

Minster Care Management Limited

Sovereign House

Inspection report

Daimler Drive
Chelmarsh
Coventry
West Midlands
CV6 3LB

Tel: 02476596064

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sovereign House is a care home set over three floors providing personal and nursing care to 56 people aged 65 and over and those living with dementia. The service can support up to 60 people. Thirty-one people lived at the home permanently and 25 people were staying at the home for a short period for assessment or rehabilitation following time spent in hospital.

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

People identified as at risk from pressure ulcers were not repositioned in bed in line with their care plans during the evenings placing them at greater risk of harm. Medicines were not always safely managed. Systems in place were not robust enough to identify errors or issues with the storage of medicines.

The provider had systems in place that gave oversight of the service, but these did not always identify issues such as those around infection prevention and control or identify areas for improvement.

The management team was working with an external provider to improve medicines management and took appropriate action to address the concerns we raised during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 October 2019) with no breaches of regulation. The service remains rated requires improvement.

Why we inspected

We received concerns in relation to staffing, completion of records and responses to complaints. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sovereign House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Where enforcement action has been taken add the following sentences as required:

We have identified breaches in relation to medicines, repositioning of people who are in bed all day, Infection prevention and control and the lack of management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sovereign House

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 Care Act 2014.

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

Two inspectors carried out the inspection at the home and an Expert by Experience spoke with relatives by telephone on 30 November 2021. 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nurses, care workers and administration and maintenance staff.

We reviewed a range of records. This included five people's care records and six supplementary records which included daily logs and repositioning charts for six people and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Using medicines safely. Preventing and controlling infection

- Some people had been assessed as requiring repositioning in their beds every three hours however records for three people showed this was not recorded between 6pm and 10pm. This meant it was not possible to know if repositioning had taken place leaving people at risk of developing pressure ulcers.
- Medicines were not always managed safely.
- Staff stored opened creams on high shelves in the communal bathrooms leaving them accessible to people they were not prescribed for. This could place people at risk of harm if creams are swallowed or not used as prescribed.
- There was one error of recording and signing in the controlled drugs book although it was clear from other records the medicine had been administered appropriately.
- In a treatment room, medicines in blister packs were stored in an unlocked cupboard under the sink. The room was locked when not in use so people could not access them however the lack of order to storage and the potential for water damage meant there was a risk of harm to people. We showed this to the registered manager who was unaware of the issue. They ordered a lockable cupboard straight away to resolve the issue.
- We were not fully assured that the provider was promoting infection prevention and control safely through the layout and hygiene practices of the premises. We found each floor of the home only had one clinical waste bin stored in the sluice rooms which was not adequate for the number of people in the home. One clinical waste bin did not close properly which meant staff had to touch the lid to ensure it was closed which was an infection prevention and control issue. In one sluice room soiled linen was stored in red bags. These were tied at the top but had not been moved to the laundry promptly and the room smelt as if they had been left for some time. Tiles were missing from the back of the toilet used by people living in the home. They had been removed for maintenance which meant that cleaning could not be completed effectively. These issues were raised with the registered manager who took immediate steps to address them however the IPC audits completed on 23 October 2021 had not identified the issues we found on inspection and staff had not reported these issues to the manager..
- An outside bin used by people as an ashtray was overflowing and a lidded pedal bin which staff told us had been left there ready to throw away was also being used as an ashtray. These were close to the building and the unlidded bin was a potential fire risk.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- One person said they felt safe because "There is always someone on duty who knows what they are doing."
- Eight relatives told us people were safe in the home. One said "Yes, she's safe. The staff seem to really care. She is happy there, and she's said she wants to stay. I've got peace of mind knowing she's safer there. She hasn't had any falls since she went there."
- Staff understood the whistle blowing process and information about speaking up was displayed in the home for staff who felt confident to raise concerns. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The registered manager ensured staff received training in safeguarding and staff felt listened to and knew their concerns would be followed up.

Staffing and recruitment

- People said they liked staff and one person said, "The staff are great and interested in me. This is not just a job for them".
- Whilst we found there were enough staff to support people overall, some feedback we received from relatives were that evenings were particularly pressured for them. Staff said that it was a busy time, but staffing levels were adequate to meet people needs. The rotas showed that the number of staff on duty was in line with the tool the registered manager used to form the rota.
- The registered manager said recruitment was ongoing. They used one agency and blocked booked staff to cover gaps in the rota so staffing levels were in line with the dependency tool they used.
- The provider ensured new staff received all appropriate recruitment checks and an induction.

Learning lessons when things go wrong

- Staff recorded accidents and incidents for the management team to review
- The registered manager kept clear information about incidents and accidents. These were analysed for themes such as falls and used to make improvements such as sensors in the rooms of people on the rehabilitation pathway where previously high numbers of falls had been recorded.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. There had been improvement in some areas such as staff understanding risk management however there were still issues with the systems and processes being used consistently to identify areas of risk. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The registered manager had failed to fully ensure effective systems were in place to continually assess and monitor the safety of the service provided. They had systems in place, but these did not always identify gaps in recording or when care had not been provided in the way identified in care plans. This lack of oversight meant issues found on inspection such as a gap in the repositioning records and issues with the clinical waste and the smell this caused had not been identified.
- The management team had not always fully embedded systems to ensure medicines were managed safely particularly in the safety of medicines storage and recording.
- The registered manager ensured audits of records had been completed and some of these were good however others did not always identify the gaps in recording or learning to improve staff practice such as the missing PRN protocol in one person's records.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager who was supported by a deputy and a regional manager who provided management support in their absence. Staff and people knew the registered manager well.
- Sovereign House had been nominated by an external provider to be part of NHS organisation project which works with care homes to promote Quality Improvement projects in care homes improving the quality and safety of care for people. It had been identified that the registered manager demonstrated due diligence in this area especially during the Covid 19 pandemic. The project is part of a National Medicines Safety Improvement Programme which aims to improve the safer administration of medicines in care homes.
- The registered manager understood and complied with their responsibility to report incidents to the local authority and CQC.

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

- Four relatives said communication with the home could be improved and two relatives said they didn't find the management team responded quickly enough when they raised concerns and did not inform them when things went wrong. Records showed that duty of candour was being followed as people were being informed when things went wrong. Three people stated there had been issues with laundry and their relatives did not receive the correct clothes even though they were labelled.
- People were happy with the care provided. One person said, "staff are helpful, and they listen to me".
- Staff were positive about their work and felt well supported by the management team.

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

- People said staff met their needs and preferences for example, one staff member shopped for people who did not have relatives living close by to ensure they had the daily paper and toiletries they liked.
- Staff, people and their relatives completed surveys about the home and the support they received. Action plans were put in place from this feedback. However, it was not clear if the actions had been followed up.

Working in partnership with others

- Records showed staff liaised with a range of professionals such as the GP's and district nurses where needed to ensure people received appropriate help and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment The provider did not ensure that risks relating to people and accurate recording of their needs, medicines management and infection, prevention and control were completed and updated to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1)(2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance The provider did not ensure that systems in place to give oversight of the home were being fully used to identify errors or make quality improvements.