

# Daimler Green Care Home Limited

## Sovereign House

### Inspection report

Daimler Drive  
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Coventry  
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Tel: 024 76 596 064

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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?

Requires Improvement



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

At the last inspection on 22 October 2013 we found that there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

A requirement of the provider's registration is that they have a registered manager. The registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. We found at the time of our visit there was not a registered manager in post. The acting manager informed us they were in the process of becoming the registered manager. We refer to the acting manager as the manager in the body of this report.

# Summary of findings

Sovereign House provides accommodation and nursing care for up to 60 people who have nursing or dementia care needs. There were 60 people living at the home when we visited.

The home was divided into three floors, the ground floor had a mix of people with nursing and other personal care needs, there were 19 people on the ground floor on the day of our visit, the first floor was home to 20 people with a diagnosis of dementia, and the second floor was home to 21 people in the 'elderly frail' section of the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were appropriate policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions, appropriate referrals to the local safeguarding authority had been made and as a result of assessments, best interest decisions were made. This was for finances, medicines and other issues which affected a person's safety.

People's safety was being compromised in the numbers of staff available to assist people. Four of the people we spoke to at the service told us there were not enough staff to meet their needs. Two relatives we spoke with also told us they had concerns regarding the staffing levels in the home.

There was a robust recruitment procedure in place and we found that all staff had the required checks carried out prior to commencing their employment at Sovereign House.

People told us they felt safe. Staff were knowledgeable about the procedures for identifying and reporting abuse, and how to protect people from abuse.

Staff did not always receive appropriate training and support to ensure people received all their assessed care and support needs in an appropriate way.

People were given food that met their needs, which helped them to maintain their health.

People told us they were not offered activities that suited their individual needs.

Care plans were detailed and were tailored to each person's individual health and support needs.

From the care plans we looked at and from our observations we found that people were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's needs.

There were effective procedures in place to monitor and improve the quality of the service.

Relatives, people who used the service and staff were encouraged to provide feedback about the service to continuously monitor and improve the quality of the service provided.

You can see what action we told the provider to take 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. People who used the service were being put at risk because there were not sufficient staff on duty to keep people safe and ensure their needs were met in a timely way. We found that this meant people did not always receive their medicine at the correct time.

People were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's needs.

There was a robust recruitment procedure in place and we found that all staff had the required checks carried out prior to commencing their employment at Sovereign House.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective. Staff had not received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

People were given choice in the food and drinks offered and there were plenty of snacks available throughout the day.

Regular monitoring of people's healthcare was in place to ensure that any changes were discussed and referrals made where appropriate to health care professionals for additional support or any required intervention.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring. Most people we spoke with told us staff were respectful and kind.

Staff appropriately supported people who needed assistance without being prompted. This helped people to maintain their dignity, and demonstrated staff knew people well.

A member of care staff told us they had adopted a routine to make sure everyone was supported to have breakfast and get washed and dressed in the morning. The staff member had created a routine but this meant there was a risk that people were not able to change their mind. People had to wait until it was their 'turn' to be supported and cared for. This meant care and support was not delivered to suit the individual's needs.

**Requires Improvement**



### Is the service responsive?

The service is not consistently responsive. People told us they were not offered activities that suited their individual needs.

**Requires Improvement**



# Summary of findings

During our inspection we checked to see whether people's individual preferences were being met by the service. We saw records detailed people's individual preferences, and that records were kept up to date by frequent reviews.

We saw information on how to raise a complaint was on display in the reception area of the home. This was so people had the information they needed to know how they could make a complaint. Complaints were reviewed by the manager to identify any trends and patterns, to help minimise the risk of future events occurring.

## Is the service well-led?

The service is not consistently well led. A requirement of the provider's registration is that they have a registered manager. We found at the time of our visit there was not a registered manager in post. The manager informed us they were in the process of becoming the registered manager.

There were effective procedures in place to monitor and improve the quality of the service.

Relatives, people who used the service and staff were encouraged to provide feedback about the service to continuously monitor and improve the quality of the service provided.

**Requires Improvement**



# Sovereign House

## Detailed findings

### Background to this inspection

We visited the home on 9 July 2014 and spoke with eight people living at Sovereign House, three relatives, one nurse, five care staff, an activities co-ordinator, and three auxiliary staff members. We also spoke with the manager, the area manager, and the company director.

We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms, as well as a range of records about people's care and how the home was managed. We looked in detail at five care plans of people who used the service.

This unannounced inspection was conducted by two inspectors; a specialist nursing advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we looked at and reviewed the Provider's Information Return (PIR). This is information we have asked the provider to send us and how they are meeting the requirements of the five key questions. Before our inspection we also reviewed the information we held about the home and contacted the commissioners of the service to obtain their views.

# Is the service safe?

## Our findings

We asked people if there were enough staff at the home to meet their needs. Four of the people we spoke to at the service told us there were not enough staff to meet their needs. Two relatives we spoke with also told us they had concerns regarding the staffing levels in the home.

One relative told us, “There are not enough staff at lunchtimes.”

During our lunch time observation we saw almost half of the people in the elderly frail unit needed assistance to eat, but there were only three care staff on duty. One member of staff stayed in the dining room to prompt and encourage those people who ate independently and two staff assisted people who were being nursed in bed. This meant only two people could be assisted to eat at the same time and the other people had to wait for their lunch. We saw the nurse assisted one person in the dining room, so they did not have to wait, but this meant the nurse had to work beyond the end of their shift to complete essential records.

After people had eaten their meal we noticed on two floors of Sovereign House that people waited in the dining room until staff were available to take them back to their room or the communal areas. One person we saw waited almost an hour for staff to assist them.

Care staff we spoke with told us there were not enough staff at ‘peak times’ of day to ensure people’s needs were met promptly. A member of care staff on the dementia unit told us none of the three care staff had had a break between 8am and 3pm because they had been ‘too busy’. They said there were three care staff for 20 people and 10 of those people needed staff to assist them with their care and support. They said they needed two more care staff on the floor. One staff member told us they felt, “Residents miss out on quality of care with staff numbers, and we don’t like that.”

Care staff we spoke with told us they rarely read care plans because they didn’t have time. One member of care staff told us they would check what the person’s needs were when they started caring for them, for using a hoist, or thickened drinks or special diets for example, but they mostly relied on verbal direction from the nurse, shared information from other care staff, their own observations and the people’s daily records, about how to care for and support people.

We could not be sure that people were receiving the appropriate care at the right time, in

accordance with their care plans. One person’s detailed observation records showed that they were not always supported to change position every two hours, in accordance with their care plan. Records showed the person had not been supported to reposition between 6am and 9:35am or between 11am and 1:45 pm. We could not be sure whether this meant staff had not had time to update the records, or that the person was not receiving the correct care. We noted that these gaps in the repositioning records were the periods of day, mornings and lunch time, that care staff told us there were, “Not enough staff” to meet people’s needs safely.

A member of care staff told us they had adopted a routine because of limited staffing numbers to make sure everyone was supported to have breakfast and get washed and dressed in the morning. They told us they started at the far end of the corridor nearest to the dining room and worked their way along the corridor making sure everyone had breakfast. Then, about ten o’clock they assisted people who needed hoisting into wheelchairs and into the lounge, before they could go to the people who were nursed in bed to assist them with washing and changing. The staff member had created a routine but this meant there was a risk that people were not able to change their mind or vary their routine for when to get up, wash or eat. People had to wait until it was their ‘turn’ to be supported and cared for. This meant care and support was not delivered to suit the individual’s needs.

We spoke with a nurse who was conducting a medication administration round during our inspection. We asked them to explain the prescription dosage for one person who used the service who required their medication at specific times of the day. The nurse explained the prescription was for the medication to be administered at three hourly intervals. We saw that this was planned up until 5pm, however, we saw that the next time the medicine was due to be given was 9pm. This meant that a four hour gap was left between the evening dose, instead of a three hour gap. This may have put the person at risk. We were told this was because of the shift change time, and that there was no-one available at 8pm to give the medication.

We saw that topical medicines such as creams were being recorded as being given to people by the nurses who

## Is the service safe?

conducted the medications round. We saw however that care staff were actually administering this type of medication due to resources. We could not be sure therefore that people were having these topical medicines, as the records were being updated at a different time than the medicines were given, and were updated by members of staff who had not given the medicines.

We spoke to the manager about how the numbers of staff were determined. We saw assessments of people's needs and abilities were used to create a dependencies table and score for the individual. For example, the more dependent the person was on staff to support them with everyday living needs, such as dressing, walking and eating, the higher their dependency score. The manager explained that the dependency scores were used to determine the numbers of staff required at the home, but that the system needed to be improved, as the tool was not adequate in its current form to determine the number of staff needed on each of the floors at certain times of the day. The manager told us they would look at refining the dependency tool immediately. We were informed at the end of our inspection that the manager had agreed with the director of the organisation to increase staffing levels by one member of care staff on each floor following our inspection.

We found under Regulation 22 of the HSCA 2008 (Regulated Activities) Regulations 2010 there were not enough qualified and skilled staff available to support people at all times.

Most of the people we spoke with told us they felt safe. One person told us, "Before I moved here I had some falls, since being here I haven't fallen once. It's put my mind at ease."

Staff we spoke with were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. As well as a service user guide in appropriate formats, information was displayed in the home so that visitors and staff had access to other organisations they could report abuse to if this was required. Staff told us they were comfortable with raising any concerns they had with the manager.

The provider used a robust recruitment process. We saw people were asked to supply two references, a full employment history, identification documents and a full

disclosure and barring check before they began working with vulnerable people. Nurses at the service were checked for their suitability against the Nursing and Midwifery Council's register.

We looked at five care records for people who used the service. We saw care plans were detailed and were tailored to each person's individual health and support needs. We saw the person or their relatives had been involved in planning and agreeing their care. Records were up to date, and regular reviews had taken place.

In the care records we looked at we saw risk assessments were completed for people's health and well-being, for example, for their mobility and nutrition. Care plans were completed to minimise the identified risks. For example, for one person at risk of poor communication, the care plan described how staff can help by speaking clearly, offering small amounts of information and questions that require only a yes or no answer.

The manager and care staff were following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision. Staff had completed training on MCA and the Deprivation of Liberty Safeguards (DoLS) and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this. We saw evidence that staff were given up to date information on MCA and DoLS as this information was displayed on the first floor of the home on a noticeboard in the lobbyway. Following a recent Supreme Court ruling the provider had reviewed each person's care needs to confirm that appropriate safeguards were in place to ensure that people were not unlawfully deprived of their liberties.

In two care records we looked at, we saw people were assessed as not having the mental capacity to make decisions related to their health and well-being. We saw their next of kin had made a decision in their best interests, and after discussion with other health professionals, that they would not want to be resuscitated if they suffered from cardio pulmonary arrest. We saw that documents relating to this decision (DNACPR) were not filed prominently at the front of the care file, following the service's own guidance. We saw one person had this document at the back of their file. The other person had this document in the middle of their file. There was a risk these documents may not be found in an emergency and the incorrect action could be taken.



# Is the service effective?

## Our findings

We saw that each person's care plan folder included an illustrated 'pen picture' that explained the person's needs and how staff should support them in easy to understand terms. A member of care staff told us they read the care plan when people first moved into the home to get to know the person.

We asked staff about their induction, training and development at the service to see whether staff had the appropriate skills to meet the needs of people who used the service. One member of care staff told us their induction when they started working at the home included shadowing experienced staff. They said they observed how staff worked and got to know the people. They told us their training included manual handling, fire procedures, infection control and safeguarding vulnerable adults. They said they were also able to take part in additional training and were halfway through their national vocational qualification level two with the support of the service. Their assessor came to the home, observed their practice and completed oral question and answer sessions to assess their knowledge and understanding.

Members of staff we spoke with told us they liked working at the home. They told us the dementia training they attended helped them to understand people better. One staff member told us they spoke several languages and were able to support colleagues who spoke only English. They told us they worked on different floors of the home on different days. They said this gave them the opportunity to speak with people who shared a common language and culture that was not English.

One member of staff told us they had not received a recent supervision meeting or an appraisal with their manager. The manager informed us staff were supervised using a system of supervision meetings, observations, and yearly appraisals. We looked at staff personnel records. Records confirmed observations were conducted in different areas of staff practice such as medication administration. We looked at the appraisal list, which showed whether all staff had received a recent appraisal. This showed that appraisals were not up to date. The manager has informed us that all staff are due to have an annual appraisal by the end of August 2014.

One member of care staff told us they were supervised on a day to day basis and observed by the nurse in practise, but they did not have one-to-one meetings with their line manager to talk about their own career development and were therefore not adequately supported. Another member of staff told us they were not well supported as, "We haven't got people to lead us on the shift, as the nurse is always too busy."

The manager informed us the service was recruiting senior staff at the time of our visit to help support existing staff.

One member of staff gave us an example of where they lacked specific support. They told us when a person died, there was no counselling or formal bereavement support in place for families or staff. They told us staff were expected to get on with delivering care and support to people without adequate tools to cope with these situations, which was sometimes distressing.

We saw from the provider information that had been supplied to us before our inspection that staff training was not fully up to date. For example, staff training in safeguarding was 71%, moving and handling was at 91% and dementia care was at 25%. A lack of up to date staff training meant that staff were not offered all the skills they needed to support them in their duties.

Staff explained to us that they delivered effective care to people because they were kept up to date on changes in people's care on a daily basis. Staff told us how they handed over information at the end of their shift to new staff members coming in to work. They explained the daily handover was conducted by staff verbally, and also a daily handover sheet was prepared so that people had enough information to let them know about changes in a person's health, or any special arrangements for the day. We were able to view a daily handover file and a communications book which contained this type of information.

We saw the kitchen catered for people with special diets, offering a choice of gluten free and dairy free food. People were given a choice about the food that they ate. We observed a lunchtime meal. We saw people enjoyed their food. One person told us, "All the food is lovely and I really enjoy it". We saw the menu was on display in the dining room on all three floors. There was an option of a hot and



## Is the service effective?

cold breakfast, one hot meal followed by a hot and cold pudding at lunchtime, and a selection of soup, pasties, sandwiches, baked potatoes and salad for dinner with a choice of puddings.

People told us and records confirmed people's mental capacity was regularly assessed. Mental capacity assessments clearly advised staff about when people were able to make decisions, and instructed staff to offer choice to people where possible.

People supported by the service had varying levels of health support needs, some of which were very complex

including dementia and challenging behaviours. We looked at the health records of three people who used the service. We saw that each person was provided with regular health checks, and they were supported to see or be seen by their GP, chiropodist, optician, dietician, and dentist. We saw people were able to access other professionals in relation to their care such as their social worker. Care plans we looked at had been reviewed monthly. Two we looked at had been signed by the nurse and people's relatives. We saw people's abilities and dependencies were reassessed. We saw people's dependency scores increased as their abilities decreased.

# Is the service caring?

## Our findings

We saw care plans were detailed and were tailored to each person's individual health and support needs. We saw people or their relatives had been involved in planning their own care.

In the care plans we looked at we saw people had a 'life history' document. A life history contains valuable information about the person's previous life, interests and family connections. They told us, "We learn a lot about people from their families." A member of care staff told us, "We ask people's families. People like talking about the past." In one of the care plans we looked at we saw the person's 'life history' document was missing. We were told this was because the person was new to the service and the document had not been completed for the person at the time of our inspection.

We observed a mealtime in the dining room during our inspection. Staff appropriately supported people who needed assistance to cut up their food, or who needed specialised equipment, without being prompted. This helped people to maintain their dignity, and demonstrated staff knew people well.

People were given specialised equipment to assist them with their daily routine, which helped to maintain their independence. For example, we saw people were provided with plate guards and adapted tools to help them eat their own meals without assistance from staff.

We saw staff interacted with people in a caring and sensitive way, that promoted people's dignity, ie, helping them to maintain their personal cleanliness because they were not able to maintain it themselves. We saw one hostess wiping one person's lips with a moistened cloth once they had finished their drink to help them maintain their personal cleanliness.

In one person's care plan we saw how personalised care helped the individual. One person was at risk of not having enough fluid. The provider minimised the risk to the person's health by employing hostesses who were responsible for measuring the amount of fluid intake people received daily. Their role was to make sure that everyone received the amount of fluid they needed. Care staff we spoke with confirmed this was the only task that hostesses were able to undertake, they did not monitor food intake. A hostess showed us the records they kept of

the amount of fluid people consumed every day. The list detailed people's preferred drink and type of container, whether drinks should be thickened, and whether people could drink independently or needed assistance. We saw the hostesses responded to people's individual needs by encouraging each person to consume the correct amount of fluids according to the person's care plan.

People in the dining room were given enough time to eat their meal. People ate at their own pace and staff waited for clear signals that people had finished their main meal before offering them desert. This enabled people to consume the nutrition they needed. However, at the end of the meal time we observed people were left in the dining room for over half an hour whilst they waited for staff to help them move to the lounge or their own rooms. This was due to the availability of staff. People waiting to be moved waited patiently, but this did not help them maintain their choices about where they wanted to spend their time.

We observed one person being moved at the home with the use of a hoist. This was on the ground floor of Sovereign House. The person looked uncomfortable and the sling that was being used did not seem to fit their needs as their clothing was moved so that their bare skin was exposed to people's view. This impacted on the person's privacy and dignity. We asked the manager about the equipment people needed to be moved correctly at the home. The manager told us that people had their own slings to use with the hoists at the service, that had been deemed suitable for them by use of an equipment assessment. Referrals were made where necessary to make sure people were supplied with the equipment they needed to suit their individual needs. The manager explained that on the day of our inspection the person we had seen being moved was waiting for a sling to be delivered for their use. The order was due to arrive within days of our inspection.

Most people we spoke with told us staff were respectful and kind. We witnessed one person being moved by a member of staff using a hoist to assist them. The staff member gently spoke to the person about what was happening even though they seemed to be asleep. One person however told us a member of staff had been 'rough' with them, although they did not feel they wanted to raise this as a complaint. We advised the person to raise this with a member of staff if they felt people were not gentle with them in the future.

## Is the service caring?

People and their relatives told us they could visit the home when they wished. We saw people had visitors on the day of our inspection who walked freely around the home with their relative, and engaged in group activities with other people at the home.

# Is the service responsive?

## Our findings

During our inspection we checked to see whether people's individual preferences were being met by the service. We checked people's care records to see whether these were contained in their care records, and whether these were kept up to date. We saw records detailed people's individual preferences, and that records were kept up to date by frequent reviews.

On arriving at the home, we saw there was an activity poster for the week in reception, and a poster in the lift which asked for suggestions for activities. Examples of recent events included an arts and crafts session, attending a tea party and people reading dementia friendly books. We saw the activities offered to people were displayed on noticeboards around the home. Group activities included music and movement, arts and crafts, baking, and movies. Individual activities were also listed which included individual reading, playing cards and doing puzzles. We saw photographs of the activities one person had taken part in during the previous week which showed the person enjoyed the activity.

We were not confident however that the activities offered to people suited their individual preferences. This was because people told us that they wanted alternatives to be made available. We asked people about the hobbies and activities they were involved in at Sovereign House. Five out of the six people we spoke with told us they 'did nothing'. Two people told us they thought a lack of activities around the home during the day was due to lack of staff. Four people we spoke with told us they would like to do more.

An activities coordinator told us people with dementia were supported and encouraged to engage in stimulating physical and sensory activities. They told us they offered sensory engagement sessions for people who could not engage in physical or intellectual activities, such as hand massage, manicures and hot towel face massage. However, we were concerned that there were no activities co-ordinators employed in the evenings and during the weekend which limited when people could engage in some of these interests. We saw that activities over the weekend consisted of activities such as family time, religious services and watching films.

A member of care staff told us that people's favourite activity seemed to be a 'chat'. They said, "98% of people

just love to chat. It is their favourite thing." We saw some staff chatting informally with people during our visit. However, we saw the majority of staff were task focussed during our inspection and did not have time to sit with people at Sovereign House. We spent time in communal areas of the home observing staffing levels in the lounge and dining areas. We saw that at different times during the day there were no staff in the lounge areas where people were sitting.

We saw the kitchen catered for people with cultural or religious requirements, for example, offering a choice of vegetarian food. People were given choices about the food that they ate.

The provider met the cultural needs of people at the service. We met one person whose first language was not English. We asked how the person expressed their wishes, and how the service understood them so that they could respond to the person. The manager told us that care staff had been recruited to assist the person who spoke their language. We saw a member of care staff speaking to the person in their own language during our inspection.

We talked to some people in their rooms. We asked them whether they were able to personalise their room to suit their needs. People told us they had been able to personalise their room and bring things from their home.

We asked people whether staff at the service were responsive to their needs. One person said, "Staff are very respectful and responsive, I like the staff." We spoke to another person on the day of our inspection who was not happy about the way a member of staff had spoken to them. Although they told us they did not want to raise this as a complaint, they told us they would raise any issue like this in the future with the manager or another member of staff. We spoke to the relative of the person, who assured us they felt confident in raising any future issues they or their relative had with the manager of the home.

Staff members we spoke with told us they were responsive to the needs of people, and treated people as individuals. Two members of care staff gave us an example of how they responded to people's individual needs changing. They told us they reported any changes in their health or wellbeing by updating care plans, putting forward information in handover and communication documents, and they informed the nurses so they could check the

## Is the service responsive?

person for any causes of the change. One staff member said, "If there is anything unusual I tell the nurses. Changes might be unusual behaviour, or noises, or if a person looks different."

We saw information on how to raise a complaint was on display in the reception area of the home. This was so people had the information they needed to know how they could make a complaint. We looked at a recent complaint and saw that the complaint had been investigated and responded to in a timely way. We saw procedures had been

put in place to minimise the risk of future events occurring. Complaints were reviewed by the manager to identify any trends and patterns, to help minimise the risk of future events occurring.

We met a relative of one person who used the service. They told us they had made several complaints and whilst the manager had said that they would deal with the issues raised, they felt that it was still an on-going issue and had not been resolved. They agreed they would raise the complaint again if nothing was resolved to their satisfaction.

# Is the service well-led?

## Our findings

A requirement of the provider's registration is that they have a registered manager. The previous registered manager was de-registered in July 2013. Since that time there has been no registered manager at the service. The current manager had been employed for more than six months in their role at the time of our inspection but was still not registered. The manager informed us they were in the process of applying to become the registered manager at the time of our visit.

We saw the service completed regular audits of different aspects of its service. This was to highlight any issues in the quality of the service, and to drive forward improvements. We saw a recent audit has been completed on infection control procedures, and that all identified actions resulting from the audit had been implemented.

People had been supplied with individual equipment that met their specific identified needs. For example, those people that had been assessed as requiring specific bariatric mattresses to reduce the risk of them developing pressure ulcers had been obtained by the service. We saw that there were monthly inspections of such equipment including bed rails and beds. Inspection records were maintained by designated staff members, and these were regularly checked by the manager of the home. This meant the provider had in place procedures to continuously monitor and improve the service.

The manager told us, following our discussion regarding staffing levels, that they planned to implement a new staffing dependency tool to determine the staffing levels that were required to meet the needs of people at the service.

The service was part of a larger organisation. We saw that the area manager from the organisation was at the service on the day of our visit. This was to support the manager in a medication audit that was taking place. The manager told us the wider organisation was supportive of the service, and offered regular feedback and assistance to them to support them in their new role.

One care plan we looked at included the results of a recent audit of care plans. The action plan for staff explained the actions to be taken to make sure the care plan included all the essential information, and named the responsible

member of staff. The staff member had signed to confirm the date the actions had been completed. As we looked through the care plan, we saw the actions had all been done.

We saw the service had a range of policies and procedures in place that were available to all staff, and formed part of staff induction and training. Policies we were able to review included medication procedures, infection control, complaints, and safeguarding vulnerable adults. Policies and procedures that were understood by all helped to ensure a consistency of approach in delivering services.

Records we looked at showed that staff recorded every time an accident or incident occurred. We saw they analysed the incidents to identify patterns or trends. These patterns or trends gave the service information about whether processes or procedures needed to be changed, or care plans needed to be updated to reduce the risk of future events occurring. We saw that a recent medications error had been investigated and procedures had been altered following a root cause analysis by the manager.

All the staff we spoke with told us that if they were concerned about the care of anyone who used the service they would have no hesitation in following the company whistleblowing procedures, or raising any issues with their manager.

We saw the service had an action plan of improvements, that they were implementing over the course of the next few months. One of the actions was to update a statement of purpose for the service by October 2014. We were told by the manager this was to include their ethos to lead the team forward.

We asked the manager what aspect of the service and recent improvements they were particularly proud of. The manager told us of a recent refurbishment of the garden area at the home. The garden was designed specifically for people with dementia to encourage them to spend time outdoors.

We saw a range of different meetings were taking place to gather views from people, and to involve people in the running of the service. We saw relatives meetings were advertised around the home. The manager told us that the service ran twice yearly quality assurance questionnaires, plus one when people were admitted to the service which was completed by people who used the service and their relatives. Survey results from a recent customer satisfaction

## Is the service well-led?

survey were displayed in the reception area. We saw people were also able to give feedback using a comments book in reception. There was also a suggestion box in reception which staff were encouraged to use. This information showed people had provided feedback, and an action plan had been produced following the feedback given to drive forward improvements at Sovereign House. We saw staff meetings were held every three months to gather their views. A member of care staff told us they had not been able to attend the recent staff meeting and the notes of the meeting were handwritten, so they were hard to read. They said however that other staff had told them what was discussed during the meeting to keep them up to date.

A member of care staff told us they did not know whether the 'keyworker' system was still operating as lots of people who lived at the home had moved to other floors during a recent reorganisation. They said they were always able to speak with families and resolve any issues, but care staff no longer knew who had specific responsibilities for individual people's clothes and toiletries for example, which meant things might be overlooked. The manager told us that the home was planning to implement a 'keyworker' system at the home in the next few months as part of their on-going improvement plan because of feedback they had received.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing  Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing. There were not enough qualified and skilled staff available to support people at all times.