

Mr Hassan Ibrahim

Sovereign House

Inspection report

30 Canterbury Road
Herne Bay
Kent
CT6 5DJ

Tel: 01227368796

Date of inspection visit:
30 June 2017

Date of publication:
08 August 2017

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

Care service description

Sovereign House is a large detached property, with a lift to the first floor, set in its own grounds in Herne Bay. It is located two minutes' walk from the beach and town centre and close to shops, cinema, theatre and post office. It is a privately owned service providing personal care and support for up to ten older people, some of whom may also be living with dementia. There were eight people living at the service at the time of the inspection.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

People told us they felt safe living at Sovereign House. Risks to people were identified, assessed and monitored to help keep people as safe as possible. People were protected from the risks of abuse and avoidable harm.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable and safe to work with people. There were enough staff on each shift to support people. People received effective care from staff who were experienced and had the knowledge and skills to carry out their roles.

People were supported to have as much choice and control of their lives as they wanted. Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

People told us they were happy living at Sovereign House. They said they were treated with kindness, compassion, dignity and respect. Their religious and cultural preferences were supported and respected. People's confidentiality was respected and their records were stored securely.

People and their relatives were involved in planning their care and support. People received care and

support that was individual to them and their needs and preferences. Staff knew people and their relatives well. Care plans gave staff the basic information they needed to provide people's care and support. We have made a recommendation for the provider seek advice and guidance from a reputable source to further enhance the care plans.

People had enough to do during the day and were supported to follow their interests and take part in social activities. People maintained friendships and relationships.

People and their relatives knew how to complain or raise concerns. The provider's complaints procedure was given to people as part of the service user guide when they moved into Sovereign House. People had no complaints.

People, their relatives and staff felt the service was well-led. The provider and registered manager had a clear vision of the quality of service they required staff to provide and this was shared by the staff team. Staff had confidence in the management team and said they felt supported.

People, their relatives, staff and health professionals were encouraged to provide feedback and were involved in developing the service. Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

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 remains Good

People were protected from the risks of abuse and avoidable harm. Risks to people were identified, assessed and monitored.

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. . There were sufficient staff on each shift and this was regularly reviewed.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Is the service effective?

Good ●

The service remains Good

People received effective care from staff who had the experience, knowledge and skills to carry out their roles.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered a choice of healthy meals. People were supported to maintain good health and were referred to health professionals when needed.

Is the service caring?

Good ●

The service remains Good

People were happy living at Sovereign House. They told us they were treated with kindness, compassion, dignity and respect.

People were supported to maintain friendships and relationships. People's religious and cultural preferences were supported and respected.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

Good ●

The service remains Good

People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences. Staff knew people and their relatives well.

People were supported to follow their interests and take part in meaningful social activities.

People and their relatives knew how to complain or raise concerns. People had no complaints.

Is the service well-led?

Good ●

The service remains Good

People, their relatives and staff felt the service was well-led.

The management team encouraged an open and transparent culture. Staff had confidence in the management team and said they felt supported.

People, their relatives, staff and health professionals were encouraged to provide feedback and were involved in developing the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

Sovereign House

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

The inspection took place on 30 June 2017 and was unannounced. The inspection was carried out by one inspector. We made a decision not to have further inspectors at the inspection as there were only eight people living at Sovereign House.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service. We looked at notifications received by CQC. Notifications are information we receive from the service when a significant event happens, like a death or serious injury.

We looked around all areas of the service and garden. We spoke with 6 people who lived there, a visiting professional and two relatives. Conversations took place with people in communal areas. During the inspection we observed how staff spoke with and engaged with people. People were able to tell us about explain their experiences of living at the service so we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us. We spoke with four members of staff, the deputy manager, the registered manager and the provider.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of service was monitored and managed.

The service was last inspected in October 2014 and was rated Good overall.

Is the service safe?

Our findings

People told us they felt safe living at Sovereign House and that there sufficient staff. One person said, "The staff are all very good. They are always here if you need them. I do most things myself but it is nice to know someone is always there to help if I need it". A relative commented, "It is nice and reassuring to know that [my loved one] is happy and safe".

People were protected from the risks of abuse and discrimination. Staff told us they had completed training about keeping people safe and this was confirmed by training records. Staff knew what to do if they suspected indents of abuse and were able to tell us about the different types of abuse and who they would report concerns to. Staff were aware of the provider's whistle blowing policy and the ability to take their concerns to agencies outside of the service. There was a copy of the process in their staff handbook which was issues to each member of staff when they started working at the service. Staff told us they were confident the registered manager and provider would listen to their concerns and take the appropriate action to make sure people were protected and kept safe.

Risks to people were identified, assessed and monitored. The provider noted on the provider information return, 'Risk management – we ensure that people are safe. Each person has risk assessments in place to identify the degree of risk. Each person is informed of the result of each risk assessment and risks are balanced so that people are not denied the opportunity to live a life of their choice. Each risk assessment is subject to planned reviews which are part of our care planning processes'.

Staff told us how some people used special equipment, such as a walking frame, to support them to maintain independence and keep them safe. There was guidance for staff, in people's care plans, about what level of support people needed and any specialist equipment that was needed. We observed staff support people to move around the service and saw that this was done safely.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. Accidents were monitored and reviewed to check for any trends. When a pattern was identified action was taken to refer people to the relevant health professionals, such as speech and language therapists, community nurses or doctors, to reduce risks and keep people safe. Staff followed any guidance provided by the health professionals.

People told us there were enough staff to provide safe and effective support when they needed it. One person said, "There are always staff here if you need them". A member of staff commented, "The staff turnover is very low which is good because it is consistency for our residents". The registered manager kept staffing levels under review to make sure there were enough staff with the right mix of skills, experience and knowledge, on each shift, to keep people safe and meet their needs. The staff rotas showed there were consistent numbers of staff on duty. The registered manager told us and staff confirmed that the staff team had always worked flexibly to cover unexpected shortfalls, such as sickness. The provider, registered manager and deputy manager worked at the service each day and were available for advice outside office hours.

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history, written references, a health questionnaire and equal opportunities monitoring. Discussions held at interview were recorded. Staff told us that checks were carried out before they started working at the service. Disclosure and Barring Service (DBS) criminal record checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Disciplinary processes were followed in line with the provider's policy.

People's medicines were stored, managed and disposed of safely. The room where the medicines were stored had recently been decorated and the thermometer had been removed. The deputy manager arranged for this to be replaced immediately so that staff could monitor the temperature of the room to make sure medicines would work as they were supposed to. People were supported to take their medicines by staff who were trained to do so. Medicines records we reviewed had been completed accurately. Staff made sure people had taken their medicines before they signed the medicines record. People's medicines were regularly reviewed to make sure they were still suitable.

Regular health and safety checks of the environment and equipment were completed to make sure it was safe to use. For example, water temperatures were checked to make sure people were not at risk of scalding. Fire alarms and fire equipment were regularly checked and maintained. Fire exits were clearly marked and staff told us they completed fire drills and knew how to respond in the case of an emergency. The provider had an emergency contingency plan and an evacuation plan which gave staff guidance on how to keep people safe in the case of an emergency, such as a water leak, gas leak or fire.

Is the service effective?

Our findings

People told us they received support they needed when they needed it. They told us they thought the staff were well trained. People said, "The staff are good. They know exactly what I need". A relative commented, "Sovereign House is lovely and the staff are wonderful".

Staff completed an induction when they began working at the service. They shadowed experienced staff to get to know people, their preferences and routines. The registered manager told us they worked with new staff and monitored them until they felt they were competent to work unsupervised.

Staff told us they felt supported by the provider, the registered manager and the deputy manager. Regular one to one supervision meetings between staff and the registered manager were completed to make sure the staff had the support they needed to perform their roles effectively. The provider noted on the provider information return, 'Staff have regular supervisions, appraisals and staff meetings. If there is a concern with staff performance it is reviewed on a bi-weekly basis'. Staff told us they completed training to keep up to date with best practice. The records of training, monitored by the registered manager, showed that staff had completed training in topics such as safeguarding, moving and handling and fire awareness. Senior staff regularly checked staff competency.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest.

The registered manager told us, "People's needs are assessed before they come to Sovereign House and they are consulted about their choices and preferences. We do our utmost to meet those". During the inspection people made day to day decisions, such as, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. People told us that they got up and went to bed when they chose to and these preferences were noted in their care plans.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider, registered manager and staff understood their responsibilities in relation to DoLS. No-one was living under an authorised DoLS.

People enjoyed a choice of healthy food and drinks. They told us, "The meals are lovely" and "The food is very good but if I fancy something different they will do it for me". People sat together in the dining room for

their meals. There was plenty of chatting, banter and laughter, between people and staff, throughout the lunchtime on the day of the inspection. The food looked appetising and people said they enjoyed it. They ate well. Staff provided support to people when it was needed, in a way that did not compromise people's dignity or independence, and were attentive. Staff were patient and did not rush people who preferred to take their time with their meals. People were offered hot and cold drinks throughout the day. One person said, "I really fancy a cuppa" and staff organised this straight away.

People's day to day health needs were met. One person told us, "I am pretty healthy. I occasionally see the community nurse. Fortunately I rarely need to see a doctor. The staff will organise any appointments for me". Staff monitored people's health and took action when they noticed any changes. When staff had a concern they referred people to health professionals, such as community nurses, speech and language therapists and the falls team for advice. Staff followed any guidance they were given to help people stay as healthy as possible. Staff told us people had access to a GP of their choice and that they supported them with other appointments, such as dentists, chiropodists and opticians.

Is the service caring?

Our findings

People told us they were happy living at Sovereign House. People said, "I love it here. I can walk straight down the road to the beach. I enjoy walking", "The staff are nice" and "I wouldn't want to be anywhere else. I can go out whenever I want. We are all friends here – even the bosses are friends". A relative commented, "[My loved one is happy and being well looked after and cared for. It is home from home for them". There was a calm, relaxed, friendly and homely atmosphere.

Staff told us it was important for them to sit with people, chatting with them and listening. One member of staff said, "We have some real characters here and they have some wonderfully interesting stories about their lives". The registered manager told us that staff were actively encouraged to sit and spend time with people. Staff were kind, compassionate and friendly and knew people and their relatives well. Staff spoke with people about things that were important to them.

People were supported to maintain their friendships and relationships. Their loved ones were able to visit when they wanted and there were no restrictions. People had access to telephones and the internet to help them keep in touch. One person told us, "My family often come and visit. They can come whenever they want". The registered manager told us that, as part of their admission process, they spoke with people about the important people in their life. Staff told us they supported people to make arrangements for relatives to visit or for people to go and meet their loved ones.

People's privacy and dignity were respected. One person said, "Oh, if I want some privacy I get it". People were relaxed on each other's company and in the company of staff. Staff called people by their preferred names. People knew the provider and all the staff by name. Staff told us they discussed privacy and dignity during their supervision meetings. Staff said, "It is one family all living under one roof" and "There is a true family atmosphere here where everyone gets on well".

Staff told us that when people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People's confidentiality was respected and records were stored securely. Staff understood it was their responsibility to ensure confidential information was treated appropriately to retain people's trust and confidence.

Staff encouraged and empowered people to remain as independent as possible for as long as they wanted. Staff explained how much people were able to do for themselves and what support was needed. When people were limited with their independence there was guidance for staff on how to encourage them to be involved with small daily tasks. For example, some people liked to set the meal tables, others folded napkins and some helped with the gardening.

People's religious and cultural needs and preferences were recorded and respected. Staff were respectful of people's cultural needs. The registered manager told us, "We make arrangement for people to attend religious services when they want to".

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. The registered manager told us that they had completed a five week palliative care course with a local hospice. This had covered topics, such as do not attempt to resuscitate, advanced care planning, nutrition and hydration and pressure sores. Some of the staff had also completed training workshops about caring for people nearing the end of their life. A member of staff told us, "We have a really good working relationship with the community nurses. They have supported us to provide end of life care".

Is the service responsive?

Our findings

People said they received the right support and that staff were responsive to their needs. People told us they didn't have any complaints felt comfortable to complain if it was necessary. Staff were observant and responded to people's needs.

The registered manager met people and their loved ones to discuss and assess their needs, wishes and preferences before they moved into Sovereign House. This helped the registered manager make sure their staff could provide the care and support the person wanted in the way they preferred.

From this initial information a care plan was developed, with people and their relatives, to give staff the guidance they needed to provide people with the support they needed in the way they preferred. Each person had a care plan which was tailored to their individual needs. Care plans gave staff the basic information they needed to provide people's care and support. There was information about what people could do for themselves so they could maintain some independence. People's preferred daily routines were recorded. Staff were knowledgeable about people's life histories, their families and their preferences. We discussed care plans with the deputy manager who agreed that some areas could be more detailed. For example, a personal hygiene care plan noted under each activity, such as brush my hair and take care of my oral hygiene, 'Requires the help of one carer' but did not explain what support the carer should give. There was no impact on the people living at the service as they were quite independent, happy with the care and support they received and staff knew them well.

We recommend the provider seek advice and guidance from a reputable source to further enhance the care plans.

People told us their care was regularly discussed with them to make sure it was what they needed. Care plans were regularly reviewed and updated. Staff told us that care reviews included people's relatives if they wanted them to attend. A letter was sent offering options of different dates. The registered manager said, "Although we see many relatives this is an opportunity to formally touch base and record it". The provider's statement of purpose noted, 'We will involve residents in the planning and review of the services that are provided for them to ensure their needs are met. This is achieved by enabling and empowering residents to influence the services provided by giving each resident a real say in how the services are delivered'. Staff told us it was important for people to be involved as much as possible.

People said they had no complaints and would not hesitate in speaking to staff if they had a concern or complaint. The provider's complaints procedure was given to people as part of the service user guide when they moved into Sovereign House. A copy was available for people, visitors and staff. The registered manager told us, "Complaints are taken seriously and investigated. They are used as a learning opportunity and to improve our service.

People were supported to take part in social; activities which included 'music for health' exercise sessions and playing board games such as Scrabble. People said, "I sometimes do a bit of knitting or sewing" and "I

like doing jigsaw puzzles. I always seem to have one on the go!" People told us they viewed each other and staff as friends. During the inspection a number of people had their nails manicured and painted others received hand reflexology which they enjoyed. Staff supported people to follow their interests. One person told us, "I love spending time doing some gardening. I thoroughly enjoy being able to sit here and look at my flowers". Staff said people helped in the garden, dead-heading, planting and watering and some people helped wipe up the dishes. People told us they had recently had a summer party and that their friends and families were invited. Photographs of people enjoying themselves at the party were displayed on the wall in the dining room.

Is the service well-led?

Our findings

People, their relatives and staff told us they felt the service was well-led. People told us they knew the provider and the registered manager and that they were 'like a big family'. A member of staff commented, "Staff stay, they don't come and go. It is a good place to work".

The provider and registered manager had a clear vision of the quality of service they required staff to provide and this was shared by the staff team. The aims of the home were noted as, 'To foster an atmosphere of care and support which both enables and encourages our residents to live as full, interesting and independent a lifestyle as possible with rules and regulations being kept to a minimum' and 'Sovereign House is committed to providing quality services for residents by caring, competent and well trained staff in a homely atmosphere'. Staff told us "The residents always come first" and "We work together to make sure people are happy living here".

People knew the provider, registered manager and staff well. The provider told us, "I am very hands-on. I am here most days". The registered manager worked with staff each day to provide advice and guidance. Staff spoke positively about the management of the service and said they were approachable and supportive. One member of staff commented, "Staff get on well and work well together".

People, relatives, visiting professionals and staff were encouraged to provide feedback through surveys and contribute to the day to day running of the service. People told us there were regular residents meetings where they discussed things such as ideas for different meals, activities and anything people needed or would like to do. People's views were listened to and action was taken to make changes. For example, there had been comments on the last survey requesting signage for the lift and this had been implemented to make sure people knew where the lift was.

The registered manager told us how they kept up to date with best practice by attending local forums, workshops and seminars on new practice. They were a member of the Kent Integrated Care Alliance (KICA). KICA is an independent body who support care providers in Kent. The registered manager commented, "We have a good relationship with other homes in the area. We can share best practice and problem solve with each other".

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Regular quality checks were completed on key things, such as, fire safety equipment, hot water temperatures, hoists, medicines and infection control. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. 'Spot checks' were carried out by the registered manager to monitor staff performance. These were carried out during both day and night shifts.

When shortfalls were identified these were addressed with staff and action was taken.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.