

Sovereign Solutions Care Services Ltd

The Old Manse

Inspection report

2 Compton Road
Erdington
Birmingham
West Midlands
B24 8QA

Tel: 01213865494

Date of inspection visit:
07 June 2016
13 June 2016

Date of publication:
20 July 2016

Ratings

Overall rating for this service

Requires Improvement ●

| | |
|----------------------------|------------------------|
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection took place on the 7 and 13 June 2016 and was unannounced.

We inspected The Old Manse on 1 and 8 April 2015 and we found multiple breaches of the regulations. Staff had not received the training and support they needed to carry out their role effectively. We found poor leadership and systems in place to monitor the service had not identified the failings in the service. After the comprehensive inspection, the provider sent us an action plan to us to say what they would do to meet legal requirement in relation to the breaches. We undertook a focused inspection on 23 July 2015 to check that the provider had followed their action plan and to confirm that they now met legal requirements in relation to a warning notice that we previously issued. We found that the provider had responded to our warning notice. At this inspection we found that some further improvements were needed to ensure that the monitoring systems in place were effective.

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. A registered manager was in post.

There were systems and processes in place to assess and monitor the quality and safety of the service. However, further improvements were needed to ensure that these were effective in identifying shortfalls within the service.

Staff were caring and kind however people's confidentiality was not always protected.

People received care and support with their consent and from staff that knew them well. People were given some opportunities to promote their independence.

Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People received their medicines as prescribed. People were supported to have their health care needs met and received the food and drink they needed to maintain their health and wellbeing.

Arrangements were in place to ask people their views about the service and to respond to any concerns about the service.

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.

People were protected from the risk of abuse because the provider had systems in place to make sure that staff were trained so that they could recognise and respond to allegations of abuse.

People were protected from the risk of avoidable harm because the provider had systems in place to minimise risk.

People were protected against the risk associated with the appointment of unsuitable staff because the provider had recruitment processes in place.

People received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People benefitted from safe and effective care because the staff team were trained and supported to enable them to meet people's needs.

People's health was promoted because they were supported to access health services.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People were supported to have food and drink that they enjoyed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and understood that the things that were important to them.

People were treated with kindness and their dignity and respect

was promoted.

Is the service responsive?

The service was not always responsive.

People were supported to take part in leisure and recreational activities that they enjoyed.

Arrangements were in place so that complaints would be listened to and dealt with.

Requires Improvement ●

Is the service well-led?

The service was not always well- led.

Systems were in place to assess and monitor the quality of the service provided to people although some improvements were needed to ensure they were consistently effective.

The home was led by a manager who was visible in the home and understood people's needs.

Requires Improvement ●

The Old Manse

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.

This inspection took place on 7 and 13 June 2016. The inspection was carried out by one inspector and was unannounced on the first day of our inspection.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

The registered manager completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection we spent time with the three people who lived at the home and we spoke with a relative, five members of staff, the deputy manager, the registered manager and the provider.

Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records of three people who received support from the service, medication records, staff training records, three staff recruitment files, safeguarding records. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records and compliments and complaints.

Is the service safe?

Our findings

At our last inspection we found systems were not in place to ensure that people were protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included providing staff with safeguarding training and ensuring that incidents of concern were reported to external agencies.

At this inspection staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "I am clear that any concerns would be reported to the manager who would then let Social Services know". We saw that the home had posters informing people, visitors and staff on how to recognise signs of abuse and how to report it. Records showed that staff had received safeguarding training. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. A recent safeguarding investigation had taken place and the local authority asked the provider to complete an internal investigation. We saw from records that a thorough investigation had taken place. The provider's investigation had also highlighted areas where some improvements were needed.

At our last inspection we found systems were not in place to ensure that people were protected from the risk of unsafe care and treatment. We found that steps had not been taken to ensure the reoccurrence of incidents. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included a review of all risks to people and a new risk assessment framework was introduced.

At this inspection staff we spoke with were aware of the risk that people's behaviours presented to themselves and others and what they would do to help reduce the risk of harm to people. On the day of our inspection a person became unsettled whilst they were out in the community and staff supported the person to return safely to their home. People had risk assessments in their care records and staff were aware of the action they needed to take to keep people safe. However, some risk assessments needed additional information to ensure safe and consistent care from the staff team. For example, one person's needs were changing and this had affected their wellbeing and mobility. The provider had requested a reassessment of the person's needs by the local authority. However, the risk assessment in place needed to show the action the provider had taken to keep the person safe. When we returned to the home for the second day of our inspection we saw that the additional information needed had been added to the risk assessment and showed the steps taken to keep the person safe.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. Staff knew how to report incidents and accidents and procedures were in place. However, on some occasions when staff were injured during an incident although these were recorded in the incidents records

some injuries to staff had not been recorded in the accident book.

We saw that staff were available to respond to people's request for care and support. However, we saw that the lunchtime period was a very busy and one of the people became unsettled during this time. We saw that on the day of our visit the provider took action to increase the night time staffing on a temporary basis in response to a person not being well. The registered manager told us that staffing levels were kept under review and would be increased when needed in response to peoples' care needs.

Staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable staff from working with people who require care. However, we found there was not a system in place to show that any disclosures that had been made had been risk assessed. The registered manager told us that this would be put in place. We saw that staff were monitored by the registered manager during their probationary period and the registered manager told us if needed this period would be extended to ensure that staff were suitable before their employment was confirmed as permanent.

Staff we spoke with told us that they had received training on handling and administering medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that medicine administration records (MAR) were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). A staff member told us, "If we think that PRN is needed we would discuss this with the staff and if the manager wasn't here we would always contact the person on call". We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.

Is the service effective?

Our findings

At our last inspection we found that staff had not received the appropriate support, training, professional development and supervision they needed to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us what action they had taken so that improvements were made. This included providing staff with the training needed to carry out their role.

At this inspection staff told us that they received training to enable them to do their jobs. A staff member told us, "I feel I have the training I need to do my job. A lot of the training is e-learning. We have time to reflect and we look at different scenarios to help our learning". The registered manager told us that there were plans in place to provide refresher training for all staff in supporting people with behaviour that can present a challenge. In the provider information return that the registered manager completed for us they told us that they would continue to identify training specific to each staff members needs. Records showed that where training refreshers were needed there were plans in place to provide this training.

Staff told us that they had regular supervision to discuss their performance and development and that they felt supported in their role. The registered manager told us and records seen showed that there was now a planned approach to supervision and an appraisal process had been introduced and was in the process of being

We found that not all of the people were able to verbally express their needs; however from our observations we could see that staff knew how to support people. A member of staff we spoke with told us, "We have a good staff team now and we know the needs of the people". Another staff member told us, "All three people have different personality and interest. I think we support each person really well. We understand their needs and their different ways of communicating what they want or need".

We saw that not all of the people who lived at the home had the mental capacity to make informed choices and decisions about some aspects of their lives. We saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. Staff told us that they understood people's preferred communication styles and used these to encourage people to make informed decisions.

Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA (2005) is important legislation that sets out requirements to ensure that where people are unable to make significant and day to day decisions that are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications for all of the people using the service to the Statutory Body to authorise the restrictions placed upon them and was waiting on the application to be approved. The provider had acted in accordance with the legislation and people's rights were protected.

One person told us that the food was, " Nice". We saw at lunch time that one person waited in the hallway until other residents had finished eating in the dining room. A staff member told us that they didn't like to eat if there was noise in the dining room. They told us that they were looking at providing an eating area in the kitchen so that people would have a choice about where they ate their meal.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required. Some people were on special diets and we saw that dieticians and the Speech and Language Therapy Team (SALT) had been involved in developing and supporting the staff with meeting people's dietary and nutritional needs. Speech and language therapists assess and support people who have difficulties with eating and drinking. Staff took pride in the range of food that was provided to people and we saw that time and care was taken to prepare an evening meal with a choice of vegetables and prepared in a way that met people's individual dietary requirements. We saw that snacks and a range of hot and cold drink choices were available to people.

People had access to doctors and other health and social care professionals as required. A relative told us that their family member received good support to meet their health care needs. Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments. We also saw that any health care concerns were followed up in a timely manner.

Is the service caring?

Our findings

At our last inspection we found that one person's bedroom door lock was broken and their privacy and dignity could not be fully promoted. At this inspection we saw that improvements had been made to ensure that all people's bedrooms were personalised and repairs where needed had been completed so that doors could be closed for privacy. All three people had their own bathroom facilities and we saw that these had been decorated, painted and improved.

We saw positive interactions between people and staff and we saw that people were relaxed with staff. We saw that staff responded quickly to request for support or if staff observed that someone needed help they tried to anticipate what this might be. For example, one person was not feeling very well and staff offered the person things that they knew the person enjoyed like watching their favourite television programme. We saw that staff offered them frequent drinks and ensured that the person was comfortable.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. A staff member told us, "All three people have different personalities and interest. I think we support each person really well. We understand their needs and [People's names] different ways of communicating what they want or need".

We also saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. We saw that people were referred to by their preferred name. We saw that people were dressed in individual styles; these individual styles enabled them to express their individuality. People were wearing clothes that reflected their age, gender and personal taste and interest.

Staff told us that they do try and encourage people to do things for themselves so that their independent skills were promoted. A staff member told us that they encouraged people to help with their own personal care as much as they could. We saw that one person was supported to wipe down and set the dining table in preparation for the evening meal. However, we saw that opportunities for people to develop their independence skills were not always acted upon. For example, at meal times people were not encouraged to serve their own food and pour their own drinks.

Is the service responsive?

Our findings

Staff knew people's needs and knew what people liked to do. Staff were able to tell us about the things that were important to people and their individual preferences. Staff were able to give explanations about people's needs and their likes and dislikes and preferred routines and what to do if people became agitated or distressed. We saw that staff generally responded well to people and were able to anticipate people's needs and reassured people when they were unsettled or unsure about what was happening. However, we did see a few occasions during our inspection when situations were not managed in a way to minimise people's anxiety and showed that people were not always supported consistently.

Staff told us that a handover of information took place at each staff change over and the people living in the home were fully involved in the meeting. This provided an opportunity to update staff with people's support needs and any concerns since they were last on shift. We were invited to join the meeting and found that whilst this ensured people's involvement in the day to running of the service some of the information shared was of a private nature relevant to an individual. Discussions about these matters in front of all the people living in the service did not ensure that people's confidentiality was maintained.

People we spoke with and records we looked at showed us that staff had spoken to people and/or their representatives about their care. A relative told us, "I do feel consulted with about [Person's name] care". They told us that they had regular meetings with the manager to discuss their relatives care. We saw that an advocate was involved to support and represent the views of one of the people with key decisions about their life.

People were supported to pursue their individual hobbies and interests and continued to see people who were important to them. On the day of our inspection we saw people engaging in activities that they enjoyed. For example, we saw people were supported to go out to the shops and to the local park. One person was supported to do some gardening. They were supported by staff to do some potting of garden seeds and they told us that they enjoyed doing this. One person told us about the college courses they attended. They also told us that they enjoyed doing art and crafts sessions.

Staff told us about the change in needs of some of the people that lived in the home and the steps that they had taken to respond to these needs. For example, one person had become less mobile. The provider told us that they had requested meetings and discussions with external professionals to ensure that they responded to the changes in the person's mobility in a way that ensured their wellbeing and safety was maintained.

We looked at how complaints were managed. Staff knew people's needs and told us they would be able to identify changes in moods or behaviours that could indicate people were unhappy about something. A relative told us, "I feel more than happy to raise any issues. Staff are much more responsive now and if I raise anything it is dealt with promptly". The provider had procedures in place to support people to make complaints. In the entrance to the home there was a compliment and complaints posting box and forms for visitors and relatives to share their views in a confidential way. We looked at the complaints

records there had been no complaints received by the registered manager since our last inspection.

Is the service well-led?

Our findings

At our last inspection we found that there were no effective systems for auditing the service. Where incidents, accidents and safeguarding incidents had taken place the systems in place to monitor quality had not been used to analyse the information so that themes and trends could be identified and action taken to minimise risks to people. We took enforcement action on the provider and issued a warning notice for the breach of regulation 17. We returned to the service in July 2015 and found that there were systems in place for monitoring the service and many improvements had been made. At this inspection we found that the monitoring systems had not always identified the shortfalls we found during our inspection. For example, accidents recording procedures were in place but were not always consistently followed by staff. Some risk assessment needed additional information so it was clear how risks were being managed. Arrangements in place for the handover of information between staff needed to ensure that people's confidentiality was upheld. The provider and registered manager had taken appropriate steps between day one and two of our inspection to make these improvements. We found that the provider and the registered manager were open and honest throughout the inspection process and acknowledged some of the shortfalls identified within the inspection which showed their integrity.

The provider shared with us the outcome of a recent safeguarding investigation that the local authority had asked them to do. We saw from records that a thorough investigation had taken place. The provider shared with us the improvements they would be making as a result of their findings. We saw records of visits that the provider had made to the service to speak to people, staff and observe care practice. The visits showed that issues had been identified and actions agreed. For example people's changing care needs had been discussed.

A relative told us, "Things have really improved in the home to a big level. There is a good atmosphere and staff are responsive to [Person's name] needs". A relative told us that they were asked their views about the service. They told us that they had made suggestions about the garden being improved for people to enjoy and for a newsletter to be introduced. This suggestions had been acted on. We saw that people who used the service were supported to complete questionnaires to gather their views about the home. The registered manager shared with us how they could improve this system to ensure people's views were more accurately captured.

Staff told us that they were clear about their responsibilities and felt involved with how the service was run. We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff told us they had regular supervisions to discuss their performance and training needs. A staff member told us, "Our manager is really supportive I trust her and she would deal with any concerns that we brought to her attention". Another staff member told us that things had improved in the home and that they felt supported by an experienced manager.

The provider understood their legal responsibilities and ensured that that there was a registered manager in post. The registered manager had notified us appropriately of incidents and was aware of the legal requirements upon them. The registered manager was able to demonstrate their understanding of the Duty

of Candour. Duty of Candour is a requirement of the Health and Social Care Act that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection.