

Double Ark Ltd

Double Ark Sydenham Road

Inspection report

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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

Double Ark- Sydenham Road is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides personal care to older people. At the time of our inspection there were 7 people using the service.

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

The provider effectively managed risks to people's health and safety. Care records identified risks to people's care and included guidance to staff in how to safely manage these. The provider was safe in the management of people's medicines and care workers had received training and understood their responsibilities in relation to safe medicines management. Administration records were checked by the registered manager.

The provider conducted audits, spot checks and bi-monthly "wellbeing calls" to ensure people had the support they needed.

People's needs and choices were assessed as part of the assessment process, and the provider supported people with their healthcare needs.

Staff had the skills, knowledge and experience to provide people with care. Staff confirmed they received the induction and ongoing training and supervision to conduct their roles.

The provider promoted a positive culture within the service. The provider sought and acted on people's feedback and people's relatives confirmed they felt comfortable in addressing any concerns with them directly.

The provider was aware of their responsibilities to ensure people were safe from the risk of abuse and took appropriate steps to prevent and control infection. There was also an appropriate system in place to manage accidents and incidents.

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 relatives told us they were well treated and supported and their care records included details of their backgrounds, ethnicity and religions. People's relatives told us their privacy and dignity was respected and promoted and they were encouraged to maintain their independence as far as possible.

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

Rating at last inspection:

We registered this service on 19 January 2022 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Double Ark Sydenham Road

Detailed findings

Background to this inspection

Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

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

We gave the provider a short period of notice of the inspection. This was because it is a small service.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received prior to completing our inspection. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We conducted telephone calls to enable us to engage with people using the service, and electronic file sharing to enable us to review documentation.

Inspection activity started on 27 April 2023 and ended on 23 June 2023. We reviewed a range of records related to 3 people's care and support. This included people's care plans and risk assessments. We also reviewed records relating to training, staff supervision and the management of the service, which included quality assurance records and a range of policies and procedures.

We spoke with the registered manager for the service. We were not able to get through to people using the service, but we received feedback from 4 of their relatives. We spoke with 6 care workers and received feedback from 1 external professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to protect people from the risk of abuse. People's relatives told us they felt safe using the service. One relative told us, "We feel [my relative] is safe in their care."
- Care workers demonstrated a good level of knowledge about the actions they were required to take if they suspected someone was at risk of abuse. One care worker told us, "If I had any concerns, I would report them to my manager, but I've not had any concerns."
- The provider had a clear safeguarding policy and procedure in place which included details of the process they were required to follow in the event of someone being abused.

Assessing risk, safety monitoring and management

- The provider had clear systems in place to assess and mitigate risks to people's health and safety. People's care records included risk assessments which covered different areas of their care needs, for example their risk of developing a pressure sore or their risk of falling. The provider determined the level of risk and there were care plans with clear instructions for care staff in how to mitigate these risks.
- The provider also considered environmental risks to people within their homes. We saw risk assessments were in place, which assessed risks both within and outside their properties. The assessments we reviewed did not identify any risks, but the registered manager confirmed if any were identified, they would discuss these with people and their relatives to find an agreed solution.
- Care staff demonstrated a good level of understanding about how to manage risks to people's health and safety. For example, 1 person gave us a detailed explanation of 1 person's health needs along with the associated risks they needed to be aware of when providing care.

Staffing and recruitment

- The provider ensured there were enough suitably experienced and qualified staff to provide people with care. People's relatives told us their care workers arrived on time and there was continuity of care. Care workers confirmed they had enough time to attend to people during their visits and they had sufficient travel time incorporated into their schedules to attend to people on time.
- The provider conducted appropriate pre-employment checks before hiring anyone to work. We reviewed 6 care worker files and saw these included details of people's career history, 2 references, evidence of their right to work in the UK as well as criminal record checks through the Disclosure and Barring Service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- The provider gave people appropriate support with their medicines. People's care records included details

of what medicine they were taking, in what dose and when they were required to take it. Care workers filled in Medicines Administration Record (MAR) charts after administering people's medicines and these were reviewed by the registered manager. As and when needed medicine also known as (PRN) protocols were in place for people.

- Care workers demonstrated a good level of understanding about their responsibilities when supporting people with their medicines. This included recording and checking of medicines prior to administration.
- Care workers received training in medicine administration and had their competency checked, so had up to date knowledge in how to administer medicines safely.

Preventing and controlling infection

- The provider had appropriate systems in place to minimise and control the spread of infection. Care workers had received annual training in infection control and demonstrated a good understanding of their responsibilities when providing people with care. They confirmed they received appropriate Personal Protective Equipment (PPE) to conduct their roles.
- The provider had a clear infection control policy and procedure in place. This reflected current guidelines in relation to the spread of COVID- 19 and had last been reviewed in April 2023.

Learning lessons when things go wrong

- The provider had appropriate systems in place to learn lessons when things went wrong. There was a clear accident and incident policy and procedure in place which gave details for the recording, reporting and investigating of all accidents and incidents. At the time of our inspection no accidents or incidents had occurred during the provision of services.
- Care workers demonstrated a good level of understanding about their responsibilities in relation to accidents and incidents. They conducted annual training in health and safety and first aid.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider conducted assessments of people's needs when they started using the service. The provider then conducted a range of risk assessments and created a care plan to meet people's needs safely.
- The provider had a range of policies and procedures in place, which were based on relevant legislation and guidance that staff needed to be aware of when providing care. Care staff confirmed policies and procedures had been shared and discussed with them and they could access these as and when needed.

Staff support: induction, training, skills and experience

- The provider ensured staff had the training and skills to conduct their roles. Upon joining the service, staff had an induction which covered the principles of the Care Certificate. The Care Certificate is an agreed set of standards for health and social care professionals. Care workers confirmed they had completed the induction prior to working independently within the organisation and that they found the induction useful. One care worker told us, "I got an induction and training. I got a lot of training. I definitely felt ready to work at the end of it. I also had to shadow colleagues first too."
- Once care workers were settled into their roles, the provider conducted quarterly supervision sessions as well as annual appraisals of their performance. We reviewed a sample of supervision and appraisal records and saw these included details of staff goals, any challenges they had faced as well as feedback about their performance. Care workers told us they felt supported within their role. Their comments included "The last time I was called for supervision in their office, they listened to all my demands in terms of equipping me with more knowledge in different training which they have been supportive of ever since." Another care worker said, "I have received sufficient training and support that has put me on the pedestal I am today."

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

- People were supported to eat and drink to maintain a balanced diet. People's care records included detailed information about their nutritional needs and whether they required any specific support. There was clear information about people's dietary preferences, whether they followed a specific diet and if there were any risks associated with their nutrition. The provider did not always take responsibility for people's nutrition, as this was sometimes managed by people's relatives, but their care records included this information nonetheless.
- Care workers were clear about people's dietary needs as well as their likes and dislikes in relation to food. One care worker gave us examples of one person's likes and dislikes in relation to their food.

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

- The provider supported people to live healthier lives. People's care records included information relating to their health conditions and information about how these affected people. This included details about what medicine they were taking for their conditions as well as an explanation of what the conditions were.
- Care workers demonstrated a good understanding about people's health conditions as well as how it affected them.
- Staff worked with other agencies to provide consistent and timely care. People's care records included details of other professionals involved in their care and the provider liaised with them as and when necessary.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the provider was working within the principles of the MCA. People's care records specified whether or not they had capacity to consent to their care. Where people had capacity, we found their care records had been agreed with them. Where people lacked capacity, we found mental capacity assessments had been completed with them confirming this and decisions were made with their relatives in their best interest.
- Care workers demonstrated a good level of understanding about their responsibilities to ensure care was delivered in line with people's valid consent. One care worker told us, "I always ask people for their permission before providing them with care."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider ensured people were well treated and supported. People's relatives told us they were treated well. Their comments included, "They always go the extra mile." Another relative said, "We find Double Ark diligent, flexible, very polite and attentive."
- People's equality and diversity was respected. People's care plans included details about their religious, cultural and spiritual needs. We saw one person's care record included in- depth information about their specific spiritual journey throughout their life, so care workers could understand their unique needs.

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

- People and their relatives told us they were provided with the care they wanted. People and their relatives confirmed their care plans had been devised in consultation with them and their care workers delivered personalised care in accordance with their wishes.
- People's care records included details about their specific needs in how they wanted their care delivered. This included information about their personalities and life history, their likes and dislikes and their routines amongst other matters.

Respecting and promoting people's privacy, dignity and independence

- Care workers confirmed they supported people in a way that safeguarded their privacy and dignity. One relative told us, "We feel they have time for us, that [my relative] is valued as a person by each and every one of them, and that they respect his rights. They are always cheerful and positive, which helps us because the situation we face at home is extremely hard and challenging."
- The provider supported people to be as independent as possible and care workers gave us examples of how they did this. People's care records included examples of how people were supported with activities such as cleaning and their personal care. One care worker told us, "I respect people's privacy and make sure I do not stop them from doing things themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider planned personalised care to ensure people had choice and control over their care. People's relatives confirmed they received the care they wanted, and care workers empowered them to make their own choices.
- Care workers told us they prioritised people's choices in how they wanted their care delivered and encouraged them to maintain control over their care needs. One care worker told us, "I encourage people to make their own choices. It could be anything like, what they want for breakfast or what they want to wear. I can give them choices based on what I know they've liked in the past."
- People's care plans were written in consultation with people and their families. Care records included personalised details about people's individual needs. This included people's preferences in relation to their routines and their food preferences as well as other matters.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities under the Accessible Information Standard. When conducting initial assessments into people's needs, the provider asked questions about people's communication needs and recorded this in people's care plans. We saw clear advice for care workers in how they needed to communicate with people.
- Care workers gave us examples of some people's communication needs and how they communicated with people. One care worker told us, "The people I support can speak, but I have to adapt how I speak. Short sentences, clear sentences."

Improving care quality in response to complaints or concerns

- The provider had a clear procedure in place for monitoring and acting on people's complaints. The provider had a complaints policy that specified the process and timeframes for responding to complaints.
- At the time of our inspection, the provider had not received any formal complaints, but the registered manager confirmed they dealt with people's requests straight away. People's relatives confirmed they would speak to the manager if there were any issues and although they had not made an official complaint, their requests had been dealt with.

End of life care and support

- The provider understood their responsibilities to deliver effective end of life care to people who needed it. At the time of our inspection the provider was not delivering end of life care to anyone. We saw the provider had an end-of-life section within their care plan for those who needed this type of support.
- The registered manager demonstrated an understanding of their responsibilities in this area. They told us they would work in consultation with people, their families and healthcare professionals to plan and meet people's needs.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider promoted a positive culture that achieved good outcomes for people. Care staff spoke positively about their colleagues and the registered manager. Their comments included, "Management is very accessible and supportive" and "My experience at Double Ark has been wonderful. The manager has been supportive and always ready to listen when he is called upon. I am happy to be a staff at Double Ark."
- People's relatives told us they felt comfortable speaking to the registered manager about any issues. One relative told us, "If there are any issues, once discussed, they are immediately addressed."

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 understood their legal responsibility to be open and honest when things went wrong. At the time of our inspection there had been no need for the provider to report any significant incidents to the CQC, but the registered manager demonstrated an understanding of the circumstances in which they would be required to do so.

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

- The registered manager and other staff were clear about their roles and responsibilities. We questioned care workers about their understanding of their roles and responsibilities and found there was a clear understanding in these areas which was reflected in their job descriptions. One care worker told us, "The most important part of my job is to make sure people don't feel alone. Whatever their challenges, I try to remind them they can do things for themselves and help is there when they need it."
- The registered manager had a clear understanding of their role which included their responsibility to manage risks related to people's care as well as other regulatory requirements.

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

- The provider engaged and involved people using the service and staff, while considering their equality characteristics. The provider conducted annual surveys to obtain people's feedback on the care they received. They also conducted bi-monthly "wellbeing" calls to check how people were and whether they could do anything else to support them.
- The provider also conducted monthly meetings. We reviewed the minutes of the latest meetings and

found various matters were discussed such as updating care workers on their wellbeing checks and training among other matters. Care workers said they found the meetings were useful and they felt listened to.

Continuous learning and improving care

- The provider conducted audits to identify issues and ensure they were meeting their responsibilities. We saw monthly audits of people's medicines as well as monthly care record reviews were conducted. The checks we saw did not identify any issues.

Working in partnership with others

- The provider worked with other agencies in the provision of people's care when needed. The registered manager confirmed they worked with people's healthcare professionals if needed.