Martha Trust Hereford Limited

Sophie 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

What life is like for people using this service:

• People enjoyed living at Sophie House and were cared for by staff who respected them and promoted people's independence.
• Care plans reflected people's preferred communication methods and were based on people's, their relatives and other health and social care professionals' views.
• People's access to a range of interesting things to do had been further developed. People were supported to enjoy a range of activities which reflected their interests, and enhanced their lives. This included support to enjoy music therapy, the use of a hydro pool and time spent in the community, doing things they liked.
• People were supported to keep in touch with others who were important to them.
• People had access to the healthcare they required. Staff had been provided with clear guidance so people would receive the support they needed if they required emergency health care.
• Staff understood people's safety needs well and supported people so their individual risks were reduced. People were supported to have their medicines regularly, by staff who were competent to do this. People's medicines were regularly reviewed and checked.
• The environment at the home was regularly checked, and there were sufficient staff to care for people. The risk of accidental harm or infections was reduced as staff used the resources and equipment provided to do this.
• Staff had received training and developed the skills they needed to care for people. Staff highlighted this helped them to provide good care to people.
• People's care needs were assessed and plans put in place based on their individual needs, so people would enjoy a good level of well-being.
• People, their relatives and staff were encouraged to make any suggestions for improving the care provided and the service further.
• The registered manager and staff reflected on the care provided, so improvements in people's care would be driven through.
• We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Sophie House was published on 13 July 2016.

About the service: Sophie House is a residential care home with nursing, providing personal care and accommodation. There were eleven people living permanently at the home at the time of our inspection. People living at Sophie House lived with a combination of physical disabilities, learning disabilities or autistic spectrum disorders. Sophie House provides care and accommodation to children and adults, on either a short-term or long-term basis.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Sophie 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 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.

Inspection team: One inspector carried out the inspection.

Service and service type: Sophie House is a care home service with nursing. People in care homes receive accommodation and nursing or personal care. 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 that 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 when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with nine members of staff including the provider's representative, the registered manager and seven care staff. We also spoke with five relatives to find out their views of the quality of the care provided.

We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing

any complaints, and the checks undertaken by the registered manager on the quality of care provided.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes
- The registered manager and staff understood their responsibility to safeguard people from abuse.
- Staff had received specialist training and knew what action to take in the event of any concerns for people's safety, including when people needed immediate support to manage any health conditions they lived with.
- The provider continued to check the suitability of potential staff to care for people living at the home.

Assessing risk, safety monitoring and management
- Staff understood people's individual safety risks well. Staff used this knowledge when supporting people. For example, when people wanted assistance to move safely round the home.
- Staff acted promptly if people needed support with their safety. This included if people needed extra assistance during their meals, so the risk of choking was reduced.
- People's care plans contained risk assessments which reflected their safety and support needs. For example, if people were at increased risk when doing activities, or when mobilising. People's risk assessments gave clear guidance to follow to reduce risks to people.

Staffing levels
- Staffing levels enabled people to have support when they wanted. There were sufficient numbers of staff to care for people. Where agency staff were used, they were supported by permanent staff who knew people's safety needs well.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staff levels were increased to meet people's needs. This included in response to people experiencing ill health.
- The registered manager was in the process of recruiting additional staff so people would benefit from support from a staff team who continued to understand people's care and safety needs.

Using medicines safely
- People's medicines were managed safely. Staff had to undertake training and their competency was checked before they could administer people's medicines.
- People's medicines were stored and disposed of safely. Staff undertook additional checks on the medicines of people who regularly chose to spend time away from the home.
- The administration of medicines was regularly checked by the registered manager, so they could be assured these were provided as prescribed.

Preventing and controlling infection

●Staff used the equipment they were provided with to reduce the likelihood of people experiencing poor health.
●Where risks of infection were heightened, the provider was proactive in reducing the risk. For example, by ensuring suitable flooring was in place.
●The registered manager and senior staff checked the home was regularly cleaned, to support good hygiene management.

Learning lessons when things go wrong
●Accidents, near misses and untoward incidents were regularly reviewed by the registered manager with staff, so any learning could be taken from these. We found staff communicated information about incidents and acted to further reduce the likelihood of reoccurrences.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's, their relatives' and other health and social care professionals' views were central to the assessment of care needs. This helped to ensure people were supported by staff who understood their needs and preferences.
- Staff applied the knowledge they gained during assessments, so people's needs were met in the ways they preferred.

Staff skills, knowledge and experience
- Staff had been supported to develop the knowledge and skills they needed to care for people. Relatives were positive about the way staff used their skills when caring for their family members.
- Staff highlighted comprehensive induction and training programmes supported them to provide good care to people. Staff gave us examples of the training they had done, which was linked to the needs of the people they cared for. One staff member told us, "The training here is really good. It keeps us alert and gives us awareness. We incorporate what we have learnt. It means you think about things, such as minimising the risks of injuries."
- Staff worked with more experienced staff, initially, so senior staff would be assured people's care was provided safely, based on people's preferences.
- We saw staff used the skills gained through induction and training to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet
- People's meals reflected their known preferences and considered if people needed specific diets. For example, if people required a particular texture of food, so the risks of choking were reduced.
- Staff encouraged people to have enough to eat and drink to remain well. We saw people's mealtimes were not rushed. People were encouraged to eat and drink independently, where this was possible.

Staff providing consistent, effective, timely care
- Staff met at the end of each shift to consider if people's care needed to be adjusted to meet their needs.
- The registered manager had put systems in place so staff could work effectively with other health and social care professionals. For example, health and hospital passports were in place. These helped to ensure people would receive consistent care from other organisations. One staff member explained they had responsibilities for supporting people so they would enjoy the best health outcomes possible when being cared for in hospital, as people's health histories and current needs were known.
- We saw staff encouraged people to attend routine health appointments, for example, influenza inoculations, so the risks of serious illness were reduced. Staff gave us examples of joint working they had

done with district nurses and GPs, so people would have good health outcomes.
●The provider had also appointed specialist health professionals, such as a speech and language therapist, a physiotherapist and an occupational therapist, so people would have access to timely care and treatment.

Adapting service, design, decoration to meet people's needs
●The layout of the home reflected people's needs. People had access to two sensory areas and a hydrotherapy pool.
●One relative highlighted the natural light entering areas of the building helped their family member to enjoy an enhanced sense of well-being.

Ensuring consent to care and treatment in line with law and guidance
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 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). 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.

●People were supported to be involved in decisions about their care. Staff recognised through people's body language if they wanted to accept or decline care.
●Staff gave us examples which showed people's decisions were respected. For example, if people did not want to do a suggested activity, staff supported people's choices.
●We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People wanted to engage with the staff who supported them. This showed us they liked the staff who cared for them.
- Staff spoke with respect and warmth about the people they cared for. One staff member told us, "I love working here because of the residents." We saw people laughed with the staff who cared for them.
- Staff knew people well, and gave us examples of things which were important to people.
- Staff used their understanding of people's communication preferences when caring for them. This helped to ensure people were supported in the ways they liked.
- Staff took time to communicate with people and to find out how they liked to be supported. Two staff members explained they got to know about people through checking their care plans, working with more experienced staff and talking with people's relatives. Both staff members told us this helped them to understand people's histories, and what was important to them.
- Staff were sensitive to people's preferences and took time to let people know they were valued by listening to people's decisions.

Supporting people to express their views and be involved in making decisions about their care

- People made day to day decisions about their care. For example, people decided what they wanted to wear, and what enjoyable things they would like to do. Staff supported people to make their own decisions, when required. For example, one staff member explained they showed objects to people, to assist them to make their own choices.
- Relatives told us they were consulted, so they would also be able to support their family members to make decisions about their care.
- Staff understood people liked to be reassured in different ways. One staff member explained some people did not like to be physically reassured, but other people appreciated a hug.
- Another member of staff highlighted some people liked the reassurance of pictorially based diaries, so they would be able to check what decisions they had made about their care. We saw these were in place and were valued by people.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was recognised and promoted by staff who cared for them. Staff gently encouraged people to maintain their independence when eating and drinking, and when people chose to move around the home.
- People's right to dignity was embedded in the way staff cared for them. Staff gave us examples of the actions they took, such as covering people during personal care, and ensuring people's privacy by closing

curtains. One staff member told us people's preference for the staff member to support them during personal care was observed. This ensured people's dignity was maintained.

- People's confidential information was securely stored, to promote their privacy.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good:□People's needs were met through good organisation and delivery.

Personalised care

●People's care plans recorded their care preferences and histories and provided staff with guidance on people's care, health and well-being.

●People's relatives told us they had been involved in planning their family member's care. The views of staff and other health and social care professionals were listened to and incorporated into people's plans, so their needs would be met.

●Care plans were regularly reviewed. This helped to ensure people's care reflected their current preferences and needs.

● Staff understood the importance of reassuring people about the plans agreed for them. We saw examples of plans, such as diaries, which were provided in line with the Accessible Information Standards. This gave people the support they needed to understand the information given to them.

●Where people wanted support to keep in touch with people who were important to them, this was reflected in their care plans. For example, we saw one person was regularly supported to keep in touch with their family through internet use.

●People had a range of interesting things to do within the home and externally. One relative told us, "[Person's name] does a lot more activities now, but they're not forced to do anything." The relative gave us an example of support their family member had received to enjoy spending their time trampolining, (rebound therapy). The relative said, "It was lovely to see this, [Person's name] burst into giggles."

●Staff gave us examples of things people enjoyed doing, such as spending time in sensory and hydrotherapy areas, or spending time with music therapists, and wheelchair dancing. One member of staff highlighted how much some people enjoyed spending time in the local community, whilst another person took pleasure in horse-riding.

●The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Sophie House were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

●None of the relatives we spoke with had wanted to make a complaint, as they considered the quality of the care provided to be good, and felt empowered to make suggestions for developing their family member's care further. Systems were in place to manage and respond to complaints or any concerns raised, to drive through improvement in the home.

End of life care and support

●Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences. One staff member explained people's needs were carefully assessed at the end of their lives

and plans developed with input from local hospices.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People showed us they were relaxed and enjoyed living at Sophie House. People's relatives were positive about the way the home was run, and found the registered manager and staff to be approachable. One relative explained the registered manager always listened to their suggestions, and said, "There needs to be more places like this."
- Staff told us they felt supported to provide good care, and enjoyed working at the home. One member of staff told us, "There's a real sense of achievement working for a well-run home, with residents who are looked after well. They [senior staff and the registered manager] do involve you."
- The registered manager said, "Residents deserve a nice, interesting life, with fulfilling opportunities, and we put the opportunities in place. We learn things all the time."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home was managed well and people's care needs were met.
- Staff understood the registered manager's vision and how they were expected to care for people.
- Staff were supported to understand their roles through regular meetings with their managers, team meetings and meetings at the end of each shift.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed. The registered manager also checked staff had received appropriate training and the environment was safe.
- The registered manager confirmed improvements in the resourcing and the support they received from the provider. The registered manager explained they met regularly with other managers to share best practice, so they could be assured people were receiving good care.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- The registered manager sought the views of relatives, staff and other health and social care providers by talking with them. The registered manager gave us examples of positive changes introduced because of suggestions made by relatives, staff and other health and social care professional. These included choice boards and activities people might enjoy, to develop people's individual care, further. We found these suggestions had been acted on.
- The registered manager gave us an example of how staff had worked effectively with the local community and other health and social care professionals. This had led to improved health and well-being outcomes for people, including for people at the end of their lives.

Continuous learning and improving care

- Staff were encouraged to reflect on their practice and take learning from any untoward incidents, so lessons could be learnt.
- The registered manager also reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.