

San Damiano Corporation Ltd

SD Care Agency

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

SD Care agency is a domiciliary care agency providing personal care to people in their own homes. The service provides support to people with a range of health and mobility needs. At the time of our inspection there were 60 people using the service. 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

People were kept safe by staff that supported them. There were enough staff to meet people's needs and where appropriate, people were supported with their medicines. People's individual risks were managed well and staff were aware of how to identify, record and report any safeguarding concerns.

Staff received training in specific areas to meet people's individual needs. The registered manager and senior staff also completed competency checks to ensure training had been effective. People's care needs had been assessed and reviewed appropriately.

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.

Staff treated people with kindness and supported people in a caring manner. People were treated with dignity and respect and encouraged to make choices about their care.

The registered manager had good oversight of the service and people, staff and relatives felt included in the running of the service. The registered manager and staff were working well with health and social care professionals and lessons were being learned to continue ongoing improvement of the service to ensure people were receiving the best level of care possible.

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 22 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and time passed since the last inspection.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

SD Care Agency

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

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.

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 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.

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 information gathered as part of monitoring activity that took place in March 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, nominated individual and other care and office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 16 care staff. We also reviewed feedback from three professionals who work with the service.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 3 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe being supported by the staff and the provider. A person said, "Staff have always kept me safe. I have never felt unsafe." A relative also said, "[Person] has always been safe, no concerns here."
- Staff were knowledgeable in how to identify, record, report and take action in response to safeguarding concerns. A staff member said of the safeguarding process, "It is being able to recognize and report incidents of harm, or poor practice that may lead to harm, to remain updated with needed trainings, making sure to follow the policies and procedures, to know when to use the Whistleblowing procedure." Another staff member said, "Take prompt action if I think that the patient safety, dignity and convenience is or possibly compromised by learning all types of abuse and how to protect them and help them."
- There were safeguarding policies and processes in place. We saw evidence where this had been followed appropriately when safeguarding concerns had been raised and the registered manager had worked well with other professionals to ensure safety concerns were addressed.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. People had separate risk assessments in their care plans to manage individual risks. These offered advice and guidance for staff to mitigate these risks. For example we saw separate risk assessments for catheter care, falls and memory issues amongst many others.
- People and relatives told us how staff were good at managing people's risks. A person said, "Staff know everything about me and my risks and keep me very safe."
- Staff knew how to keep people safe from risks and what action to take if they identified a new risk. A staff member said, "Risk assessment is always available when you identify possible risks or hazard. Evaluate the risk, record and inform line manager."

Staffing and recruitment

- There were enough staff to meet people's needs. In addition to this we received feedback that people received consistent staffing and had regular 'familiar faces' supporting them. A relative said, "What we like is their consistency (with staff). Regular, part time and full time people. Always with someone who knows him."
- Staff told us there were enough staff to cover all care calls and the registered manager and office staff were quick to cover unexpected absences to ensure all calls were still attended and people were safe. A staff member said, "Our managers are always making sure that any sickness absence that is notified to them is recorded and arrangements are made, where necessary, to cover work and to inform colleagues."
- We reviewed rotas that showed staffing levels were in line with people's required call times with adequate travelling time in between calls. This meant that all care calls could be utilised for the amount of allotted time ensuring safe levels of care.

- The registered manager followed safe recruitment process. This included reference checks, full history of employment, interviews and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where appropriate people were supported with their medicines. A relative said, "They (staff) know how to care for [relative] and what medicines to give at correct times."
- We saw where staff were supporting people with their medicines these were recorded appropriately. We saw examples of Medicine Administration Record (MAR) charts and medicine audits.
- Where staff were supporting people with medicines, they were subject to regular competency checks. This ensured people were being supported by fully trained staff and ensured medicine administration was being completed in a safe way in line with guidance.

Preventing and controlling infection

- People and relatives told us how staff followed all infection guidance. Staff also confirmed this and that they always had access to Personal Protection Equipment (PPE). A staff member said, "We do have access for hand washing gels and all other PPE."
- We saw an infection control policy. This ensured staff had guidelines if ever they needed a point of reference.
- All staff also received regular infection control training. This was regularly reviewed and additional information added to be in line with current government guidance in response to the COVID-19 pandemic.

Learning lessons when things go wrong

- The registered manager was keen to learn lesson wherever possible. They said, "We are all constantly learning. You are never going to know everything so we try to learn from all areas."
- We were shown examples of various audits that highlighted potential learning and improvement and action that had been taken.
- Accidents and incidents were reported and reviewed appropriately. These were then analysed to ensure if there was an opportunity to identify any trends or patterns. This ensured if preventative measures could be implemented they were.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People that were new to being supported by the company had full, thorough assessments completed. This ensured the service and the staff could fully meet the person's needs.
- Where appropriate, relatives had been involved in reviews to ensure people were being re-assessed when necessary. A relative said, "Sometimes the registered manager and office staff come around (person's home) with the staff for reviews and I know I have met them all so it's nice to have a face to a name when I call the office. They're really on board and very quick to respond always."
- Staff created care plans to ensure this contained guidance for all care staff to follow. This was clear and concise and detailed people's needs and choices clearly. This meant effective care could be completed.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained and knowledgeable in how to look after them. A person said, "Yes, they are all very knowledgeable." A relative also told us, "They appear to know everything I would expect them to know."
- Staff told us they felt supported in the training they had received. A staff member said, "Yes (feels supported). We have spots check on the field, online and in person training."
- New staff members completed all initial training alongside a period of 'shadowing' This meant the new member of staff would accompany an experienced member of staff until they and the managers were confident they could provide care on their own. The registered manager also told us as part of the induction senior members of the staffing team would take new members of staff to the homes of the people they would be supporting to introduce them so people knew them when they attended care calls.

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 and staff worked well with other agencies to ensure people received effective care in a timely way. One professional had provided feedback that said, "The SD care team are always proactive in approaching and working with occupational therapy, both in raising issues and working with plans, and have always been professional."
- Professionals that were working with SD care all provided positive feedback regarding their experience of effective working with the service, a second professional said, "Our working relationship with SD care is excellent. They are extremely efficient, professional, friendly, reliable, effective, very hard working and supportive. They are our top agency to approach when we are looking for packages of care for our patients. We also get great feedback from patients/next of kins when we complete follow up care calls."
- People and relatives told us that staff supported people to access health care in a timely way. A relative

said, "They know [person] really well, and they can sense when something isn't right and they will call the doctor, call 999 if needed."

- We saw evidence of health referrals made by the registered manager and staff. We also saw correspondence to show staff following up on results and further appointments. This showed staff were ensuring people had access to healthcare in a timely way.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All people and relatives who were spoken with about staff asking them for consent confirmed this always happens. Staff were also knowledgeable in this area. A staff member said, "Yes, it is what protects them to make a decision when one lacks capacity to decide for oneself." They then continued to explain the main principles to include never assuming someone lacks capacity and to find the least restrictive measure to put in place.
- There was nobody being supported by the service that were subject to community DoLS when we inspected. However, the registered manager was knowledgeable about what action would need to be taken if this situation arose.
- Capacity had been clearly assessed for people who were on a dementia journey and proof of legal power of attorney (LPA) had been established for certain decisions for people. There were also consent forms in people's care plans to ensure consent had been given by all people being supported.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People were treated with kindness by compassionate staff. A relative told us, "Until we got care in for [person] their quality of life was not good. Their life has got better. The carers have a laugh with [person] and they have a smile on their face. And even though they are living with dementia, [person] is the happiest we have seen them in years."
- Another person told us, "These lovely people came in to change care companies. They were like angels, they loved [person], and they cared for him."
- Relatives told us how staff treated people with respect. A relative said, "Staff are always very respectful and kind and caring in interactions I've seen."

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

- Staff asked people for feedback and offered them decisions about their care. A person said, "I can't praise them (staff) enough, they're very good. They always do extra little things for me and are always asking me what I think or whether I want them to do something different."
- Relatives also told us how staff encouraged people to make decisions. A relative said, "They (staff) are always checking if it is okay and if [person] wants them to do it differently."
- Staff also told us how important it was to give people choices and ask people how they wanted staff to deliver care. A staff member said, "I'm encouraging them to do these small things and this provides great impact. Such as asking them what they want to do or how I could help them every day. Allowing them to participate in decision-making, such as what food they wish to have, clothes they wish to wear, or where they want to stay during certain periods of the day."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A person said, "They (staff) are very, very good, I've been very pleased with them. They treat me with kindness and respect."
- Relatives told us how happy they were with the way staff respected people's privacy. A relative said, "Staff have got a very nice, respectful approach to delivering care. They are always very respectful of privacy when doing personal care and just in general being in [person's] home. For example, they always knock, ask if it's okay for them to come in."
- Staff were passionate about ensuring people's dignity was maintained. A staff member said, "I always remind myself how I wish others to respect me is also the same way I will do to others."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received personalised care from a core team of staff allocated to individual people. This meant people had the same staff who knew them well. A relative said, "Great improvement from the previous care agency we had, previous company you could see four different people a day and then the next day four different people. For a person living with dementia that was obstructive to care anyway this would cause problems with behaviours. This never happened with SD care. I couldn't speak highly enough about them."
- Care plans were detailed with people preferences, likes and dislikes. Feedback we received from people and relatives were that staff followed these care plans well to provide personalised care. A relative said, "[Person] dictates how they receive the care. All the staff listen and respond very well."
- Staff told us how important personalised care was. A staff member said, "We communicate openly with our clients, their families, and outside professionals. One of the most critical aspects of care, in our opinion, is effective communication. We constantly check in with our clients to see whether everything is to their liking and if they have any further concerns. We ensure their comfort by letting them know we are available and frequently lend a hand."

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.

- People and relatives told us staff communicated with them well. A relative said, "The communication is very good. They always make sure they have understood [person] and he has understood them."
- Communication plans were clear and in people's care plans. These detailed people's individual needs and offered clear advice and guidance for staff to follow.

Improving care quality in response to complaints or concerns

- People told us if they ever had any comments to make to the registered manager their calls were answered quickly. A person said, "When I phone up the manager the office staff are always very friendly and always quick to get back to you."
- Staff were confident in how to deal with complaints. When asked what action they would take a member of staff said, "To assess the situation and to apologise if it involves me and to make sure to inform the office so that I know where I can improve and better myself." Another staff member said, "I will apologise

immediately and report to the office."

- There was a complaints policy in place which showed clear guidance for what steps were to be completed to ensure any complaints raised were addressed thoughtfully and in a timely way.

End of life care and support

- People had end of life care plans in place. This ensured staff had advice and guidance on how to meet individual needs if they were to enter this phase of their life.

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 good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives felt involved, where appropriate and told us the registered manager and staff regularly communicated important messages to them. A relative said, "The office have always contacted me if they want to update me on anything. The other day [person] (or their cat) activated their fall alarm, even though the carer had been in for the evening, she still responded when I tried to contact her. They were available at a late hour."
- There were regular staff meetings, supervisions and appraisals to ensure staff were given the opportunity to raise ideas, concerns and suggestions. A staff member said, "Yes, I can (contribute my ideas). When I have any ideas, I will write a message to the office, letting them know about my ideas or suggestions and asking them if I should carry on with the new idea." Staff felt managers responded well to suggestions and confirmed they agreed with many suggestions and changes were subsequently made to ensure people lived a more empowered life.
- Regular feedback was sought from people and their relatives. We saw evidence of how this was analysed to look for patterns and trends and drive improvement from people's comments and responses.
- People received care that was person-centred and staff ensured people were listened to and care was delivered in line with their preferences. The service was inclusive to all of people's ideas on how they wanted to receive care and this meant staff ensured they received care and achieved good outcomes for people.
- The service was a 'for profit' organisation which meant that all profits went to charities that had been set up in both India and Africa for underprivileged people. We saw that people supported by these charities had good outcomes in the form of health, wellbeing and education.

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

- There was a duty of candour policy. We saw advice and guidance for staff on how to respond and include duty of candour if anything went wrong, or if there was an incident.
- The registered manager had a team of staff in the main office. This staffing team ensured that various areas of the company operated to the best of its ability. For example, we saw evidence of this staffing team keeping close observations of care calls in line with rotas to ensure calls were not delayed or missed. When we spoke to people, they all told us that staff were rarely late and had not missed calls which meant this system had been effective in providing oversight.

- The staffing team in the office met regularly to confirm the registered manager had full oversight of the operational side of the service as well as ensuring the service still remained in line with their core values of providing a good level of care.
- There were a number of audits completed on a regular basis. We saw examples of these audits and how they all contributed to a clear oversight of the business as a whole for the registered manager.

Working in partnership with others; Continuous learning and improving care

- The service worked well with a range of health and social care professionals. One professional feedback, "I have worked with SD Care with a few clients now and have found their communication to be relevant, informative and timely. These clients have presented with some challenges and SD care have embraced this (challenging care packages) making good progress. They have maintained good communication around concerns and risks and requested feedback from relevant agencies."
- We saw evidence of health and social care professionals being involved with care plans. We also saw evidence of staff following advice and guidance shared by reviewing daily notes in people's care plans.
- The registered manager and staff were keen to continue to learn from changes to guidance and legislation and kept themselves well-informed through various information outlets. The registered manager said, "We just want to continue to provide the best level of care possible and we want to continue to build and build and drive improvements all the time."