrectly set for the persons weight. This was immediately rectified and therefore the risk was mitigated.
● Communal areas for people who were not able to call for assistance were always monitored by a staff member. This ensured support was given in a timely manner. Throughout the inspection all communal areas had staff supporting people. We also noted that people in their rooms were also monitored regularly.
● Risks associated with the safety of the environment and equipment were identified and managed appropriately. This meant the provider could be confident that risks were mitigated. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

● There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, best interest decisions were recorded for people living with dementia, who had been assessed as not having the capacity to decide about whether to take a medicine or not. These best interest decisions were made in conjunction with the person's GP and a family member. Medicines were given covertly, only when it was in the person's best interest. This was supported by a policy to underpin good practice requirements.
● The DoLS for one person whose behaviour had suddenly changed recently, and they needed 1 to 1 support, was in the process of being applied for. The best interest decision making had been added to their care documentation when discussed during the inspection process. This is reflected in depth in the well-led question as there was no negative impact on the person as the 1-1 support had prevented falls.
● During discussion with staff we found that staff were confident and had respectful insight in their approach to gaining consent from people who lived with dementia.

Staffing and recruitment
● There were sufficient numbers of suitably qualified staff to meet people's needs.
● Relatives spoke positively about staff. Comments from relatives included, "The staff are kind and very happy in their job which makes the residents happy" and, "Can't fault the staff." Our observations confirmed that staff were attentive and responsive to individual peoples' needs.
● Staffing levels were assessed and based on people's care needs. These levels were reviewed on a regular basis. This had ensured people's needs were met in a timely manner and in a way that met their preferences. We saw care delivery was supported by records that evidenced that people's care needs were being met.
● Staff were recruited safely; pre-employment checks included those undertaken with the applicant's previous employer in care and the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely
● Systems and processes were in place to make sure people received their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines. Medicines administration records were completed when medicines were given. Where signature gaps were found, staff followed up by checking the running total for the month to ensure people had received their prescribed medicines.
● Medicines were stored and disposed of safely and securely. An ordering process was in place to make sure medicines were available when needed.
● One person told us, "I get my pills and if I have a headache, I can ask for a tablet." A visitor told us, "Very conscientious staff, keep us informed of changes to my relatives

● Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions. Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
● Carers applied creams and other external preparations during personal care. Records were in place to guide staff in their correct application.
● Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). Staff had guidance, including pain assessments, to help them make consistent, person-centred decisions about when a PRN medicine might be needed, particularly where people were unable to communicate their needs. Staff recorded when and why they gave a PRN medicine. Pain charts were not routinely used, but this was something the registered manager was going to introduce.

Preventing and controlling infection
● The home was clean and there was house keeper coverage 7 days a week
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

Learning lessons when things go wrong
● The provider had a process in place for reviewing and analysing accidents and incidents.
● The registered manager shared this analysis and lessons learnt with staff during supervisions and team meetings to minimise the risk of a re-occurrence. We found however that records did not reflect the actions taken to prevent a re-occurrence. This was added during the inspection process. This is reflected in depth in the well-led question.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were organisational quality assurance processes being used effectively to monitor and improve the service. The registered manager was committed to improvement and was open and transparent regarding the improvements needed and those that were on going. For example, oral health promotion and nutritional monitoring.
- However, we found that some areas that had not been identified by the internal audits needed to be improved to ensure consistent good care delivery. For example, fluid intake records for some people had been inconsistently completed and not accurately recorded and therefore not monitored effectively. Inaccurate fluid records had the potential to impact on peoples' health.
- Accident records were documented and analysed but did not include actions to prevent a re-occurrence. This was actioned immediately, and cross referenced with-in the risk assessments. Not all care plans had been updated to reflect changes to care, for example, the reasons for 1 to 1 support. The best interest decision making had been added to their care documentation when discussed during the inspection process. The registered manager and staff were aware of the changes and it was mentioned in the handover sheets so risk to the person had been mitigated.
- Staff were not recording when people declined oral care, and not updating records to show oral care was offered later and accepted or again declined. On talking to staff, we were informed that they did go back to offer further support but had not documented it. The registered manager confirmed further training would be given and senior staff would be monitoring oral health going forward.

As immediate action was taken to mitigate we have identified the areas above as areas that require improvement.

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

- The manager had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.
- The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. We have also received updates of situations that have kept us informed of outcomes for people.
- Staff spoke positively about the registered manager and described them as being "Very good,

knowledgeable and approachable." They said that they would speak to them about any concerns they had and were confident that the action taken would be appropriate.

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

● People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings and the complaints procedures. One relative commented, "Really kind, all the residents are treated with kindness and dignity, the staff are great." Another one said, "Really happy with the home and staff, my friend has settled in and I know they are safe and cared for, they know how to manage them when they get agitated."

● The registered manager analysed the results of feedback from staff to improve the service. For example, staff felt that communication could be improved between shifts, one comment was that staff needed to be informed when people had had a fall. The registered manager told us that was now communicated on the handover sheet and on the verbal handovers.

● Staff told us they felt supported by management. Two staff members told us of the support they had received whilst studying for their care qualifications.

Continuous learning and improving care: Working in partnership with others

● The manager understood the importance of continuous learning to drive improvements to the care people received. For example, all staff had undertaken learning disability training and managing distressed behaviours. This had been beneficial for staff as peoples' conditions progress and it had ensured that staff were confident in meeting peoples changing needs.

● Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs.

● Staff worked closely with GPs, district nurses, speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. The provider had also formed links with a local hospice to provide support and guidance with people who were at the end of their lives. One health professional said, "Always polite, and knowledgeable about their residents, they will phone for advice when it is needed."