

Sovereign Solutions Care Services Ltd

The Old Manse

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out a comprehensive inspection of this service on 1 and 9 April 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider sent us an action plan to us to say what they would do to meet legal requirement in relation to the breaches.

We undertook this focused inspection on 23 July 2015 to check that they had followed their plan and to confirm that they now met legal requirements in relation to a warning notice that we had previously issued. We found that the provider had responded to our warning notice and taken appropriate action to meet the legal requirements we looked at.

This report only covers findings in relation to the warning notices we issued in regards to assessing and monitoring the quality of the service provision. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Manse on our website at www.cqc.org.uk.

The Old Manse is registered to provide accommodation and support for up to three people with a learning disability. There were three people living at the home when we inspected.

The Old Manse is required to have a registered manager. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

The provider had made changes to their quality assurance and audit programme. This had included reviewing a range of audits such as health and safety, environment, medication and infection control and ensuring procedures were in place for the analysis of incidents and accidents. The records showed that when issues were identified, actions were planned. However, some improvements were still needed to ensure that records showed that the actions had been achieved.

Summary of findings

Some improvements had been made and further work was needed to ensure that issues with the health and safety and maintenance of the building were acted on. The provider shared with us their refurbishment plans which showed the timescales for resolving the issues.

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 well-led?

We had issued a warning notice and we found that action had been taken to improve how the service was led.

A range of measures had been implemented to assess and monitor the quality of the service. Improvements were needed to make sure issues with the quality of recordkeeping were identified and acted on.

Requires improvement



The Old Manse

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.

We undertook an unannounced inspection to check that improvements' and actions had been taken to meet the legal requirements in accordance with the timescales we set out in the warning notices resulting from a previous inspection on 1 and 9 April 2015. These related to one of the five questions we ask about the service: is the service well led?. One inspector carried out the inspection.

In planning our inspection we looked at the information we held about the provider. Service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection we met with all three people who used the service. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed care and support and staff interactions. We spoke with two staff and the manager.

We looked at safeguarding, complaints records, staff training records, and sampled two people's care records. We also looked at records the home maintained about monitoring the quality of the service.

Is the service well-led?

Our findings

At our comprehensive inspection in April 2015 we found the service did not have an adequate quality assurance system in place to regularly assess and monitor the quality of the service. The provider had breached the regulations and we issued a Warning Notice. At this inspection we found that the provider had taken action to meet the requirements of the warning notice we issued.

Previously we found that checks and audits in place to monitor the quality of the service were inadequate. Audit tools had been reviewed and a range of measures had been introduced. We saw a range of audits were now in place including, health and safety, medication and infection control. However, where the audits had identified improvements were required, the records did not always show the action that had been taken and therefore needed improvement.

The systems in place to monitor the quality and safety of the environment identified that improvements were needed to ensure the home was safe and comfortable for people. One of the people who lived there showed us around parts of the home. They told us that the improvements were, "Good". We saw that some improvements had been made and further work was planned. Some floor coverings and furniture had been replaced and decorating had taken place of some of the communal areas. The provider told us about the on-going plans and work that would take place to make further improvements to the home.

At our previous inspection records of the management tool used by the provider to monitor quality were not available

for us to see. We saw that these records were now kept at the service and included records of monthly visits to the service and covered topics such as asking the views of people that lived in the home, discussions with staff members about the home and monitoring of complaints, incidents and accidents.

Previously the system in place to record and analyse accidents and incidents had been inadequate and did not ensure that trends would be identified. A new system for reporting and recording incidents had been introduced. We saw that a monthly analysis of the number and type of accidents and incidents had been introduced and included details of action taken in response to reduce the risk of reoccurrence.

Previously the provider did not have systems in place that ensured allegations and suspicions of abuse were recognised and responded to in accordance with local procedures. Systems had been reviewed. The manager told us about an incident that had recently happened in the home. It had been reported to the local authority and records seen ensured appropriate action had been taken to protect people from the risk of harm.

We saw that people's care records had been reviewed so that complete and accurate records were available for each of the people living in the home.

The provider had reviewed their systems for planning and monitoring staff training. Staff told us and records looked at confirmed that they had attended training sessions with an external training provider and had also enrolled on to an on-line training facility. A staff member told, "The training is good. We are all learning things together and staff morale and team work has improved".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.