

Mariposa Care Group Limited

# Sovereign Lodge Care Home

## Inspection report

Newbiggin Lane  
Newcastle Upon Tyne  
Tyne And Wear  
NE5 1NA

Date of inspection visit:  
28 September 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sovereign Lodge is a residential care home providing accommodation and personal care for up to 48 people across two separate wings in a purpose-built building. The service provides support to people living with dementia and those requiring support with personal care. At the time of our inspection there were 47 people using the service.

### People's experience of using this service and what we found

People were safe from the risk of abuse. Risks were assessed and regularly reviewed when people's needs changed. The building was well maintained with appropriate décor, including dementia friendly decorations.

Medicines were managed safely, however the recording of topical medicines was not in line with best practice. We have made a recommendation about this and the registered manager has confirmed improvements have been made.

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.

The provider employed sufficient staff, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals and wore PPE to keep people safe. Infection control measures were in place, and visiting was managed safely.

Care records were person centred. People were supported to eat and drink a balanced diet.

Staff were caring and promoted people's independence. People were treated with dignity and respect. People were supported to take part in activities and belong to the community of the service.

Staff were responsive to people's needs. People were cared as they wished to be at the end of their lives.

Feedback from relatives about the service was very positive. Staff said the culture of the service was open and the provider was offering additional perks to attract more staff to work at the service. People and relatives were involved in their care decisions.

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

### Rating at last inspection

This service was registered with us on 16 September 2022 and this is the first inspection. The service was previously registered as Sovereign Lodge and Court with the same provider and was rated good, published

on 16 September 2019. The service has split in to two separate services.

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk to people accessing timely health care. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sovereign Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The 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 was carried out by 1 inspector 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 care service.

#### Service and service type

Sovereign Lodge 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. Sovereign Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team and safeguarding team for their feedback about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 2 people and 8 relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 7 members of staff including the registered manager, regional manager, senior carers, lifestyle and wellbeing manager, and care staff. We spoke with a visiting healthcare professional. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed and stored safely. Medicines records for most medicines were well maintained.
- The process for recording topical medicines meant it was not always clear what topical medicine should be used. The medicines audit had identified this but no action had been taken to rectify it.

We recommend the provider reviews the process for documenting topical medicines and recording the administration of topical medicines.

- After the inspection the registered manager confirmed action had been taken to improve the recording of topical medicines.

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

- People were safe. The provider had policies in place to help keep people safe from abuse. One relative said, "[Person] is very safe, I spend a lot of time visiting at any time, [person] is always happy, clean and well cared for, staff know them well on all levels, the way they talk to them and others with respect, friendly, happy staff without exception."
- Safeguarding concerns were recorded, reported and investigated appropriately. Staff and managers were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff.
- Staff had completed safeguarding training. One staff member said, "Yes I have done my training, and I would report any concerns straight away."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and actions were put in place to keep people safe. Care plans included detailed information about risks to people and how they should be managed.
- Systems and processes were in place to learn from accidents and incidents. A new process to help protect people from falls had recently been introduced. Lessons learnt were shared across all services belonging to the provider.

### Staffing and recruitment

- Staff had been recruited safely, in line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough suitably trained staff to provide support to people who use the service. The provider had introduced schemes to help attract new staff and retain current staff.

#### Preventing and controlling infection

- 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.
- Systems were in place to allow people to visit their relatives safely. Visitors wore appropriate PPE when in the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Systems were in place to assess people's needs before they used the service. Care records were person centred and detailed. People and their relatives were involved in making decisions about their care. One relative said, "[Staff] discuss [person's] care plan with me and update it if needed."
- People had control over choices in their lives. We observed staff asking for and acting on people's preferences during the inspection.
- The design and décor of the building was bright and clean. The wing of the service for people living with dementia was decorated in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff had the skills, experience and training required to carry out care safely. One health and social care professional told us, "the staff are proactive in caring for people and raising concerns about their health in good time."
- There were systems in place to support staff. Supervisions and appraisals were carried out regularly by the management team.

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

- People were supported to eat and drink enough to meet their needs. Sometimes records were not fully completed in the relation to drinking, however people we observed drinking during the inspection.
- Lunchtime was a pleasant a calm experience. People were served their choice of food, one person enjoyed their pudding and asked for seconds which was provided.

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

- People were supported to access services to meet their physical and mental health needs. One visiting health professional said, "I have no concerns, they are proactive and have a great process for getting in touch with me".
- The provider had introduced a 'How Fit' programme which involved dementia friendly organisations working with people to improve their mobility and fitness. We observed people singing and dancing with staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had systems in place to record people's capacity and decisions made. All DoLS applications were current and appropriate.
- We observed staff asking for people's consent to provide care. A relative said, "She chooses when to get up and go to bed, staff always ask her permission, treat her with dignity and respect, and always knock first."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in a caring way. We observed lots of positive interactions between staff and people. The atmosphere in the home felt upbeat and inclusive for all.
- A relative said, "Happy staff without exception." Another relative commented, "Very responsive staff."

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

- People were supported to make choices about their care. Care plans included people's preferences for how they wanted to be cared for in detail. People and their advocates had been involved in make decisions about their care.
- People clearly knew the staff and asked them for specific personal items or to use the bathroom and being helped according to their wishes.
- One relative said, "Residents have a lot of freedom within the home."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their independence was promoted whenever possible. People's privacy was respected, people were supported discreetly with continence needs.
- People were empowered to eat independently where possible, but support was available when people needed it.
- One relative said, "[Person] is not very good at mixing with other residents, care staff encourage [person] to mix but also respect his wishes if he wants to be in his room."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to people's needs and preferences. Detailed care plans were in place to enable staff to provide person-centred care. The care plans included information in relation to people's choices. For example, their communication including information about their hearing aids, and supporting someone to continue smoking while keeping other residents safe.
- Staff knew people well and had a good understanding of their individual personalities, interests and preferences. This enabled them to engage effectively and provide meaningful, person-centred care. This included staff who worked at multiple sites belonging to the provider, who knew people by name.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.
- Care plans and documents such as the complaints policy were available in various formats should the need arise.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively supported to be part of the community in the service. Some people chose to remain in their rooms or only take part in occasional activities that interested them.
- The provider had been working with an online entertainment company to develop packages to support activities in the home.

Improving care quality in response to complaints or concerns

- The management team handled complaints appropriately. The service had a complaints procedure and all complaints had been dealt with in line with the procedure.
- A relative said, "Any suggestions are taken on board, I have expressed my views on staff levels and it was addressed."

End of life care and support

- People received appropriate care at the end of their lives. Visiting professionals were involved in their care. People's care plans detailed how they wished to be cared for at the end of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had created a positive culture. Staff were proud to work at the service and some had worked there for many years. One relative said, "The atmosphere is nice, happy and friendly, staff have a good rapport with the residents and visitors."
- The service helped people enjoy themselves by granting people 'wishes'. One person loved Scotland and couldn't travel so Scotland was brought to them when the service had a Scottish day. Another person wished to have a big birthday party so that was arranged for them.

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

- Staff and managers understood their roles. The registered manager and provider carried out a range of quality assurance audits to monitor and improve standards at the service. Where issues were identified action was taken to address them.
- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- The service engaged with people and staff to gather their views. One relative said, "Meetings and questionnaire have been available, any suggestions are taken on board."
- People's equality characteristics were taken into account when care was planned. Personalised activities took place, one person asked for a game of pool and the well-being coordinator organised it. One relative said, "The atmosphere is lovely and happy, lots of conversation and humour, we are made very welcome."

Continuous learning and improving care; Working in partnership with others

- The provider had systems to monitor the care people received. A range of areas were checked including medicines, infection control practices and health and safety checks of the building. The findings were used to improve the service.
- The registered manager and staff worked effectively with other healthcare organisations.