

Mr Hassan Ibrahim

# Sovereign 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 

### Overall summary

We carried out this unannounced inspection on 22 and 24 October 2014.

Sovereign House is a large detached property set in its own grounds. It is a privately owned service providing personal care and support to up to ten older people some of whom are living with dementia. There were nine people receiving support and care at the time of the inspection. People spoke highly of the registered manager and the staff throughout the day, with comments such as “I have no worries about living here, the people are very nice”; “It is a lovely home, they are so nice here” and “I feel safe living here, there is always

someone around”. Staff were available throughout the day, and responded quickly to people’s requests for help. Staff interacted well with people, and supported them when they needed it.

The provider organisation is a partnership and one of the partners is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and

# Summary of findings

associated Regulations about how the service is run. The registered manager was present for part of the inspection on the 22 October 2014 and for the completion of the inspection on the 24 October 2014.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Seven of the people in the home had been assessed as lacking mental capacity, and there were clear records to show who their representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

There were enough staff to make sure that people's needs were met. Staff had been trained in how to protect people, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People and their relatives told us that they were involved in their care planning, and that staff supported them in making arrangements to meet their health needs. Visitors said they felt able to talk to staff if there were any problems and people said if they wanted something or were unsure about anything they would ask "one of the lovely girls".

There were risk assessments in place for the environment, and for each individual person who received care, although not all risk assessments had been updated. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People were provided with a nutritious diet. Comments from people included "I have always been a bit fussy with food, but it is really good and plenty of it" and "The food is very good and if you don't like it, you leave it and they will give you something else".

Medicines were managed and administered safely. People received their medicines on time.

People were given individual support to take part in their preferred hobbies and interests, such as playing cards and knitting. One person talked about going out to the local shops. The premises included a garden which was accessible and was used for summer events and relaxation.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff. People said that the registered manager was "Friendly and approachable."

Recruitment checks were completed and staff files contained the required recruitment information. New staff were taken through a staff induction programme which included basic training subjects. They worked alongside other staff until they had been assessed as being able to work on their own. There were systems in place for ongoing staff training; and for staff one to one meetings and support.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or meals were being served.

There were formal processes for actively involving people in making decisions about their care and treatment. The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure. People felt able to raise any concerns with staff or the management.

The quality of the service was regularly reviewed. Meetings held regularly gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

# Summary of findings

## 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 safe.

People felt safe and that staff cared for them well.

The provider had taken reasonable steps to protect people from abuse. Recruitment procedures were safe and there were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed and managed effectively. Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People's individual needs were known and staff promoted their independence. Staff were suitably trained and supported to provide effective care.

People's health needs were met; and referrals were made to other health professionals when needed.

People's nutritional needs were met. The menus offered variety and choice and a provided a well-balanced diet.

Good



### Is the service caring?

The service was caring.

People living in the service and their relatives spoke very highly of the staff and the registered manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated with kindness and affection, and responded quickly to their requests for help.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were fully involved in their care planning.

People's interests and hobbies were supported. Staff gave individual care to people in their own rooms to prevent them from feeling socially isolated. People said their visitors were always made welcome.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

Staff were aware of the ethos of the home and put this into practice. People could speak with the registered manager or any of the staff.

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

There were systems in place for obtaining people's views.

# Sovereign 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 carried out this unannounced inspection on 22 and 24 October 2014. We spoke with two visitors, the registered manager, the deputy manager and three members of staff. We spoke with six people and looked at personal care records and support plans for four people. We looked at nine medicine records; two activity records; accident and incident records over the last twelve months; staff meeting notes; the staffing rota and four staff recruitment records. We observed staff carrying out their duties.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information received from the provider that included information about important events which the service is required to send to us by law. We obtained feedback via e-mails from two social services case managers who had arranged placements in the home; and from one visiting health professional.

We last inspected the Sovereign House on 5 November 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People told us that they felt safe, and were confident in the staff. One person said “I feel safe here as there is always someone around”. Another person said “I wake quite often at night, but I can hear people around and they pop their head around the door and ask if I am okay”.

People were protected from potential abuse. The staff were aware of how to protect people and the action to take if they had any suspicions of abuse, including contacting the local social services team. Staff had received training in protecting people, and their knowledge on how to keep people safe was kept up to date. The registered manager was familiar with the processes to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the local council’s safeguarding team.

The premises had been modernised and equipped to provide for people’s needs. This included the use of specialist baths, mobile hoists, and grab rails. The premises were visibly clean in all areas, and smelt fresh. Records confirmed that equipment checks and servicing were routinely carried out to ensure the equipment was safe. The registered manager and maintenance staff carried out risk assessments for the building and checked their on-going safety. Accidents and incidents were clearly recorded, and assessed to see if improvements could be made to prevent future accidents. Risk assessments were reviewed and plans were in place for emergency situations.

There were suitable numbers of staff to care for people safely and effectively. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas confirmed there were sufficient staff on shift at all times. The registered manager told us staffing

levels were regularly assessed depending on people’s needs and occupancy levels and adjusted accordingly. The deputy manager gave an example of when a person was unwell, a second member of staff was called in to work the night shift to make sure that people had the extra support they needed.

Staff recruitment records contained the required information including a full employment history, proof of identity check, photo and a criminal background check. Applicants were asked to show proof of any previous training. Interviews were carried out and an interview record was kept. Successful applicants then completed an induction programme.

Medicines were stored and administered safely. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. There were systems in place for checking in medicines from the pharmacy; and for the correct disposal of unused medicines. The medicine records were accompanied by a photograph of the person for identity purposes, and showed if the person had any allergies and included clear instructions. The controlled drugs (CD) cupboard met the regulatory requirements. CD records were clearly and accurately maintained, and were checked weekly by two staff together. The medicines’ fridge was maintained at correct temperatures, but was not lockable. There was a bottle of eye drops in the fridge that had been opened and did not have the date of opening written on the container. We brought these two issues to the attention of the deputy manager and immediate action was taken.

Any accident and incidents were monitored by the registered manager to make sure any trends were identified and action was taken to prevent them from happening again.

# Is the service effective?

## Our findings

People said that the staff knew how to look after them and paid attention to their individual needs. We saw that staff smiled, laughed or joked with people in ways that people were comfortable and at ease with. At lunchtime eight people used the dining room. All had name places and drinks on the table. The portion sizes were good and the food looked appetising. One person had their lunch in their room. Staff said that this person was very independent, but they kept an 'eye on them to make sure they were ok'. Staff knew people well, cared for and supported them in the most appropriate way.

People were provided with a balanced and nutritious diet. The menus showed the choices available and records were kept to show what people had requested. One person said "The food is very good and if you don't like it, you leave it and they will give you something else". Staff supported people at lunchtime and were sensitive when assisting people to eat and drink, and did not rush them. The staff checked that people had the meals they had requested. People were offered a choice of drinks with their meals, and were asked if they wanted second helpings. People told us that the food was "Very good". Items such as jacket potatoes and omelettes were always available. The cook said "I love it here. It is one of the nicest places I have worked in".

Nutritional assessments were carried out as part of the initial assessments when people moved into the service. These showed if people had any specialist dietary needs. People's weights were recorded regularly (usually monthly), and any significant weight gain or weight loss was identified and passed on to the registered manager. If people needed specialist help to maintain a healthy weight referrals were made to appropriate health professionals such as a dietician. Daily records of food and fluids were completed if a person was at risk of losing weight.

The staff training programme and records confirmed that staff were kept up to date with basic training including fire

safety, moving and handling, infection control, food hygiene and first aid. The staff started their training during their induction. Refresher training was booked over the following months. Staff were supported through individual one to one meetings, when they were able to discuss their work. Staff confirmed they had regular one to one meetings every six weeks. This support enabled staff to understand their roles and deliver care effectively to people at the expected standard.

The registered manager and staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us that people were able to make day to day decisions about their care and treatment. Where people lacked capacity to make complex decisions about their care and welfare, processes were in place to arrange 'best interest' meetings with people, their next of kin, and health and social care professionals.

Staff were aware of their responsibilities under the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards. Some people had equipment which restricted their movement, such as the use of bed rails for people who may be at risk of falling out of bed. These were only used after a thorough assessment had been completed, to make sure the person would be safe. People's consent to all aspects of their care and treatment was verbally discussed with them or with their next of kin as appropriate.

People's health care needs were monitored and referrals were made to other health professionals as needed. On the day of the inspection one member of staff was sitting in the bedroom of a person that was unwell. She said "We are keeping an eye on them and will call the doctor immediately if we need to and they will come very quickly". The doctor did visit the person. Healthcare professionals said the staff were professional, responsive and caring. They said they received referrals appropriately and staff followed advice and instructions given.

# Is the service caring?

## Our findings

People were relaxed in the company of the staff, and often smiled when they talked with them. One member of staff told us “They are all individuals and I try to help them if they want me to, but I understand their independence”. The staff knew people’s backgrounds and individual preferences. Staff discussed things with people that they were interested in, and made sure that care was individual for each person.

People felt that staff really listened to them, and cared about them. The general atmosphere at the service was welcoming and homely with people sitting in the lounge chatting, watching television or playing cards. Staff interacted with people in a way that suited them, joking with some, speaking quietly and gently to others, and sitting and listening to people. Staff responded quickly to people when they needed assistance.

People were able to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. They or their representative were involved in planning their care. Some people were unable to make complex decisions. When this was the case, people had a named relative or advocate to speak on their behalf. The staff understood that if any complex decisions were

needed, that a meeting would be held. The meeting was with the person and their representative, and with health and social care professionals. The meeting was to make a decision on their behalf and in their best interests.

People told us they were able to choose where they spent their time, for example, in their own rooms or in one of the communal areas. People’s family and friends were able to visit at any time. Relatives and friends said they were confident that people were well cared for. Their comments included, “The home is very good. Whenever we come in we are always offered refreshments and we can come in whenever we like” and “The staff look after people well, nothing is too much trouble”.

The staff were careful about maintaining people’s privacy. Staff knocked on people’s doors and waited for a response before entering. Personal care was given in the privacy of people’s own rooms or bathrooms. People who used the service told us that staff treated them well and respected their privacy.

People’s wishes in respect of their religious and cultural needs were respected. The registered manager enabled people to follow their chosen religion. One person attended a nearby church regularly, and people from the church regularly visited. A minister from a church some distance from the service visited another person once a month. Therefore, people were supported to follow their beliefs.



# Is the service responsive?

## Our findings

People told us “I go to bed when I like, I see the others going and usually follow them” and “I go to bed about 10pm and get up when I like”. People’s care plans reflected their individual care needs, such as the times they preferred to get up or go to bed; if they preferred to stay mostly in their own room; if they preferred a bath or a shower; and if they liked to join in with social activities.

People told us that the staff discussed their assessments and care planning with them when they moved into the service. The registered manager carried out a pre-admission assessment prior to admission, to ensure that staff could meet people’s individual needs. The assessments included managing people’s personal care, mobility, medicines and social activities.

Records about people’s care were up to date. One person’s needs had changed. The person was no longer able to go out on their own. Staff told us that the person would only go to their club with support from staff. Staff spoke knowledgeably about the current needs of people they cared for.

People were able to take part in individual activities based on their preferences. Records showed that people took part in activities such as singing, games of skittles, music for health and going out for a walk. Staff commented that when a person became anxious, a way to reduce their anxiety was to take them out for a walk, or sometimes just

to walk with them around the garden. One person told us that they liked to go on the short walk into the High Street as there were some nice cake shops where they could buy something for teatime. “It is my little treat but I can always ask for something here”. The registered manager told us about a recent coffee morning when about thirty people attended to raise funds for the charity. She said that people and their families enjoyed this event.

Health and social care professionals who visited the home on a regular basis spoke highly of the registered manager, the staff, and the care that was given. They said there was always a member of staff available to answer any questions; and staff were always caring and attentive.

People said they had been provided with a copy of the complaints procedure. They said they would not need to use the complaints procedure, as they would “Just speak to the manager or deputy manager”. People and visitors told us that they had no hesitation in sharing any concerns with the staff or the manager, and were confident that the staff would deal with them.

Complaints were taken seriously and followed up. The complaints log showed there had been one complaint raised in the last 12 months. The registered manager had kept other professionals informed of the concerns and had written to the person who raised the concern. The registered manager told us that this complaint was now resolved.

# Is the service well-led?

## Our findings

People and their relatives views from the recent survey were positive. Their comments included “Happy with the care and affection shown”; “You do an excellent job”; “You all do everything you can to make this feel like a real home for all the residents”; “All the carers are kind and caring” and “All staff have a very good rapport with residents”. The registered manager told us that completed surveys were evaluated and the results were used to make improvements to the service.

People spoke highly of the registered manager and staff, and so did relatives and health and social care professionals. People spoke positively about the care and support that they received. A health professional commented that the care provided was of a high standard and praised the commitment of management and staff. They said the registered manager had a good relationship with her colleagues. Staff were fully aware of the ethos of the home, and told us how they worked together for the good of the people in their care.

The registered manager had actively sought to complete a qualification which was relevant to the needs of the people especially those living with dementia. Staff said the registered manager ‘led by example’. Two staff said that they “loved” their jobs, and were very happy working in the home. They said they worked well together as a team and found the registered manager to be approachable and helpful.

The management team worked closely with a local training provider and courses had been arranged that related to people’s needs. The registered manager met with staff following training updates and discussed what staff had learnt from the training. Staff said this was helpful as it provided them with clear information about how to continually improve their understanding of how to support people effectively. They said they were supported through staff meetings as well as through individual one to one meetings. There were handovers between shifts when any changes in people’s health and care needs were discussed.

The provider was prompt in providing resources to improve people’s quality of life and to promote their well-being. The provider said they were planning to improve the garden. The registered manager made sure that any aids and adaptations were in place before a person was admitted to the service, for example pressure relieving equipment.

The registered manager carried out a system of on-going assessments to monitor the quality of the service provided. Quality audits undertaken included food quality and storage; menu sampling; housekeeping and kitchen checks; sampling of care plans; record keeping and maintenance checks.

The statement of purpose for the service stated their aim is to ‘foster an atmosphere of care and support which both enables and encourages our residents to live as full, interesting and independent lifestyle as possible’. The registered manager and staff were putting this into practice and people gave consistently positive feedback to us about this.