

Sovereign Solutions Care Services Ltd

26 Green Road

Inspection report

26, Green Road
Birmingham
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Date of inspection visit: 14 October 2015
Date of publication: 23/11/2015

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 

Overall summary

This inspection took place on 14 October 2015 and was unannounced.

This home provides accommodation and care for up to five people with learning disabilities and /or autistic spectrum disorder. At the time of the inspection there were five men living in the home.

There is a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that this home had a calm and homely atmosphere, where people seemed to be relaxed and comfortable.

People told us, or indicated, that they felt safe in this home. Staff demonstrated that they knew how to keep people safe and they knew how to report allegations or suspicions of poor practice.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way.

Summary of findings

People who lived in this home told us, or indicated by gestures that they were happy. People's relatives expressed a high level of satisfaction with the care provided.

People had opportunities to participate in a range of activities they enjoyed inside the home and in the community and were encouraged to have new experiences. People were helped to maintain contact with relatives and friends and there were regular social events.

Throughout our inspection we saw examples of and heard about good care that met people's needs. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home showed that they had a good understanding of the needs of the people who lived there. We saw that staff communicated well with people living in the home and each other and people were enabled to make choices about how they lived their lives.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

People were provided with food which they enjoyed and which met their nutritional needs and suited their preferences.

There was effective leadership from the registered manager to ensure that all members of the staff team were well motivated and enthusiastic. The registered manager played an active part in the home and operated an open culture, where staff and people in the home felt valued and included.

The registered manager and director assessed and monitored the quality of care through observation and regular audits of events and practice. The registered manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided and used this information to make improvements, where possible.

The registered manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation.

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?

This service was safe.

People told us that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to keep people safe and staff managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

Good



Is the service effective?

This service was effective.

People were involved in making decisions about their care. They were asked about their preferences and choices and consented to their care where possible.

People received care from members of staff who were suitably trained and well supported to meet people's individual care, support and nutritional needs.

Good



Is the service caring?

This service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning the care and support.

Staff communicated well with people.

Good



Is the service responsive?

This service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The registered manager and staff responded appropriately to comments and complaints about the service.

Good



Is the service well-led?

This service was well-led.

There was an open culture in this home where staff and people living in the home were included and consulted on aspects of running of the home.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support. Staff and the registered manager worked effectively as a team to ensure people's needs were met.

Good



26 Green Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 14 October 2015 and was unannounced. It was carried out by one inspector.

Before the inspection we looked at the information which we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care; this also includes any safeguarding

matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection. We checked that the local authority commissioners had no concerns about the service.

During the inspection we observed staff and people who were living in the home. We interviewed three members of the staff team and met all five people who lived in the home. We spoke with one relative. We sampled the records for two people, including records in relation to care, meals, medication, accidents and complaints. We also looked at the records relating to the home's quality audits. After the inspection we sought and received the views of two relatives and three other professional visitors to the home. The provider supplied us with information about the running of the home, how they monitored quality and the plans for further development.

Is the service safe?

Our findings

People who were able to converse with us and who used the service told us that they felt safe. One person who lived in the home told us, “I do feel safe here but I would tell someone or [registered manager’s name] if I didn’t or I would tell the doctor.”

Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff told us that the registered manager was very approachable and they would not hesitate to tell him if they suspected abuse or poor practice. One member of staff told us, “It doesn’t matter how safe it is, you still have to be aware that it could happen.”

People were encouraged to be as independent as possible, whilst remaining safe. We saw that staff had assessed the risks associated with people’s medical conditions and behaviour as well as those relating to the use of tools or equipment. The risk assessments we saw showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. Staff were able to tell us how they minimised the specific risks for individuals.

Staff demonstrated that they knew how best to calm people when needed and had recorded known triggers which caused people to become anxious. They knew how to avoid situations which may have prompted certain people to become agitated. There were instructions for staff in people’s plans where there was a known risk of them behaving in ways which may have posed a challenge or risk to themselves or other people. Staff had worked with health professionals to explore ways of helping people

to know when they were at risk of becoming agitated. One person said, of times when there was noise from other people who lived in the home, “I don’t like it so I go to my room where it is quiet.”

Staff were aware of the risks associated with dehydration. We saw that, where people were at risk of not drinking enough because they refused drinks on occasions, staff offered them plates of fruit such as melon, which helped to provide hydration. We saw staff offering people drinks on a regular basis throughout the day.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process.

People using the service told us that there were always plenty of staff about if they needed assistance. We saw staff in communal areas at all times, either engaged in conversation or activities with people. We saw staff answering requests for assistance or company promptly.

People received their medicines safely and when they needed them. Some people had expressed a preference for their medicines to be given with food, for example, yogurt and we saw that staff provided this. We saw staff taking care to explain that the yogurt was accompanied by medication so the person knew what they were being given and the medication was not hidden.

We saw that the medicines were kept in a suitably safe location. Each time medicines were given to people, two members of staff checked that the correct item was being given to the right person. Staff who gave out medicines were suitably trained to do so and had undertaken competency checks. We sampled Medication Administration Records (MARs) and found that they had been had been correctly completed. The deputy manager showed us how she carried out weekly and monthly medication audits. These were detailed.

Is the service effective?

Our findings

People expressed confidence that the staff were able to meet their needs appropriately.

Staff communicated well with people. Some people using the service had restricted verbal communication but staff demonstrated that they were able to communicate with people and offer them choices.

Staff also communicated well with each other. One member of staff explained that the staff worked closely together, discussing who would undertake which tasks during the day and handing over information about people's moods and activities at the end and beginning of shifts.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff confirmed that they had received guidance about the needs of each person they worked with, including their methods of communication and they had worked alongside more experienced members of the team until they felt confident and had been assessed as being competent to undertake tasks on their own. Staff had received additional training to meet the needs of specific people, for example in meeting the needs of people living with epilepsy or dementia. One member of staff told us, "If there's something you are interested in, like autism, you talk to the registered manager through supervision and appraisal and he will look into it for us."

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis and annual appraisals. These provided staff with opportunities to reflect on their practice and identify future learning needs and career goals. Staff told us how they had been encouraged and helped to progress to more senior positions in the home with support and appropriate training.

Staff told us how they encouraged people to help with daily living tasks such as vacuuming or folding laundry. One person who lived in the home told us that he had been folding his towels and added, "I vacuum my room while they [staff] do the dusting."

People told us about how the staff helped them to keep healthy. One person said, "I have new teeth and they showed me how to look after them". Staff demonstrated that they knew and understood the implications from people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in people's healthcare plans. Staff told us how they made sure that people's health needs were met. Visiting health professionals confirmed that the staff made appropriate use of their services and followed their guidance when provided.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw assessments of people's capacity to make decisions in a variety of areas.

People told us that they enjoyed their meals. One person said, after lunch, "I enjoyed that, yes." Another person told us how staff made meals which met his religious and cultural needs. We saw, at lunch time, that each person had different food which they had chosen. Each person had their food served in a suitable way for them. For example, where people needed their food cut up to avoid choking, staff had cut it into small pieces. We saw that staff had sought and taken the advice of relevant health professionals in relation to people's nutritional needs. Staff had recorded people's cultural needs and their preferences in terms of food in their plans.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person told us, “I like my keyworker; she is kind. All the staff here are nice.”

One person’s relative said, “They just concentrate on the men and what they what they need. You couldn’t ask for a better home.” Another relative told us, “I can sleep at night, knowing [relative’s name] is well looked after. The care he gets is really wonderful. I feel settled now that he is well cared for.” Another relative said, “It’s been ideal finding this place. They can’t do enough for him.”

A regular visitor to the home told us, “All my dealings both with management and staff have highlighted the very obvious level of care and support provided for all service users and their families. ...I have also witnessed at first hand the very strong and trusting relationships that are built between service user and carers.”

Staff took account of people’s views and preferences in relation to every aspect of the home. When asked how staff decided who would undertake which tasks, the member of staff said, “We ask the service users.”

Staff told us that they enjoyed coming to work. One member of staff said, “I really love it here. If I could have a job somewhere else for more money I wouldn’t go.”

Relatives of people living in the home gave examples of how the staff had showed kindness towards their relative. Staff told us about times when they had helped people to do things which mattered to them and to visit places which were of special interest to them.

People told us that the registered manager and staff asked them about how they wanted to be cared for and supported when they first started to use the service. One person told us, “I like it here. I came to see it. I told my social worker I want to live here. I chose this place. They did an assessment on me. I helped them and I signed the plans.”

People told us that staff checked with them before providing care or engaging in activities and respected their choices. We saw staff checking and asking people what they wanted them to do before proceeding. Staff showed patience in their dealings with people. When we were talking to a member of staff they walked away from us to attend to someone who needed assistance because they had noticed small gestures which indicated that they needed help.

People told us that the members of staff respected their privacy and took care to ask permission before entering their rooms. Some people had chosen to hold the keys to their rooms.

The registered manager and staff were able to tell us about people’s personalities and priorities and they expressed affection for the people they cared for. They had a good knowledge of people’s situations and their preferences in terms of their care and support. Staff were aware of how people preferred their needs arising from their culture, religion or health conditions to be met and the records and observation showed that they respected these choices.

Is the service responsive?

Our findings

People told us about the activities and outings they enjoyed. These included discos, college, art and visits to relatives. Those who were able to converse with us provided examples of times when they had participated in outings and entertainment. One person said, "I had a green wig and glasses to dress up for the disco." Staff told us about holidays that people had enjoyed. A relative said, "The parties are brilliant there, an entertainer comes and we are all made welcome." Another relative said, "They take them out for meals and things. [Relative's name] has a good life".

People made it clear to us that they only did what they chose to do and they could spend time in their own rooms whenever they wanted to do so. When we arrived, one person was going out to college. Other people were in the kitchen with staff or in the living room. One person was writing at the table. People were able to wander around freely and, after lunch, some people chose to go to their rooms for a lie down.

People were encouraged and helped to maintain contact with friends and family members. We heard how staff helped people to have home visits, where possible. Staff also helped people to use the telephone and to write and send letters.

Relatives told us how they had been involved in helping to provide details of the person's early life and interests in cases where people were unable to speak for themselves. The plans which we sampled contained descriptions of people which we could recognise from meeting them in the home. They were specific and individual and provided evidence that people and, where appropriate, their relatives, had been consulted. The plans had been updated in response to people's changing needs and after review meetings which involved people using the service and, where appropriate, their relatives.

People told us that the registered manager was very approachable and they would tell him if they were not happy or had a complaint. Relatives said that they would feel confident in raising issues with staff or the registered manager and they were sure that the registered manager would make the necessary changes. One person said, "They involve us. If there was anything we weren't sure of we would just have a good meeting about it and sort it out."

The home had clear policies and procedures for dealing with complaints. There were clear details about how to make a complaint in the home's service user guide. The registered manager explained how he had handled a minor issue which had arisen but there had been no serious complaints. He said that he welcomed feedback from people about the performance of the home. The feedback which we saw and received from people was all positive.

Is the service well-led?

Our findings

People who lived in the home, relatives and staff told us that they felt that the registered manager valued their views on the service. They said that the registered manager was always accessible, spending a lot of time in the home and always available by telephone. There were plans to introduce a regular forum for relatives to encourage feedback on an on-going basis.

Staff described an open culture in which they communicated well with each other and with the registered manager. They described how they received a good level of support from the registered manager and their colleagues and how they were open with each other about their feelings and moods. This meant that the people who lived in the home continued to receive a consistent service even when staff were experiencing problems or worries. For example, one member of the team told us, “We do know each other well. Sometimes you can come in and say that you are having a bad day and other staff are so supportive; we know how to give and take.”

The home is part of a small organisation and the director was very well known by staff and visitors to the home, as they made regular visits to the home. These included visits to supervise the registered manager, check on the care being provided and to monitor complaints, incidents and accidents to ensure that there had been an adequate

response and to determine any patterns or trends. The monitoring process had recently been extended to ensure that the director interviewed relatives as well as interacting with people in the home and staff.

The records at the home which we sampled were up to date and showed that the registered manager and staff carried out regular audits and checks to make sure that the quality of the service was maintained and improved on where possible. The registered manager made sure that the home was meeting people’s needs and meeting the requirements of regulators and people who commissioned their services. The director was in the process of introducing a new ‘Compliance Toolkit’, which linked new audit templates to the home’s policies and procedures.

The registered manager demonstrated that he had kept up to date with best practice in relation to people’s needs and health conditions and the requirements of the law in relation to the running of the home. For example, he had received recent training on mental capacity and knew about the duty of candour on the part of registered managers. The registered manager and director expressed a commitment to providing a good service and continually seeking to improve.

The registered manager told us that home had good links with the local community and worked closely with local community groups and the local councillor. This was confirmed by visitors to the home. The records showed that people were encouraged to use services in the community where possible and to go out of the home to attend places of worship and functions.