

Mariposa Care Group Limited

Sovereign Lodge and Court

Inspection report

Newbiggin Lane
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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

About the service

Sovereign Lodge and Court is a residential care home providing personal care to 59 people with mental health conditions and people aged 65 and over at the time of the inspection. The service can support up to 60 people. Sovereign Lodge and Court had previously been registered as two separate care homes. They are both purpose-built for use as a care home.

People's experience of using this service and what we found

People confirmed they received good care from kind and caring staff.

People, relatives and staff said they felt the home was safe. Staff had a good understanding of how to report safeguarding and whistle blowing concerns; they said they felt confident to do so.

There were enough staff deployed to meet people's needs in a timely way. New staff were recruited safely. People received their prescribed medicines when they were due.

Incidents and accidents were logged and action taken to help keep people safe. The provider did not analyse incidents to look for trends and patterns. We have made a recommendation about this.

Risk assessments and health and safety checks were undertaken to help maintain a safe environment. The level of detail contained within risk assessments varied between Sovereign Lodge and Sovereign Court.

Staff received very good support and the training they needed. Staff supported people to have enough to eat and drink and to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been fully assessed; the information gathered was used to develop care plans. People could take part in activities. People and relatives told us the availability of activities had recently improved at Sovereign Lodge. Previous complaints were fully investigated and action taken to address concerns.

Positive and staff felt the home was well managed. There was an effective approach to quality assurance. There were opportunities for people and staff to share their views about the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for both services was good (published July 2018). Since this rating was awarded the provider

has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Sovereign Lodge and Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sovereign Lodge and Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care

provided. We spoke with nine members of staff including the regional manager, one registered manager, senior care workers, care workers and the administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us the home was a safe place. One person commented, "Yes, I am safe and secure."
- Previous safeguarding concerns had been reported to the local authority and thoroughly investigated. Where required, robust action was taken to keep people safe.
- Staff knew how to report safeguarding and whistle blowing procedures. They confirmed they felt confident to do so to keep people safe. One staff member said, "I have not used it [whistle blowing procedure] here but I would if needed."

Assessing risk, safety monitoring and management

- Health and safety checks and risk assessments were carried out promote a safe environment and help prevent harm. Different formats were used at Sovereign Lodge and Sovereign Court which led to inconsistencies in the level of detail recorded. The provider confirmed they would look into this further.
- The provider had procedures for dealing with emergency situations, including how to evacuate people safely.
- Staff understood how to support people when they were anxious or distressed. One relative commented, "With my relative, it's the approach [staff use] that may work."

Staffing and recruitment

- There were enough staff deployed to provide personalised care. One person said, "Yes, I think they have enough staff. They're all nice, do their best and yes they come quickly. That's my buzzer, I just press that."
- The registered managers reviewed staffing levels to ensure they remained acceptable.
- Staff followed safe practices when recruiting new staff.

Using medicines safely

- People continued to receive their medicines safely; accurate records were kept and people confirmed they received their medicines on-time. One person told us, "I do take tablets, I take so many. They never miss my medication which I'm happy about."
- Senior management and an external pharmacist completed checks to ensure staff followed the correct medicines management procedures.

Preventing and controlling infection

- The home was clean, well decorated and maintained; staff followed good infection control practices. One relative told us, "Cleanliness is good. Laundry is kept up and nothing goes missing."

Learning lessons when things go wrong

- Accidents and incidents were investigated to help prevent them from happening again.
- The provider did not currently analyse incidents and accidents to help identify areas for improvement or lessons learnt.

We recommend the provider reviews its systems for analysing accidents and incidents and updates its practice accordingly.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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 care needs had been fully assessed; this included considering their social and cultural preferences.

Staff support: induction, training, skills and experience

- Staff received good support and the training they needed. One staff member said, "I have very good support ... the [registered manager] is so approachable."
- Training, supervisions and appraisals were up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink.
- People and relatives gave positive feedback about the meals. They commented, "It is excellent food. You get a choice, portions are good and you can get more if you want it."
- Meals were adapted to meet people's health and dietary needs and preferences, such as where people had swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records summarised important information to be shared when they accessed other services.
- People accessed a range of health care professionals when needed; this included GPs and community nurses. One person commented, "I have a GP and they arrange for me to see him. If ever I have to go to hospital, a member of staff comes with me."

Adapting service, design, decoration to meet people's needs.

- The home was suitable to meet people's needs; there were themed areas suitable for people living with dementia and good signage to help people orientate about the home.
- People personalised their rooms to suit their individual preferences. One person told us, "They're going to decorate my room soon. I just have to choose a colour."

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 that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Consent to care and support was sought in line with legal requirements; DoLS authorisations had been approved where required.
- Staff followed the requirements of the MCA; they knew how to support people with making daily living choices and decisions. This included using visual strategies to help people choose what they wanted. For example, showing people items of clothing to choose from.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from kind and considerate staff. People and relatives commented, "They [staff] are great" and "They are so kind."
- The provider regularly received written compliments about the care provided at the home. These described people being cared for "beautifully" and staff as showing "exceptional care, kindness, dedication."
- People were supported to meet their religious needs; one person visited a local temple and a religious service was held in the home. One person told us, "They have a vicar who comes here and a group of people go [to the service]."
- Staff had a good knowledge people's preferences and interests; people said staff made time to chat. One person said, "I like to talk. We can go to the lounge and talk to staff there. They also come in to your room to talk."

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

- Staff understood people's communication needs; they used this knowledge to support people with making choices.
- Relatives advocated on behalf of some people; whilst others had independent advocates. These individuals had been involved in making decisions about people's care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; staff responded quickly to ensure people's needs were met. One person said, "I needed some hankies [tissues] this morning. A young lady [staff member] went for them straightaway."
- Staff understood the importance of promoting dignity and independence; they described how they adapted their practice to achieve this. This was confirmed by people. One person said, "They help me with a shower but I shave, wash and dress. I like to keep a bit of independence ... they like to see you helping yourself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care and support plans were detailed and personalised; these were available for staff to read.
- Care plans were evaluated monthly to ensure they reflected people's current needs.
- People could discuss any wishes they had for their future care needs. End of life and spirituality care plans were completed to help guide staff about people's future wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be made available in different formats to suit people's needs.
- People had communication care plans which described how staff should support people to enhance their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us the availability of activities had improved recently. They commented, "[Activity co-ordinator] is doing the activities, it seems to be picking up. A big effort has been made especially with Digital Voice. [Family member] says it's fantastic, it's recording their life. There's also Knit 'n' Natter ... quizzes and trips out to the countryside." Digital voice was a project to support people to develop electronic life histories.
- People were encouraged to maintain and develop relationships with relatives and friends. One relative told us about how family members were welcomed into the home. They said, "[Relative] is made welcome. They make a fuss of them and offer them tea."
- Some people had dedicated one to one time; relatives were involved in deciding how this time was spent.

Improving care quality in response to complaints or concerns

- There was a structured approach to dealing with complaints; previous complaints had been fully investigated.
- People and relatives knew how to raise concerns if required. They said, "I've had no occasion to complain. If I had a problem, we'd talk it over."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear vision about being a respected and responsive care provider, which was focused on promoting good care and compassion.
- The home had a positive and welcoming atmosphere; staff morale and teamwork were good. One staff member commented, "There is a really good atmosphere, everyone gets on."
- The registered managers and provider were aware of their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers were proactive in submitting the required notifications following significant events at the home.
- The registered managers were very supportive and approachable. One person said, "There is a manager. There is no problem at all approaching them, they'll do anything for you." One staff member told us, "[Registered manager] is lovely, understanding. She will do anything to help."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had opportunities to give feedback about the home; regular meetings were held, as well as formal consultation.
- Feedback from the last consultation had been positive. People, relatives and staff gave positive responses about the care provided at the home.

Continuous learning and improving care

- The provider now had a structured approach to quality assurance; this was effective in identifying areas for improvement.
- There was additional oversight from senior managers; the regional manager completed regular checks.

Working in partnership with others

- The provider worked with local commissioners to promote good outcomes for people.
- There were good relationships with local healthcare professionals to help ensure people could access the care they needed.

