

Sovereign Domiciliary Care Services Limited

Sovereign Domiciliary Care Services

Inspection report

Unit 6, Aspire Training Centre
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Tel: 01584811141

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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 domiciliary care services is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 63 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider recruited staff safely and ensured that required checks were completed before they started to provide care to people.

People received care from a team of regular care workers. There were enough staff employed to meet people's needs and respond to changes in need.

The provider had submitted notifications as necessary to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People received safe care and support because staff were trained to recognise signs of potential abuse.

Staff followed infection prevention and control procedures when supporting people in their own homes.

People were supported by caring staff who displayed kindness and compassion. People and their legal representatives were encouraged to be involved in making decisions about their care.

People received safe support with their medicines by competent staff.

The provider arranged training for staff that met the needs of people using the service. Staff were assessed for their competency which ensured they were safe to work with people.

Care plans were developed for each individual and included people's preferences and wishes.

Audits were in place that checked the quality of the service. Action plans were implemented and followed where necessary. There was an open culture in the service and the management team made themselves available.

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

The last rating for this service was good (published 26 October 2016).

The service remains rated good.

Why we inspected

This was a planned inspection based on the previous rating.

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 Domiciliary Care Services

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

Our inspection was completed by one inspector 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 June 2019 and ended on 26 June 2019. We visited the office location on 26 June 2019.

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.

We spoke with seven people who used the service and nine relatives. We spoke with four members of staff including the registered manager and care manager. We reviewed four people's care records, two staff personnel files, audits and other records about the management of the service.

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.

Staffing and recruitment:

- The provider had recruitment processes to meet the legislation.
- There were enough staff employed to meet the needs and changing needs of people who used the service.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with did not raise any concerns about their wellbeing.
- Staff we spoke with understood what abuse was, how they would identify the signs and what action they would take if they had concerns about people's safety.

Assessing risk, safety monitoring and management:

- The provider identified and managed risks to people who used the service to keep them safe.
- Care records detailed where risks to people had been assessed. These included environmental risk and any risk in relation to personal hygiene, mobility and eating and drinking.

Using medicines safely:

- People were supported to take their medicines safely. Care workers were trained in medicines awareness and were assessed as being competent by the management.

Preventing and controlling infection:

- People told us that staff wore aprons and gloves when assisting them with personal care.
- Care workers received regular training in infection prevention and control.

Learning lessons when things go wrong:

- If incidents and accidents occurred, these were documented, and action taken in response to find out why things had gone wrong. This would be used as learning to try and prevent similar incidents occurring in future.

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 remained the same: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and experience:

- Staff stated they had received good training that helped them to carry out their role professionally. One person commented, "They do what I want. They do get training, so they know what they're doing."
- Care workers received supervision and appraisal during which they could discuss their work performance, training needs and any other issues. We saw records that confirmed these had taken place regularly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider completed an assessment of people's support needs before they started to provide care to them. This enabled people and their relatives to have an input into the care provided.
- The provider assessed people's information and communication needs. Management understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.

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

- People told us that care workers provided them with enough to eat and drink. One relative said, "They cook dinner, it's often a microwave meal and they shop for a week's dinners. They will make things like scrambled eggs too. They know what (person) likes and when their tastes change. They have a good grasp on things like that."
- Dietary requirements and preferences were included in care plans.

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

- The registered manager described how they liaised with community teams which demonstrated the provider was open to working with health and social care professionals.
- Care records included details of GP's and other relevant health professionals involved in people's care.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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.

- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always ask people what they want and how they would like us to do it."

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; equality and diversity:

- Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. The service ensured that staff were allocated to them in line with people's preferences around age, gender, ethnicity or faith. One person said, "I receive kindness and compassion. Everything is lovely from them. I have all female staff and I prefer that."
- People received support, reflecting their diverse needs and requirements. Personalised support plans detailed people's abilities and what was of greatest importance to them.

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

- Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people who used the service.
- Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home. Caring for people's wellbeing was an important part of the services philosophy. People and their relatives felt respected, valued and listened to.

Respecting and promoting people's privacy, dignity and independence:

- Staff enabled people to remain independent. People's needs and wishes were at the heart of the service. Staff we spoke with showed they understood the values of the provider and those in relation to respecting privacy and dignity and treating people as individuals. One person said, "They respect me, and I do some things for myself which they step back from."

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 meet people's needs, preferences, interests and give them choice and control:

- People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
- Care plans included areas that people needed support with and the action that care workers needed to take to support people well.

Improving care quality in response to complaints or concerns:

- People told us they knew who to speak with if they were unhappy with the service.
- People were given information on how to raise concerns or complaints when they started to receive care.

End of life care and support:

- The service supported people who were receiving end of life care. Staff provided after care to bereaved relatives which helped them come to terms with their loss.
- Staff were trained for each individual situation when people needed support to remain at home.
- Staff worked with professionals such as the district nurses should they need to provide individual support.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People we spoke with praised the management team highly for good communication, giving emotional support as well as practical hands-on care and acting on requests.
- 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.
- The provider had a strong vision for the service. The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. We saw that action taken to address any issues was recorded.

Engaging and involving people using the service, the public and staff:

- Staff discussions were held regularly, and staff told us that the registered manager and care manager were very supportive.
- People's involvement in their local community was actively encouraged, along with their access to preferred leisure activities.

Continuous learning and improving care:

- Surveys showed that management sought people's views about the service.
- The registered manager assured us that if incidents happened they would be reviewed and discussed in detail with staff individually or at staff meetings.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the speech and language team, GP's and community nurses.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.