

Admiral Healthcare Limited

Sophia Maria House

Inspection report

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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

Sophia Maria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sophia Maria House is registered to provide accommodation for up to seven women who require support with their mental health needs. At the time of the inspection there were seven people living at the service.

This inspection took place on 20 November 2018 and was unannounced.

At the last inspection, carried out on 21 June 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. 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.

Staff followed the provider's procedures to support people to stay safe from abuse and from any incidents and accidents occurring. Staff carried out pre-employment checks before they started working with people to ensure their suitability for the role. Some people told us there was not enough staff to support them during the day, but we found that staffing levels were regularly assessed to meet people's care and support needs.

Comprehensive risk assessments were in place to protect people from potential risks in the community. However, there were no risk assessments for people who smoked, some medicines protocols were not provided for staff and information was missing on the actions staff had to take to support people to leave the building safely in an event of fire. The registered manager took immediate action to address these concerns and updated records to ensure people's safety.

Where people required support to prepare their meals or attend to their health needs, staff provided them with appropriate assistance.

Mental Capacity Act (2005) principles were followed by staff to support people in the decision-making process.

Systems were in place to review and monitor staff's developmental needs. Staff completed training relevant

to their role to ensure they had the required knowledge and skills to support people effectively. Although staff were aware of people's mental health needs, they were not provided with a mental health awareness training. This was addressed by the registered manager in a timely manner after the inspection.

Staff were caring towards people's support needs and helped people to make decisions related to their daily lives. People were encouraged to be as independent as possible and make choices about their everyday activities. Staff provided support that was respectful towards people's care needs and privacy. People had assistance to maintain their relationships where necessary.

People were involved in planning their care and staff had access to information on how people wanted to be supported. People's care needs were assessed and recorded appropriately to ensure consistent care provision. People provided feedback about the services they received.

People, health professionals and the staff members we spoke to felt that the service was well led which ensured good care for people. Systems were in place to support and motivate staff in their role and to encourage them to take responsibility for the care provision. Quality assurance processes were used to monitor staff's performance and to review care records making sure they reflected people's changing needs.

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.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sophia Maria House

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.

We inspected the service on 20 November 2018. This inspection was unannounced and carried out by one 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.

Before the inspection, we reviewed information we held about the service. This included any safeguarding alerts, inspection reports and notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send to us by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with four people living at the home. We talked to the registered manager, deputy manager and one staff members working for this service. We looked at care records for four people and reviewed records related to staff training and recruitment, safeguarding, incidents and accidents, management of medicines, audits and other aspects of the service management.

During the inspection, we talked to one healthcare professional asking for their feedback about the service.

Is the service safe?

Our findings

People told us they felt safe living at Sophia Maria House, with one person saying, "I feel safe and staff supervision is good." Staff were aware of the safeguarding procedure and told us how they supported people to stay safe from harm and abuse. This included providing people with information to understand the meaning of safeguarding and encouraging them to talk about their concerns. The registered manager said that any safeguarding allegations received would be appropriately investigated, recorded and reported to ensure that timely action was taken to protect people. No safeguarding concerns had been reported since the last inspection.

Risk management plans were detailed and regularly updated to address people's current care needs. Risks to people's safety were identified and divided into the current and potential risks to inform staff about the likelihood of risks to people. The registered manager told us that staff assessed people's emotional well-being and environment daily making sure they were safe to carry out activities of their choice, for example to go out in the community independently. However, we found that there were no risk assessments in place for people who smoked. Immediately after the inspection, the registered manager wrote to say that these risk assessments had now been completed.

Safe staff recruitment procedures were followed by the provider. Records showed that staff completed a job application form, attended an interview, provided two references and carried out a criminal record checks before they started working with people. This ensured staff's fitness for the role.

Three out of four people that we spoke to told us there were not enough staff to support them with their activities during the day. Their comments included, "[The service] needs more staff. If [the service] had more staff, we could do activities, or they could take us out" and "[The service] is good but they need two more staff to talk to us."

Despite these comments we found that people living at Sophia Maria House were mostly able to access community independently and only required occasional support to attend meetings, including health appointments which they had staff to support them with. Staff told us that the registered manager addressed their concerns when they raised issues relating to staffing levels. Staffing levels were recently increased, providing an additional staff member during the day, to reduce the staff's workload which according to the staff member helped them to build a trusting relationship with the registered manager. This was confirmed by the registered manager who said that staffing levels were continuously assessed and where needed, an extra staff member was provided to meet people's care and support needs.

People were supported to take their medicines safely. Staff completed medicines administration record (MAR) sheets to confirm that people had taken their medicines as necessary. The MAR sheets were audited regularly by the management team to ensure their accuracy. Records showed that one person was self-administering medicines and another person was learning to manage their medicines independently. Although staff were aware of the actions they had to take if people missed their medicines or when to administer the medicines that were not given regularly, staff were not provided with guidelines with what to

do in these situations. After the inspection, the registered manager informed us that these protocols had now been put in place and introduced to staff as necessary.

Staff were trained to protect people from cross contamination. Records showed that staff attended infection control training which helped them to avoid risk of infection. Staff told us they used protective clothing to support people safely. One staff member said, "I understand hygiene and I help residents to prepare their meals in a clean environment."

Processes were in place for staff to follow in the event of an incident or accident taking place. Staff were required to complete an incident form which helped the registered manager to ensure that all the necessary actions were taken to protect people. The registered manager told us that any incidents or accidents reported to them were investigated and learnt from to prevent the incidents recurring. There were no incidents or accidents reported since the last inspection.

The service was recently inspected by the fire safety brigade who made recommendations to improve people's safety. At the time of our inspection, the registered manager confirmed that the service was re-inspected and that they had now met the fire safety requirements. The registered manager told us they oversaw fire safety at the service and we saw monitoring systems in place being followed by the staff team to protect people from a risk of fire. However, we found that Personal Emergency Evacuation Plans (PEEP) completed for people had not included information on the support people required to leave the building safely in an event of fire. Immediately after the inspection, the registered manager wrote to us to say that this information was now appropriately recorded. We were satisfied with the registered managers response and we will check on their progress at the next comprehensive inspection.

Is the service effective?

Our findings

A staff member told us, "The training is very good, relevant and very helpful in our job." Another staff member said, "Working for this service had been challenging but I am learning and growing as staff and as a person." A healthcare professional noted that staff were "very competent in their job."

Staff had been trained to meet people's care and support needs, which included training in safeguarding, Mental Capacity Act 2005 (MCA), medicines management, health and safety, first aid and supporting people with behaviour that challenged others. However, records showed that staff were not provided with training in mental health awareness. This was discussed with the registered manager who later told us that the training course was booked and would be completed by staff by the end of December 2018. We will check on their progress at the next comprehensive inspection.

Supervision and appraisal meetings took place to provide staff with opportunities to discuss issues relating to the people they supported and their development needs. However, the registered manager had identified that processes in place did not ensure that the supervision and appraisal meetings were carried out regularly. Therefore, a new system was introduced which provided the supervisees with a set time frame to facilitate the one-to-one meetings and we saw dates being arranged for all staff to have their performance appraised by the end of this year.

People were provided with person-centred care as necessary. Assessments were carried out to determine the assistance people required to lead their chosen life styles and where necessary to learn new skills to increase their independence. This included undertaking an initial assessment when people were first referred to the service.

People were encouraged to prepare their meals independently. One person said, "I can cook without supervision, I make spaghetti bolognese." Care records provided guidance for staff on the support people required to follow a healthy diet, including assistance a person required to buy and prepare nutritional meals.

People had their attended health appointments appropriately recorded which helped staff to ensure that people hadn't missed any routine check-ups. Information was available where people attended a health appointment and for what reason, including the outcome of the visit. The registered manager told us that people decided themselves if they needed staff's assistance to attend the health appointments and that people chose the staff member they wanted to support them with this.

People lived in environment that encouraged them to interact with each other. People had access to the lounge area and the garden if they wanted to socialise and spend time with their visitors. We observed people being relaxed and having chats with each other which suggested they got along well. However, we found that some walls in the home looked scruffy and in need of paint. The registered manager told us they were in the progress arranging the works and that this would be finished by the end of the year.

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. 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, and some hospitals, 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. Staff were aware of the actions they had to take if they noticed people having difficulties to make decisions independently. One staff member told us, "Some residents can be bad with money, but it doesn't mean they don't have capacity. We give them advice and if needed the manager assesses their capacity." The registered manager told us they worked in partnership with the local authority to support people in the decision-making process, which included carrying out mental capacity assessments and making best interest decisions as necessary. For example, both agencies were involved in helping a person to make a decision about them selling a house.

Is the service caring?

Our findings

People told us that staff were caring and that they liked living at Sophia Maria House. One person said, "[Staff] listen to you, when I'm crying they have emotion." Another person told us, "I like this place, If I can't get a flat I would like to stay here." A staff member said, "I come to work happy, I look forward to it." A healthcare professional described staff as "open minded and honest."

People told us they were listened to and that staff acted on their views. Records showed that people had one-to-one sessions with their key workers, an allocated staff member helping to coordinate the person's care, to agree on goals that they wanted to achieve and review the progress of the set goals. 'Residents meetings' were facilitated to encourage group discussions and decision making, including that the home required a new washing machine to be purchased.

People accessed the community independently. People told us they went out when they wanted to and that they made choices about their daily routines, with one person saying, "I'm independent, I go out when I want to, and I like to be left alone in the mornings."

Systems were in place to enhance people's independence and to help them to learn new skills where possible. One person said, "Here I have a sense of independence, I cook and clean my room. [Staff] remind me what I have to do." It was recently decided to purchase fridges for people's rooms so they could independently manage their food shopping and meal preparations. One person commented on this, "I have a budget to live on a week and the food I will buy I will be able to keep in a fridge in my room, it's a step toward independent living." People's care plans included information on the support people required to learn new skills to become more independent, including managing their finances.

The registered manager told us the service promoted people's cultural values but there was no one who required on-going support with their cultural and religious needs because people made everyday choices for themselves. A staff member said, "I respect people's religions and I help them to go to a church if they want to." Another staff member said they supported a person to listen to religious music when they wanted to. People had their privacy respected, with one person saying, "[Staff] always knock on my door and wait until I tell them to come in" and this was observed occurring during our visit. We saw a staff member closing the door before they started sharing confidential information about people with us.

People had relatives and friends visiting when it suited them. One person said, "Friends and family can visit without hindrance." People told us they had support to maintain important relationships to them. One person said they had a partner who they were seeing regularly and that staff helped them to establish some boundaries in their relationship.

Is the service responsive?

Our findings

People's care needs were responded to as necessary. One person told us, "I feel that [staff] support me in my best interests." A staff member said, "It is good to have good relationships with the residents and to see the improvements they are making. Two residents had moved on since I started working for the service." A healthcare professional told us that the service was "very good" in supporting their client because this person hadn't had any hospital admissions since they moved to Sophia Maria House.

People's care plans were comprehensive and provided details on the support people required to be safe. Records viewed were suitably completed and well organised. Information was available about people's health and social care needs, including the assistance people required to undertake household chores and access community facilities. Staff were provided with guidance on the actions they had to take if people's mental health relapsed and they presented challenging behaviours to others.

People were provided with opportunities to have discussions about the care they wanted to receive. Regular review meetings were held with people's care co-ordinators to support people where they wanted to progress and learn new skills. One person said, "I have a review in February and I might get a flat, it's a step forward to independent living."

The service met the requirements of the Accessible Information Standard by providing people with informed choices to help them in the decision-making process. Staff supported people to access community organisations where they required information or assistance to make referrals. One person said, "[Staff] help me to build bridges" in the community. Another person told us they wanted to find a job and that staff helped them with this. The registered manager said that people were given brochures for advocacy services should they require support to protect their rights.

People told us they discussed their concerns with the management team and that appropriate action was taken to address the issues they raised. One person said, "I complain to the managers as they make decisions." People were provided with an easy to understand complaints procedure should they require to make a formal complaint. There were no complaints received in 2018.

People and their relatives were asked to complete a feedback survey and we found that concerns raised were addressed as necessary, including cleanliness of the home.

People were supported to discuss their end of life wishes. People's care plans included details of funeral arrangements. The registered manager told us they encouraged people to talk about their spiritual needs relating to the end of life care if they wanted to but not everyone was ready to approach this topic.

Is the service well-led?

Our findings

The management practices reflected good leadership at the service. The registered manager told us they spent a lot of time at the service to ensure good care provision for people and they aimed to bring the service to the outstanding standards. People found the registered manager approachable and supportive, with one person saying, "Thanks to the manager, I would be on the street without him, he's saved me." A staff member said, "The manager had only been at Sophia Maria House for a year but he has done a lot. If you asked me last year about the improvements needed, I would have said there was some, but not with the new manager."

A healthcare professional said, "The service is fantastic. The manager is very hand-on, supportive and takes actions where needed. [The registered manager] asks what needs doing if he is not clear about something."

Staff were empowered to take responsibility for day-to-day running of the service. Staff were aware of their role expectations and were clear on what was required of them in their everyday job. The registered manager delegated tasks to staff and we saw staff being passionate about taking lead in carrying out the assigned activities, including safety checks. The registered manager told us, "All staff have to know what is happening at the service. I want them to be able to describe a situation if someone called, like the CQC. This makes staff feel involved and responsible for their actions."

The organisation's vision and values were understood and followed by the staff team to ensure effective care delivery for people. We saw good team working practices at the service, with shared responsibilities to support people in all aspects of their daily lives. Staff used effective communication methods to pass on to each other information so that people's care needs were met consistently. There were regular staff meetings facilitated to discuss issues arising and to plan on how to improve where necessary, for example staff's punctuality.

Auditing systems were in place to ensure that people were cared for as necessary. Data about people and the staff team was kept on the same electronic system which helped the registered manager to monitor and review the quality of the services provided for people. Records showed that any improvements identified were actioned as necessary, for example processes were changed to ensure that staff received regular supervision and appraisal meetings. Systems were in place to regularly and thoroughly check on people's medicines and care records which meant that information provided for staff reflected people's changing care needs.

The registered manager told us they worked closely with the external agencies to support care provision. This included being in contact with the local authority and healthcare professionals to deliver joined-up care for people. The service used a consultancy service who sent them notifications about the changes in legislation for updating their policies to reflect these changes. This included updates on the General Data Protection Regulation 2018.