

Mariposa Care Limited

Sovereign Lodge

Inspection report

Newbiggin Lane
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Tyne And Wear
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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

This unannounced comprehensive inspection took place on 24 May 2017 and 5 June 2017. We last carried out an inspection of this service in December 2014, at this time the service was rated as good in all areas.

Sovereign Lodge provides personal care for up to 44 older people and people living with dementia. Nursing care is not provided. It is divided into two units one of which provides support to people living with dementia. At the time of our inspection there were 44 people living at the home.

The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was sufficient appropriately trained staff to meet people's needs. They received regular supervision and appraisal and as part of their recruitment process the service carried out background checks on new staff.

Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague. Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with people's prescriptions. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to supporting people who lived with dementia. They were aware of how to treat people with dignity and respect.

Care plans were subject to regular review to ensure they met people's changing needs. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare. □

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of poor practice identified in complaints.

The home was clean and the staff were aware of good infection control practices.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

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.

Medicines were managed appropriately.

Risk assessments were carried out to help keep people safe.

Appropriate checks were carried out during the recruitment of staff and there were sufficient staff to meet people's needs.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

People's rights under the Mental Capacity Act 2005 were being upheld.

Is the service caring?

Good ●

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their care.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via the complaints process.

Is the service well-led?

Good ●

The service was well-led.

The service had a quality assurance system in place.

The registered manager had a vision for the future of the service that was based on providing good care.

People were asked for their views about the service.

Sovereign Lodge

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 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.

This inspection took place on the 24 May 2017 and 5 June 2017 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector.

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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

We spoke with seven of the people who used the service and three relatives. We also spoke with nine members of staff including the registered manager, care staff, kitchen staff and an activity co-ordinator.

We read six written records of care and other policies and records that related to the service. We looked at three staff files which included supervision, appraisal and induction records and examined quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service, they told us they felt safe at Sovereign Lodge. One person commented, "I feel safe here." Another added, "It's a good place to be in."

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people needed additional support with walking safely. Where this was the case care plans and risk assessments outlined how to keep these people as safe as possible, such as making sure they had access to specialist equipment including walking aids.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. This included how to identify and report potential abuse. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw both the staff and the registered manager had taken appropriate action.

We looked at the recruitment records for staff. All staff had obtained a disclosure and barring service (DBS) check which demonstrated they were not barred from working with vulnerable people. The provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous employers.

We asked people if there were sufficient staff on duty to meet their needs. One person said, "If you press the bell they are there straight away."

There were sufficient staff to meet people's needs on both units. In addition to care staff there were kitchen assistants, laundry assistants and domestic staff on duty. This meant care staff were able to exclusively provide care and support to people. We noted that when people pressed their 'bells' staff attended to them promptly. We looked at the duty rota and saw that the registered manager was consistently maintaining these safe staffing levels. A member of staff told us, "It is the best it's ever been staffing wise."

Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on both medicine administration record charts (MAR charts) and stock levels. We noted that MAR charts had been filled in correctly and that the service were accurately recording their medicine stock levels. Medicines were not left unattended during the medicines 'round' we observed. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in

place for the ordering and safe disposal of medicines.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. People had personal evacuation plans which outlined how they would be kept safe in a fire. General risk assessments had been carried out to check there were no health and safety issues such as trip hazards. The registered manager or members of the provider's senior management team were available to talk to out of hours via telephone and would attend the home if necessary.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Infection control was part of induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures. We noted that the service was clean and odour free.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person told us, "They are well qualified, they know what they are doing."

All of the staff we spoke with told us that they had received appropriate induction training before working in the home. They said they had worked with other staff to learn about how to support people before they were able to work on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the care of people who lived with dementia.

The registered manager had appropriate systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications. Records we looked at confirmed that staff training was up to date.

The registered manager was working to ensure that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. Staff told us, "She [the registered manager] pushes for stuff [for the home] you can talk to her."

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 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 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 the 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. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored. We observed people choosing what they wanted to do and when. For example people were free to come and go as they pleased.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these

were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. Care plans in the home contained references to consent throughout.

The majority of people we spoke with about the nutrition and hydration support in the home told us that they enjoyed the food provided. Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dieticians and speech and language therapists had also been obtained. The staff in the kitchen were aware that some people required specialist diets and others required fortified food. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them well. One person commented, "This is a lovely place and the staff are lovely." We spoke with relatives who told us, "It's a nice feeling when you come in the home." And, "The staff are like a bit of a family to us."

Throughout our inspection we observed staff speaking with people in a warm and kind manner. It was clear that staff had developed good relationships with people and knew how to support them in a kind and professional manner. One member of staff commented, "We know them well, we treat them with a lot of respect."

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care, treatment and support.

People we spoke with told us that staff always spoke with them in a respectful manner. One person said, "They respect our privacy." We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering and ensuring that people had a dignified and enjoyable meal experience.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives.

When we spoke with staff they knew people well. They were able to tell us about people's preferences and what kind of support they required. People's life histories were being recorded in people's written records of care. This provided staff with information to help build good relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. Staff were able to offer support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep people safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. Care plans clearly stated what people were able to manage independently

and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to retain some control over their life.

Is the service responsive?

Our findings

We spoke with people who used the service and asked if the service supported them in taking part in activities. People told us that they were able to access a variety of activities including watching entertainers, movie afternoons and exercise classes. One relative told us, "They had a singalong the other day and people thoroughly enjoyed it."

We spoke with staff, including an activities co-ordinator and the registered manager. They told us that following feedback from people and their relatives they were developing the activities available to people. This included recruiting an additional activity co-ordinator and developing links with the local community.

When people were first referred to the service an assessment of needs was carried out. This included assessing their mobility, psychological needs and their physical well-being. The information was then used to write a care plan. This was then developed and reviewed on a regular basis, including when people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. They were regularly reviewed with the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how care should be delivered. Wherever possible, we could see evidence within the care plans that people had exercised their choice.

People were aware of how to contact the provider if they had a comment, compliment or complaint about the support they received. People we spoke with indicated that they would tell staff or a relative if they had any concerns.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. There were no recent complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. One person told us, "[The registered manager] is nice, this service is excellent." A relative commented, "I went round all the local homes, this is the best." Another added, "The [registered manager] is so approachable, she always tells me about my dad and how he is doing."

We spoke with staff who told us, "[The registered manager] is really good, you can trust her." and, "It's a lovely home to work in."

People were asked for their views about the support they received. The provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. We looked at the returned questionnaires and noted there were many positive comments about the service. The provider used the questionnaires to monitor the performance of the service from a 'customer' perspective.

We spoke with the registered manager and asked her about her vision for Sovereign Lodge. She told us, "I am a dedicated manager whose passion is providing person centred care to all who live at Sovereign Lodge.

I have a fantastic team of staff who have my full support. I believe happy staff equals happy residents and that is my priority. Staff will be encouraged to be proactive in keeping themselves up to date through training, workshops, and other resources.

I see Sovereign Lodge as being a home that is recognised for its high standards of care and commitment. All our residents will be given the opportunity to live a full and varied lifestyle whilst continuing to carry on with daily activities that they would do when they were at home.

We will strive to provide the best Dementia care by ensuring our environment is appropriately geared up to support, facilitate and reduce frustration and anxiety which is often attributed to residents who have a diagnosis of dementia

I will work towards Sovereign Lodge becoming an integral part of the local community, through inviting local groups to visit the home and to enable our residents to visit the local community."

The registered manager carried out checks on how the service was provided in areas such as care planning, medicines administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality. A senior manager was present at the time of our inspection. Both the senior manager and the registered manager were discussing ways to improve the service including the environment and accessing

the local community.

During the inspection the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards.