

Sovereign Solutions Care Services Ltd

339 Pershore Road

Inspection report

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Birmingham
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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

This inspection took place on 20 October 2015 and was unannounced.

This home provides accommodation and care for up to five people with learning disabilities and /or autistic spectrum disorder. At the time of the inspection there were five people living in the home, the majority of whom had lived there for over 20 years.

There is a registered manager at this home. 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.

We found that this home had a lively atmosphere. The people who lived there moved around freely and chose how they wanted to spend their time. Most of the people had been living together in this home for many years.

People indicated by gestures and body language that they felt safe in this home. Staff demonstrated that they knew how to keep people safe and they knew how to report allegations or suspicions of poor practice.

Summary of findings

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were satisfactory and there were good systems for checking that medication had been administered in the correct way.

People who lived in this home told us, or indicated by gestures that they were happy. People's relatives told us that they were pleased with the care provided.

People had opportunities to participate in a range of activities inside the home and in the community and were encouraged to have new experiences. People were helped to maintain contact with relatives and friends and there were regular social events.

Throughout our inspection we saw examples of and heard about good care that met people's needs. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home showed that they had a good understanding of the needs of the people who lived there. We saw that staff communicated well with people living in the home and each other and people were enabled to make choices about how they lived their lives.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their

skills. The registered manager and staff we spoke with demonstrated that they understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met. Staff made appropriate use of a range of health professionals and encouraged people to maintain a healthy lifestyle.

People were provided with food which they enjoyed and which met their nutritional needs and suited their preferences.

There was effective leadership from the registered manager to ensure that all members of the staff team were well motivated and enthusiastic. The registered manager played an active part in the home and operated an open culture, where staff and people in the home felt valued and included.

The registered manager and director assessed and monitored the quality of care through observation and regular audits of events and practice. The registered manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided and used this information to make improvements, where possible.

The registered manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation.

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?

This service was safe.

People indicated that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to keep people safe and staff managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

Good



Is the service effective?

This service was effective.

People were involved in making decisions about their care. They were offered choices and consented to their care where possible.

People received care from members of staff who were suitably trained and well supported to meet people's individual care, support and nutritional needs.

Good



Is the service caring?

This service was caring.

We saw that staff were kind and treated people with dignity and respect.

Staff made efforts to seek people's views about their care and took these into account when planning the care and support.

Staff communicated well with people in a variety of ways.

Good



Is the service responsive?

This service was responsive.

People were helped to be involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The registered manager and staff responded appropriately to comments and complaints about the service.

Good



Is the service well-led?

This service was well-led.

There was an open culture in this home where staff and people living in the home were included and consulted on aspects of running of the home.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support. Staff and the registered manager worked effectively as a team to ensure that people's needs were met.

Good



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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.

This inspection took place on 20 October 2015 and was unannounced. It was carried out by one inspector.

Before our inspection we reviewed information the provider had sent us about the home. We asked the provider to complete 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. Before our

inspection we checked the notifications about the home. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents. We used this information to plan what areas we were going to focus on during the inspection. We checked that the local authority commissioners had no concerns about the service.

During the inspection we observed staff and people who were living in the home. We spoke with four members of the staff team and met all five people who lived in the home. We sampled the records for two people, including records in relation to care, meals, medication, accidents and complaints. We also looked at the records relating to the home's quality audits. After the inspection we sought and received the views of two relatives and sought comments from three other professional visitors to the home.

Is the service safe?

Our findings

People who used the service indicated that they felt safe. They looked relaxed in the company of staff. People's relatives told us that they had no concerns about safety in the home. One person's relative told us, " [Relative's name] is well and safe."

Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. The home had policies and procedures in relation to safeguarding people and whistleblowing and all staff were made aware of these.

People were encouraged to be as independent as possible, whilst remaining safe. We saw that staff had assessed the risks associated with people's medical conditions and behaviour as well as those relating to the use of equipment, such as kitchen implements. The risk assessments we saw showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. For example, we saw instructions for the safe use of wheelchairs and personal emergency evacuation plans. Staff were able to demonstrate how they minimised the specific risks for individuals.

Staff showed that they knew how best to calm people when needed and had recorded known triggers which caused people to become anxious or agitated. There were instructions for staff in people's plans where there was a known risk of them behaving in ways which may have posed a challenge or risk to themselves or other people. Staff had worked with health professionals to explore ways of helping people to know when they were at risk of becoming agitated.

Staff were aware of the risks associated with dehydration. We saw that people were offered drinks at regular intervals throughout the day and people also indicated to staff when they wanted to be helped to make a drink.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process.

People's relatives told us that they thought that there were enough staff at the home. We saw that there were enough staff to provide people with assistance. We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. Where people wanted to spend time alone, staff were watching at a discreet distance to make sure that they were safe. We saw staff answering requests for assistance or company promptly.

People received their medicines safely and when they needed them. We saw that the medicines were kept in a suitably safe location. Each time medicines were given to people, staff checked that the correct item was being given to the right person. Staff who gave out medicines were suitably trained to do so and had undertaken competency checks. We sampled Medication Administration Records (MARs) and found that they had been correctly completed. The registered manager showed us how she carried out weekly and monthly medication audits. The registered manager demonstrated that she knew the action to take, should there be a mistake with the administration of the medication. She told us about actions which had been taken when small errors had occurred, including contacting the GP and making changes to the administration system to minimise the chances of a mistake happening in future.

Is the service effective?

Our findings

People's relatives expressed confidence that the staff were able to meet people's needs appropriately. Comments which we saw from relatives included, "I have been very happy with the care my [relative] has received." and "The staff are very friendly and there's a nice, homely feeling." A professional visitor to the home wrote, 'The service users seem very happy and the staff are always attentive to their needs.'

Staff communicated well with people. The people living in this home had very restricted verbal communication but staff demonstrated that they were able to communicate with people and offer them choices by using gestures, objects and pictures. Over 50 per cent of the staff team had worked at the home for over 15 years and this meant that they knew each other and the needs and communication methods of the people in the home well.

Staff also communicated well with each other. Staff reported good relationships between themselves and demonstrated how they worked well as a team, deciding who would perform which tasks throughout the day according to the wishes and preferences of the people who lived there.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff confirmed that they had received guidance about the needs of each person they worked with, including their methods of communication and they had worked alongside more experienced members of the team until they felt confident and had been assessed as being competent to undertake tasks on their own. Staff had received additional training to meet the needs of specific people, for example in meeting the needs of people living with specific medical conditions.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis and annual appraisals. These provided staff with opportunities to reflect on their practice and identify future learning needs and career goals. The provider told us that staff also had access to an independent and external support service.

We saw how staff encouraged people to help with daily living tasks such as making drinks. The records showed that people needed varying levels of support with tasks and there were clear instructions for staff about how much support they needed to provide. . For example, in one person's care plan we saw the instructions, 'I can load my washing into the washing machine but staff need to put it on for me'.

The manager and staff told us how they helped to keep people healthy, for example, by providing a healthy diet and encouraging people to take exercise by walking and regular sessions in movement and mobility. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in people's care plans and their health action plans. Staff told us how they made sure that people's health needs were met by making use of the services of a variety of health professionals including opticians and chiropodists.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw assessments of people's capacity to make decisions in a variety of areas.

People seemed to be enjoying their meals. We saw that people were eating food which they had chosen and which was served to each person in a way which met their needs. For example, one person had chosen to get up later than other people in the home and they chose to eat their breakfast sitting in the living room watching the television. At lunch time most people chose to sit at the tables in the dining room. Each person had their food served in a suitable way for them. For example, where people needed food of a specific consistency for them to avoid choking, staff made sure that it met their needs. We saw that staff had sought and taken the advice of relevant health professionals, for example, speech and language practitioners in relation to people's diets. Staff had recorded people's cultural needs and their preferences in terms of food in their plans. Staff had kept good records of the food which people had eaten and the quantities, in order to monitor people's intake.

Is the service caring?

Our findings

Relatives of people living in this home told us that the staff were caring in their approach. They said that staff were 'welcoming' and 'friendly'. One person's relative said, "The staff are friendly and kind and they keep you informed about what is happening."

Relatives of people living in the home gave examples of how the staff had showed kindness towards their relative. Staff told us about times when they had helped people to do things which mattered to them and to visit places which were of special interest to them.

The provider told us that they aimed to create a 'culture of kindness and support for residents, staff and relatives/visitors' that included 'flexibility of activities/choices, lack of rigidity in routines etc'. We found that the activity during the day was extremely flexible and staff were led by the choices of people in the home.

Throughout the day we saw that people chose what they did and staff provided appropriate support. All activities were initiated by people living in the home. For example, one person wanted to play on an electric organ and staff helped them to access it. Once the person started to play, other people indicated that they wanted to play instruments and staff brought instruments for them to play. People continued with this activity until they wanted to stop. Staff showed great patience and made no attempt to stop people until they were ready to do so.

We saw examples of staff being sensitive to people's needs without people indicating discomfort. For example, when one member of staff noticed that one person was hitting themselves quite hard with a drumstick he gently placed a soft object on the person's leg to protect them, without interrupting the activity. When a lawnmower started to make a noise in an adjoining garden, another member of staff went out into the garden where someone was sitting in case the person became frightened. We saw a member of staff promoting someone's dignity by prompting and helping them to do the belt up on their trousers.

One person chose to walk into the garden and then return to the house several times and staff helped them to go in and out of the door each time, respecting their choices.

The manager and staff were able to tell us about people's personalities and priorities, their hobbies and interests. They knew each person's preferences well in terms of their care and support. Staff were aware of how people preferred their needs arising from their culture, religion or health conditions to be met and the records showed that they respected these choices. For example, in one person's care plan we saw, 'My chosen religion is [religion stated] but I attend a church or follow a strict cultural regime by choice. However, staff should inform me of upcoming cultural events and celebrations....If I choose to or wish to take part in any events, staff will support me to do so'.

Is the service responsive?

Our findings

Staff told us about the activities that people enjoyed and we saw that people chose how to spend their time and had opportunities to spend time participating in a range of hobbies and interests.

A relative said, “They seem to keep busy and they get about.”

Staff told us about outings and holidays which they had taken with people. The home was close to a large park and staff told us that people enjoyed going there. Staff also told us that people made good use of the garden, where there were different areas including raised beds for growing flowers and vegetables and a sensory area.

We saw that people could spend time in their own rooms whenever they wanted to do so. When we arrived people were engaged in various activities and some were in their rooms. Some had eaten breakfast and chosen to go back to their rooms. Other people were in the kitchen with staff or in the living room. People were able to wander around freely but staff were constantly aware of where people were.

People were encouraged and helped to maintain contact with friends and family members, where possible. One relative told us, “They encourage relatives to be more involved.” There were details in people’s care plans about how they kept in touch with people who were important to them.

Relatives told us how they had been involved in helping to provide details of the person’s early life and interests when staff were developing care plans. The plans which we sampled contained descriptions of people which we could recognise from meeting them in the home. They were specific and individual and provided evidence that people and, where appropriate, their relatives, had been consulted. The plans had been updated in response to people’s changing needs and after review meetings which involved people using the service and, where appropriate, their relatives. We saw several examples of changes which had been made to plans in response to changes in people’s health or mobility.

People told us that the registered manager was approachable and they would tell her if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. One relative said, “I just voice my opinion if there is a little issue and they sort it out.” The relative provided an example of when staff had made a change in response to their comment.

The home had clear policies and procedures for dealing with complaints. There were clear details about how to make a complaint in the home’s service user guide and in the visitors’ pack. The registered manager said that she welcomed feedback from people about the performance of the home. The feedback which we saw and received from visitors and people in the home was all positive.

Is the service well-led?

Our findings

People who lived in the home, relatives and staff told us that they felt that the registered manager valued their views on the service. They said that the registered manager was always accessible, spending a lot of time in the home and available by telephone.

Staff described a homely culture, where they communicated well with each other and knew the manager and the director of the organisation well. One member of staff said, “It’s like a family.” The home is part of a small organisation and the director made regular visits to the home. These included visits to supervise the registered manager, check on the care being provided and to monitor complaints, incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. The monitoring process had recently been extended to ensure that the director interviewed relatives as well as interacting with people in the home and staff.

The records at the home which we sampled were up to date and showed that the registered manager and staff

carried out regular audits and checks to make sure that the quality of the service was maintained and improved on where possible. The registered manager made sure that the home was meeting people’s needs and meeting the requirements of regulators and people who commissioned their services. The director was in the process of introducing a new ‘Compliance Toolkit’, which linked new audit templates to the home’s policies and procedures.

The registered manager demonstrated that she had kept up to date with best practice in relation to people’s needs and health conditions and the requirements of the law in relation to the running of the home. The registered manager and director expressed a commitment to providing a good service and continually seeking to improve.

The registered manager and staff told us that home had good links with the local community. This was confirmed by visitors to the home. The records showed that people were encouraged to use services in the community where possible and to go out of the home to shop and attend functions.