

Minster Care Management Limited

Sovereign House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sovereign House is a nursing home providing personal and nursing care to up to 60 people across 3 different floors. The service provides support to adults, including people living with dementia. At the time of our inspection there were 34 people who lived at the home permanently and 18 people were staying at the home for a short period of assessment or rehabilitation following time spent in hospital.

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

Assessment of risk to people's health and safety were not always robustly completed or mitigated. We found concerns regarding the lack of risk assessments and care plans for some people.

The management and administration of medicines was not always completed safely and maintenance of the home environment did not always promote effective infection control.

Staff supporting people living with dementia or communication difficulties required further training; however, there were enough suitable staff working at the home to support people's needs. People were safeguarded from the risk of abuse and the provider had systems and processes in place to respond to concerns.

The management team did not always have effective oversight of risk within the service. Clinical governance was not always completed to ensure staff had the training and competence to provide care and treatment safely.

People and staff were asked to provide feedback to obtain their views and experiences which was analysed and action plans put in place.

The registered manager and provider understood their legal duties and requirements and responded to risks identified within the service. The provider supported the management team to drive improvement in the home. The service worked with other health and social care professionals effectively.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of

regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the management of continence products used at the service and the findings from the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sovereign House on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account when it is necessary for us to do so.

We have identified continued breaches in relation to the assessment of risk, medicines management, infection prevention and control and the lack of management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sovereign House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

Inspection team

On the first inspection visit, this was carried out by 2 inspectors, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the second inspection visit, this was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the location on 16 November and 02 December 2022. We spoke with 16 people who used the service and 5 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, area manager, nurses, care workers and domestic staff.

We reviewed a range of documents. This included 7 people's care records and multiple medicine administration records. We looked at 3 staff files in relation to recruitment. 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to ensure that risks relating to people and accurate recording of their needs, medicines management and infection, prevention and control were completed and updated to keep people safe. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People admitted to the service for short term assessment and rehabilitation did not always have risk assessments completed for their associated care and treatment. For example, we found 2 people did not have risk assessments for their health needs including catheter and continence care and skin integrity checks. This meant staff did not have enough information and guidance on how to reduce risks to people's health and safety or how to respond if further attention was required. However, staff we spoke with knew how to care for people with catheters and completed skin integrity checks.
- Environmental risks were not always identified to ensure people and staff remained safe. For example, within a communal toilet, we found a cupboard used to house hot and cold water pipes was unlocked and ajar. This meant, people could physically touch the pipes and were at risk of injury.
- Medicines were not always stored safely. We found a drink thickener was stored in an unlocked drawer within a communal area. This presented a risk to people if inappropriately ingested. In another example, we found prescribed nutritional feeds were stored in a person's room. The feeds require storage within a certain temperature range to ensure they remain effective or do not cause people to become unwell. A staff member told us the room's temperature was checked daily, however no records were completed to confirm this.
- We found 2 people who were prescribed 'as required' medicines or treatment did not have 'as required' protocol's in place. Protocols are used by staff to determine when a medicine or treatment may be administered, so these can be offered promptly.
- We were not fully assured the provider was promoting infection prevention and control safely through the layout and hygiene practices of the premises. For example, in a communal toilet the housing under the sink had not been maintained and the surface was damaged and dirty. This meant the area could not be effectively cleaned to reduce infection transmission risks.

- Where cleaning had taken place, this was not always completed effectively and some areas remained unclean. For example, we found a communal commode had not been cleaned after use and a chair in the lounge had debris collected between both sides of the seat cushions.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We alerted the above findings to the management team during the inspection; who took prompt action to address the concerns identified. Where issues could not be rectified immediately, the registered manager submitted an action plan to advise us of the measures taken to mitigate further risk.

- We were somewhat assured that the provider was using PPE effectively and safely. On the first inspection visit we observed a small number of staff were not always ensuring their noses were covered by face masks. We also found some PPE discarded in a general waste bin. The registered manager took action to ensure staff understood their responsibilities in the use and disposal of PPE. We found no issues of this nature on the second inspection visit.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors attend the service and the provider's policies and practices aligned with government guidance.

Staffing and recruitment

- Staff did not always have the skills and experience in supporting people living with dementia. We observed 2 people calling out loudly in a repetitive manner. The response from staff was not always timely and some staff were inconsistent in their communication methods and interaction. One staff member told us, "It's hard because I feel a lot of them [staff] don't understand what dementia actually is like. If people have challenging behaviour, they [staff] look and say oh what do I do now." When staff provided meaningful interaction and adapted their communication style, people became more settled.
- However, a relative told us, "The carers are brilliant, [person] can be aggressive and physical with care staff. When [person] is like that, the staff leave and return later and most of the time [person] has calmed down."
- We found there were enough staff to support people at the home. The registered manager used a dependency tool to calculate how many staff were required based on the level of care people required. Staff we spoke with told us there were enough staff at the home to meet people's needs.
- The provider completed the required pre-employment checks to ensure staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns. For example, we found the provider had responded to a whistle-blowing concern and ensured a full investigation was carried out. Whistle-blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening. No harm to people was caused and following the investigation, the provider found

improvements were required and introduced new processes to reduce the risk of reoccurrence.

- Staff were able to explain what potential abuse may appear as and the actions they would take if they had concerns, including alerting the registered manager.
- Where safeguarding concerns were identified, the registered manager took appropriate action including making referrals to the local authority safeguarding team and notifying CQC.
- Information to inform people, relatives and staff of how to raise concerns were displayed prominently around the home.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider did not ensure that systems in place to give oversight of the home were being fully used to identify errors or make quality improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager did not have effective systems and processes in place to ensure all people admitted to the service had complete and robust risk assessments and care plans in place. There was a reliance on information provided by 'Trusted Assessors' to advise the home on how staff should provide care to people on admission. Trusted Assessors carry out pre-assessments of hospital patients on behalf of care homes. However, this information was not always complete and proactive steps were not taken by the registered manager to ensure all risks and care needs were assessed and recorded.
- Whilst there was some improvement noted in the management of medicines since our last inspection, there continued to be failures in the storage of medicines and documentation for 'as required' medicines and treatments.
- Oversight of the clinical competencies of nurses at the home was not always effective. Competency checks for 6 nurses had expired for clinical tasks including, catheterisation, diabetes management and epilepsy. We could find no evidence in 6 nurse files of training being undertaken for the care and management of percutaneous endoscopic gastrostomy (PEG) feeds. PEG is a way of introducing food, fluids and medicines directly into the stomach via a tube.
- Staff were not always trained effectively to support people living with dementia or who had communication difficulties. We observed variation in how staff effectively engaged with people who had difficulties expressing themselves. We spoke with the management team about our observations and additional training for staff was organised.
- Daily manager walk arounds of the home failed to identify and mitigate environmental risks. For example, we found a window restrictor, used to prevent windows being opened too wide had become insecure. Monthly window restrictor checks were completed by the maintenance team; however, this was not identified during daily walkarounds to ensure this was resolved. We alerted the deputy manager to this issue and immediate action was taken to ensure the restrictor was secure and functioning.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and area manager completed an action plan to address the failings identified above and submitted this to the CQC. This action plan also included areas of improvement identified by the management team, including whole home refurbishment and the effectiveness of the cleaning being undertaken.
- The provider ensured senior leaders visited the home regularly to support the registered manager and to ensure improvement plans were in place and timescales were being met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Information for people and their representatives about the short assessment and rehabilitation service was not always clearly communicated or accessible. One relative told us they were not informed about the need to provide continence products or laundry prior to the person being admitted to the home. This led to the person's dignity being compromised. This was brought to the registered manager's attention and a meeting with the relative was held to address their concerns. In response, the registered manager introduced an admission information leaflet and planned for meet and greet sessions when people are admitted to the home.
- The registered manager completed quality assurance checks and obtained feedback from people and relatives about their experiences of care. Staff were also invited to provide feedback. This feedback was analysed and where improvements were required, action plans had been put in place. Staff we spoke with were positive in their views about the home and the support received from the management team.

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 management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Where required, the registered manager ensured people and their representatives were informed of any events impacting on the person's safety and measures were implemented to reduce the risk of reoccurrence.
- When the service received formal complaints, we found the registered manager acted on the information, carried out further investigation and provided responses within appropriate timescales.

Working in partnership with others

- The management team and staff worked alongside other health and social care professionals to ensure people had access to appropriate care and treatment. The service introduced electronic software to liaise with GP practices efficiently and effectively so timely assessment and treatment could be provided.
- People were supported to access specialist health teams when further advice and treatment was required for complex needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment The provider did not ensure that risks relating to people and accurate recording of their needs, medicines management and infection, prevention and control were completed and updated to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1)(2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance The provider did not ensure that systems in place to give oversight of the home were being fully used to identify risks or make quality improvements.