

Sovereign Solutions Care Services Ltd

44 Manorford Avenue

Inspection report

44 Manorford Avenue
West Bromwich
West Midlands
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Tel: 01215882800

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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

Our inspection was unannounced and took place on 11 November 2015.

The provider is registered to accommodate and deliver personal care to three people who may live with a learning disability or associated need. One person lived at the home at the time of our inspection.

The manager was registered with us as is required by law. 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.

Medicine systems demonstrated safety and confirmed that the person had been given their medicines as they had been prescribed.

The person felt safe living at the home. Risk assessments were undertaken and updated to prevent accidents and injuries.

The person was supported by an adequate number of staff who met their needs in a kind and caring way.

Staff knew the procedures they should follow to ensure the risk of abuse was reduced. Recruitment processes ensured that unsuitable staff were not employed.

Staff received induction, training, and the day to day support they needed that ensured that they met the person's needs and kept them safe.

The person felt that staff encouraged them to make decisions about their care. Their relative was involved in how their care was planned and delivered.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They provided care and support in a way that did not unlawfully restrict the person and ensured the person's best interests.

Staff supported the person with their nutrition and dietary needs to promote their good health.

The person received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

Systems were in place for the person and their relative to raise their concerns or complaints.

The person, their relative and the staff felt that the quality of service was good. The management of the

service was stable. Audits were undertaken to determine shortfalls or to see if changes or improvements were needed.

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.

Medicine systems promoted safety and confirmed that the person had been given their medicines as they had been prescribed.

There were adequate numbers of staff that met the person's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed to work in adult social care.

Is the service effective?

Good ●

The service was effective.

The person felt that the service was effective and met their needs safely and in their preferred way.

Due to the staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), the person was supported appropriately and was not unlawfully restricted.

Staff had the knowledge and training they needed to meet the person's needs.

Is the service caring?

Good ●

The service was caring.

The person felt that the staff were kind and caring.

The person's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

The person felt that the service provided met their needs.

The person's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider had carried out audits to determine shortfalls or to see if changes or improvements were needed.

The person and their relative knew who the registered manager was and felt they could approach them with any problems they had.

Staff felt supported and guided by the management team.

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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.

Our inspection was unannounced and took place on 11 November 2015. The inspection was carried out by one inspector. The service provided support to adults who went out into the community every day. Because of this we started our inspection early morning so that we could meet and/or speak with the people who lived there and staff before they went out.

At our last inspection in 2013 the provider was meeting all of the regulations that we assessed

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with the person who lived at the home. We spoke with one care staff, a relative and the registered manager. We looked at the person's care files, medicine records, recruitment processes, training and supervision records for two staff. We also looked at complaints, safeguarding and quality monitoring processes. We viewed provider feedback forms that had been completed by the person.

Is the service safe?

Our findings

The person told us that they had not experienced any bad treatment or abuse. They said, "Nothing I do not like, the staff are nice". The person's relative told us, "They [Person's name] have not raised any issues of bad treatment". The staff told us that they had not seen anything that worried them. Local authority staff told us that they had not been made aware of any concerns regarding abuse. Systems were in place that helped prevent abuse. Staff we spoke with told us that they had received training in how to safeguard people from abuse. They knew how to recognise the signs of abuse, how to report their concerns, and told us that they would report their concerns in a timely manner.

We found that processes were in place to ensure that people's money was kept safely and the risk of financial abuse was reduced. We saw that records were maintained to confirm money deposits and money spent. We checked the person's money against the records and found that it balanced correctly. However, records of money spent were only signed by one staff member not two, or a staff member and the person. A second person to sign to confirm that money spent could prevent any possible errors. Following our inspection the registered manager addressed this issue. To evidence that they had addressed the issue they emailed us an updated money expenditure form that highlighted that two signatures were needed.

The person told us that they felt safe living at the home. Their relative said, "They [Person's name] are safe there". Staff also told us that in their view the person who lived at the home was safe. We saw that risk assessments had been undertaken to explore any risks and reduce them these included falls, undertaking daily living activities and going out into the community. The registered manager gave us an account of how they monitored incidents and untoward occurrences and we saw records to confirm this.

We sampled some documents to ensure that equipment (These included electrical portable appliances, gas appliances and fire extinguishers) had been serviced and deemed to be safe by an engineer. We found that they had which promoted safety in the home.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. The registered manager provided us with documentary evidence to confirm that staff who managed medicines had been assessed as being competent to do so. Staff told us that their competence to manage medicines had been assessed.

We saw that medicines were stored safely in a locked cupboard. This prevented unauthorised people accessing them. Staff told us and the registered manager confirmed that covert methods to give the person their medicine (This could be when medicine is disguised in food or drink) were not being used. The person told us that they were able to take their medicine in a way that met their needs without there being a need to use covert methods.

The person told us that with the support of staff they accessed their medicine at the correct time and took it themselves. They said, "I like to do my own medicine". The person told us that they went to the community pharmacist and fetched their own prescriptions. This highlighted that the person's medicine was managed

in the way that they preferred with their involvement.

The person felt that there were enough staff to meet their needs. They said, "There is always staff with me". Their relative said, "I think there are enough staff". Staff we spoke with told us that in their view there were enough staff. The person told us and staff and records confirmed that a staff member was on duty at all times. We saw that staff were available during our inspection to look after the person and to keep them safe. The registered manager told us that staff covered each other during holiday time and that there were staff that could be called upon to cover staff absence. This was confirmed by staff we spoke with. These actions gave the person who lived at the home assurance that they would be supported by staff who were familiar to them and knew their needs.

Recruitment systems were in place. Staff we spoke with told us that checks had been undertaken before they were allowed to start work. This was confirmed by the registered manager. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

The person who lived at the home felt that the service provided was effective. Their relative described the service as "Good". A staff member said, "I think we provide [Person's name] with a very good service. They do what they want to when they want to".

Staff told us that they had an induction when they started to work at the home. One staff member said, "I looked at policies and procedures, worked with experienced staff, and had an introduction to the people". The registered manager told us that no new staff had started to work at the home for a number of years. They told us that the provider had introduced the new nationally recognised Care Certificate into the induction processes. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

The person told us that they felt that staff had the knowledge and skills needed to look after them. Staff told us that they felt competent and able to undertake their job roles. A staff member said, "I am confident to do anything I am required to". Records that we looked at highlighted that staff had received training on a range of topics that gave them the knowledge to support the person safely and in the way they wanted to be supported.

Staff told us that they had supervision sessions and records that we looked at confirmed this. Supervision sessions focused on staff members work and performance and gave the staff the opportunity to raise issues if they needed to. Staff told us that they felt supported in their every day job roles by the registered manager and their peers. A staff member said, "I feel supported. The manager is approachable".

Staff we spoke with understood the importance of asking the person's permission before they provided support. A staff member said, "We always ask them [the person's name] first". Our observations confirmed this. We heard staff explaining to people what they were going to do. We heard staff asking people, "Shall we, and "Do you want to"? when they needed to undertake tasks or provide support. We saw from records that the person had recently signed to give consent to the care and support they required.

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 to 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).

The person told us, "I can go out when I want to". Staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. We saw that a mental capacity assessment had been carried out so that staff knew the person's decision making strengths. The assessment confirmed that no (DoLS) application was required.

Staff told us that they had received training regarding the (MCA) and (DoLS). Records that we looked at confirmed that staff had received the training.

The person told us that they selected the meals they had each day. They said, "The food is nice". We looked at the person's care plans and saw that their food and drink likes, dislikes and risks had been recorded. The person told us, "I like to eat healthily. I like fruit and vegetables". Staff and care records that we looked at both confirmed that staff encouraged the person to eat a varied, healthy diet. We saw that food stocks were plentiful and that there was plenty of fresh fruit, vegetables and snacks available. The person told us that mealtimes were flexible and met their preferred rising times and needs. The person told us that staff supported them to food shop, prepare and cook some meals. During our inspection we saw the person going in and out of the kitchen to make drinks. They said, "I like getting my own drinks".

The person told us that they were supported by staff to see their doctor or other health care professionals when needed. Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's and specialist health care teams.

Is the service caring?

Our findings

The person told us that the staff were kind. The relative said, "The staff are always friendly and helpful". A staff member told us, "We [The staff] are very caring and the person is happy". We observed that staff were friendly towards the person. We heard staff asking how the person was and showing an interest in what they were doing that day and their interests. We saw that the person was calm, happy and smiling.

The person told us, "The staff ask me before they go into my room". Staff we spoke with gave us a good account of how they promoted the person's privacy and dignity. They gave examples of giving the person personal space and enabling them to carry out their own personal care tasks. We saw that the person's preferred name had been determined and recorded and we heard staff using this name when speaking with the person.

A staff member told us, "We cannot talk about anything that happens here outside of work and personal records should be kept safe". We saw the provider's confidentiality policy which the staff confirmed they had read and understood.

The person told us, "I do most things for myself. I do my washing, shopping and clean my room. I like doing things for myself". Staff told us that they always encouraged and enabled the person to be independent. Records that we looked at confirmed that the person carried out those tasks with staff support.

The person told us, "I always wear what I have chosen each day. I go and buy my new clothes as well. I like clothes shopping". We saw that the person wore clothes that were appropriate for the weather and reflected their individual taste. It was cold on the day of our inspection and we saw that when the person went out into the community they wore a warm coat. The person told us that they used a hairdresser that they liked and had their hair cut and styled in their preferred way.

The person said, "They [Their relative] can come and see me". The person's relative told us, "I can visit at any time. The staff always make me feel welcome". Staff told us that having contact with their family was important to the person who lived at the home. The registered manager told us that visiting times were open and flexible.

We saw information that gave contact details for advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. Staff and records both confirmed that the person had the input of an advocate.

Is the service responsive?

Our findings

No new person had moved into the home for many years. The registered manager told us, and staff confirmed, that prior to any new person moving into the home an assessment of need would always be carried out. This would involve the person and/or their relative to identify their individual needs, personal preferences and any risks. This would help the staff identify if they could meet the person's needs and allow the person and/or their family to decide if the home would be suitable for them. The registered manager told us that they knew how important it would be that any prospective person would have to be a 'good match' for the existing person who lived at the home in terms of needs to ensure they would be happy living together.

The relative we spoke told us that they were involved in meetings and reviews to make sure that they [Person's name] was supported to say how they wanted to be cared for. A relative told us, The person's relative told us that they were consulted about their family members care. They said, "I feel involved. I attended a recent meeting". The person said, "I am looked after how I want". The relative told us, "They [Person's name] are looked after well. The staff know them well and they are happy". The care plans that we looked at captured the person's needs and preferences to ensure that they were looked after in the way that they wanted to be. Care records that we looked at contained the person's history and included important things their family member, where they lived previously, what they liked and did not like. We read this information and asked staff about what was written. Staff had a good knowledge of what was written in the documents. A staff member said, "We [The staff] know the person and look after them properly".

The person could be supported to attend religious services if they wanted, but did not want to. Records that we looked at confirmed that the person had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed if the person wanted to follow their faith would be supported to do so.

The person had attended college for a number of years but did not want to attend any longer. The person told us that they accessed the community nearly every day. They said, "I do what I want to everyday". Staff and records both confirmed that the person accessed the community on a daily basis to shop, go to chosen places of interest or to eat out. We heard the person telling staff where they would like to go during our inspection and saw the person going out with staff. They were smiling and looked happy. The person told us that they did not like to go on holiday but preferred day trips by coach. They told us about the trips they had been on this year and how much they had enjoyed them.

The person told us that staff asked them their views on the service provided. We saw recently completed provider feedback forms on care files that had been completed by staff on behalf of the person. The relative said, "The staff ask my view I am happy with everything".

The person told us if they were not happy they would tell the staff or the manager. The relative said, "I have nothing to complain about. If I did I would be happy to approach the manager". No complains had been made. We saw that the complaints procedure was included in the service user guide document and was in

an easy read style so that the person could understand.

Is the service well-led?

Our findings

The person said, "It is good here". The relative told us, "It is a good well run service". Staff we spoke with were positive about the service and told us that they felt it was well-led.

There was a registered manager in post as is required by law. The registered manager knew that they would be required to notify us of any incidents and untoward situations. There had not been any issues that we needed to be notified about.

The person and their relative knew who the registered manager was and felt they could approach them with any problems they had. The registered manager made themselves available and was visible around the home. We saw the registered manager speak with and interact with the person. The person was familiar with the registered manager we saw that they were relaxed and happy to speak with the registered manager. Our conversations with the registered manager confirmed that they knew the person who lived there well.

The person and their relative told us that in their view the staff worked well and as they should do. A staff member said, "I feel supported. We have meetings regularly where we are given information and can raise any issues". Records that we looked at confirmed that staff meetings were held regularly. Staff told us about the on-call arrangements that they could access out of hours if they needed to. A staff member said, "There is always a manager on call if we need to speak with someone".

The registered manager told us that they carried out audits and checks to ensure that the service was run in the best interest of the person. This was confirmed by staff. We saw evidence to show that regular audits and checks had been undertaken by the registered manager. This demonstrated that the person could be assured that the service provided was adequately monitored to ensure that their needs would be met.

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "If I saw anything I was concerned about I would report it to the manager straight away. If I was not happy with what was done I would go to social services". We saw that a whistle blowing procedure was in place for staff to follow. Staff confirmed that they had read and understood the procedure.