

Sovereignty Care Ltd

# Unit 214 2/8 Fountayne Road

## Inspection report

Unit 214, Tudorleaf Business Centre  
2/8 Fountayne Road  
London  
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22 December 2022  
20 January 2023

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Unit 214-2-8 Fountayne Rd is a domiciliary care service providing personal care to adults living in their own homes. The service provides support to people with dementia, a learning disabilities or autistic spectrum disorder, mental health needs, older people, physical disability, sensory impairment and younger adults. At the time of our inspection the service was providing care to 1 person.

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. At the time of our inspection there were three people receiving a personal care service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right support

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 lived at home with family members who told us their relative was safe with care staff.

People had their risks assessed to reduce the risk of potential harm to them. Risks were not always fully assessed. We have made a recommendation in relation to risk assessments. Recruitment checks were carried out to ensure staff employed were safe to work with people. Systems were in place to report and learn from any incidents where restrictive practices were used.

People were cared for and supported by staff who were suitably trained and supported to effectively perform their roles and responsibilities.

#### Right care

Care was person-centred and promoted people's dignity, privacy and human rights. People were safeguarded from the risk of abuse as staff knew how to report concerns should they suspect or witness abuse. Relatives told us staff were kind and caring towards their relative and treated them with dignity and respect. Relatives confirmed that they were included in decision making about their relative's care. People were supported to maintain their privacy, dignity and independence by a staff who knew them well.

People had their communication needs met and information was shared in a way that could be understood.

#### Right culture

The ethos, values, attitudes and behaviours of management and care staff promoted a service which was inclusive, empowered and encouraged good outcomes for people who used the service. Relatives spoke positively of the service. Managers ensured that staff had relevant training and supervision. Systems were in place to obtain feedback on the service and monitor the quality of the service. Audits were not always effective in ensuring records were consistent and detailed. We have made a recommendation in relation to effective auditing and recording of information.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16/09/2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the service no longer being dormant after becoming active in January 2022.

#### 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Unit 214 2/8 Fountayne Road

## **Detailed findings**

### Background to this inspection

#### The inspection

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 team consisted of 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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 December 2022 and ended on 20 January 2023.

#### What we did before inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 spoke with 2 members of staff, including the registered manager who is also the nominated individual and a care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records for 1 person, in relation to their care plan and risk assessments. We looked at 1 staff file in relation to recruitment, supervision and training. We looked at training data. We reviewed policies and procedures and records related to the running of the service. We spoke with 1 relative about their experience of the care provided.

# 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 service had systems in place to safeguard people from the risk of abuse. We asked a relative whether they felt their family member was safe with staff, they said, "They [staff] are very good, I'm very satisfied, excellent, yes [I feel safe]."
- Staff had safeguarding training and knew how to recognise and report abuse. A staff member told us, "We would protect the service user, document all details of incident, report to the manager, take staff away if needed, send details to the local authority and CQC." Staff described types of abuse, these included neglect, physical, financial and emotional abuse.
- Staff knew the whistleblowing procedures. A staff member told us, "Yes we have a procedure, if we have abuse from staff or any harm towards the service user, we would report to the management, if they do nothing then you can go to the police, the local authority and CQC, outside of the company."

Assessing risk, safety monitoring and management

- Risks to people were assessed and included areas such as risk of falls. We found some areas of risk required more detail on how to mitigate these and information recorded was repetitive, such as the use of a bath board and risks related to the person's health condition. Staff could describe how they kept people safe, this was not always recorded. This may put people at risk of receiving unsafe care from staff not familiar with the person, because risks identified were not fully documented.

We recommend the provider seeks guidance from a reputable source in relation to recording of risks related to use of equipment and health conditions.

- Staff understood risk and how to mitigate these. For example, a staff member told us they had completed a risk assessment for a person who is at risk of falls. This included prompting the person to use their walking stick and observing any environmental hazards. This helped to reduce the risk of the person having a fall and injuring themselves.

Staffing and recruitment

- Recruitment was safe and staffing levels met people's needs. The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We made the registered manager aware of a DBS for a staff member whose record required updating.
- Care visits took place as planned, this was confirmed by a relative who told us, "Yes they are there on the

dot, always on time and stay until the time is up."

- Staff told us there were enough staff to meet the person's need, they said, "Yes we do not have a lot of hours, 2 days per week we [staff] haven't had the contract for long. I do the care at the moment."

#### Using medicines safely

- Systems were in place to manage medicines safely. At the time of our inspection no one was being supported with medicines. There were processes in place to support safe medicine administration, including medicine administration forms for recording and administering medicines.
- Staff completed medicine administration training. Records reviewed confirmed this.

#### Preventing and controlling infection

- The service reduced the risk of the spread of infections through their infection prevention and control practices. Infection prevention and control policies and procedures were in place and staff followed these. A staff member told us, "We use personal protective equipment (PPE) face masks and gloves due to person's age, [person] is vulnerable."
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. A relative told us, "[Staff] wear gloves, apron and mask."

#### Learning lessons when things go wrong□

- The service had procedures in place to act on incidents and accidents and share learning from these.
- A staff member told us, "There has been no incidents or accidents so far, but if there was a fall for example we would check if first aid was needed or due to age [of the person who used the service] I would call for an ambulance as you never know if anything is broken."



# 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

- People's care needs had been assessed and care plans had been created to guide staff on how best to meet people's needs. The care plans identified needs, however, the information written was not always clear. For example, under medical history this refers to the health conditions, but how this affected the person's abilities and the support they require stated, 'poor general health.' This meant information about the person's health needs were not fully assessed. Other areas of the form had several typos and repetitive text, making the form unclear in places.
- Daily care notes described the care provided, however, these did not describe choices, such as choice of clothing. This meant we could not be certain that people's choices were considered when providing care.

We recommend the provider seeks advice and guidance from a reputable source in relation to completing needs assessments and recording daily notes.

- The registered manager told us during the assessment people are asked for example, "Their choice, communication, memory, physical ability, decision making, environment, hydration and nutrition, can they feed themselves can they take their medication. Preferences for care, we respect their preference, we give them choice. we always give them the choice."
- People's needs' assessments looked at for example, people's communication methods, medical history, preferences for care, for example, gender preference of care staff.  
Staff support: induction, training, skills and experience
- Staff had the skills and knowledge to carry out their role effectively. Staff had completed mandatory training in relevant areas to ensure they could carry out their role safely and competently. Training included, moving and handling, medicine administration, first aid, mental health awareness, learning disability and autism awareness, dementia and personal care such as oral health and pressure ulcer.
- A staff member told us, "Yes we do lots of training, 2 examples are the mental capacity act & infection control, it helps in our role."
- Staff completed an induction before working with people alone, this covered various topics. Records reviewed confirmed this.
- Staff were supported through supervision sessions and direct observation while carrying out their work. A staff member said, "We do have a number of meetings." The provider had a system for an annual appraisal in place, these were not yet due as the service had not been in operation for a year.

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.

- The service was working within the principles of the MCA.
- People were asked their consent before staff provided care.
- A relative told us staff talked to people before providing care, they said, "Yes they always talk to [person] when giving the care."
- Staff had received training around MCA and understood the importance of obtaining consent before providing care.
- The registered manager understood and worked within the principles of the Mental Capacity Act 2005. This includes the need to make best interest decisions and speaking with health professionals, where people lacked capacity to make decisions about their care and treatment.

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

- At the time of our inspection no one using the service was received support to eat and drink. This was confirmed by relatives who told us meals were prepared by them.
- The registered manager was aware of what would be expected of them should they be required to provide nutritional support to people with special dietary requirements.
- Staff had food hygiene training to support people safely with their meals should this support be required.

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 told us they were not currently working with health care professionals. Relatives currently provide this support. A staff member told us, "The family do all medical stuff; however, we ask for outcomes so we are aware of [person's] needs if they have changed and we record it in the care notes."
- The registered manager was aware of the need to work with other health professionals to maintain people's health.

# 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

- People were cared for by staff who treated them with kindness. A relative told us, "Yes [staff] are very caring, polite and friendly. They go out of their way to do things for me. I can talk to them they are very good at listening."
- Care plans contained information about people's background history and people important to them. This helped staff to provide care people needed.
- Staff spoke respectfully about people they supported and about how they would support them in-line with the provider's policies and procedures. Staff completed equalities and diversity training. Records reviewed confirmed this.
- Staff understood people's diverse needs. A staff member told us they would treat people from the lesbian, gay, bisexual or transgender (LGBT) community, "No different to anyone else, [I would] follow the care needs. We respect people's beliefs; we record this in the care plans."
- The registered manager told us staff completed training in equalities and diversity. "I am very serious, pronouns used, everybody is accepted. We train staff. Induction training will include people from LGBT community to come and talk to staff and create more awareness in care workers, we reassure clients."

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

- People were involved in making decisions about their care. A staff member told us, "Yes, they can be as involved as much as possible."
- A relative told us they were involved in decisions and discussed the care of their loved one. One relative told us, "Yes it [care plan] is in place we have been involved in it from the start."
- The registered manager informed us that people and relatives were involved in their loved ones care, they said, "Family are involved, family are going to have an input."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was encouraged.
- A relative told us, "Yes they protect [person] with a towel. We have the right level of support."
- Staff were able to demonstrate how they ensured privacy and dignity as well as giving as much independence to the person that was receiving support, as possible. A staff member told us, "We cover people up, make sure the door is closed, and no one comes in."
- Staff encouraged people's independence as much as possible. A staff member told us, "Yes, for instance if the person takes the sponge during their personal care, I will make sure they can reach it or hand it to them to do what they can."

# 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

- People received care that met their individual needs and preferences.
- Care plans provided information which supported staff to care for people in a way which met their needs and preferences. A staff member told us, "We try to put [person] in the centre make [their] own decision, [person] may prefer a strip wash or shower [they] will choose. We ask people how they want their care and follow this."
- The service was responsive to people's needs. The registered manager told us when assessing people's needs, "We have to make it personal to that person. For example, someone who can speak [the same language] or eat a certain way and only want that food. It is about identifying the needs of that person and making it personal to that person. Important to know the person's history and background, this will help you to design person centred care for them."

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 registered manager was aware of the requirements of the Accessible Information Standard. They told us, "Documentation available in easy read formats, braille, listening books etc. Making information assessable depending on their [people's] needs, the text, colour, language, how you make information accessible to people with variety of needs. If nonverbal, you can look at hand gestures, use objects or write it down if person can read."
- A relative told us staff communicated with people well, they said, "Yes they [staff] communicate very well with us."
- Care plans included a section on people's communication needs. At the time of our inspection the person using the service was able to verbalise their needs. A relative told us, "They [staff] communicate very well with us."

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

- The service assessed the people's social and cultural needs and developed plans to meet these needs.
- Staff supported people to participate in meaningful activities outside of the home environment, such as

walking to the shops. A staff member told us, However, due to the cold weather the person had not been taken out."

Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints. A staff member told us, "We have a complaints process in place so far we don't have any."
- The service had policies and procedures to process complaints. This provided guidance for people and staff on how to make a complaint.
- The registered manager told us, "We take verbal, written from any form. We have to respond back. Named person to manage complaint and investigate and give a resolution to the complainant and make sure where to go if not satisfied with our outcome, then lessons learnt. Is there anything we can learn from this."

# 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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, inclusive and achieved good outcomes. The service was planned around people's preferences and their needs. This was confirmed by the registered manager who said, "We look for goals, what [people] want to achieve from it. Each person's goals would determine the outcome."
- Relatives spoke highly of staff and the service. A relative told us, "Yes we get a very good service, excellent, they [staff] are well trained in their jobs."

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

- The registered manager had extensive care knowledge and experience and knew what was expected of them. The registered manager told us, "As registered manager [I am] legally responsible for the service, to make sure the service is safe, and doing risk assessments."
- Staff were clear about their roles and responsibilities and knew what was expected of them. A staff member told us, "We have positive feedback from the family and person. We lead by example."
- Systems and processes to audit, monitor and review the quality of the service included spot checks, monitoring calls and daily record checks.
- Audits were not always effective in ensuring records of people using the service and staff were consistent, relevant and accurate. Such as identifying inconsistencies with recording risk assessments and lack of detail in daily recording of care provided to people. The registered manager told us they would review their documents to ensure information was clear.

We recommend the provider seeks guidance from a reputable source in relation to effective auditing and recording of information.

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 registered manager understood their responsibilities under duty of candour and their duty to be open and honest when something goes wrong. They told us, "It's about transparency when things go wrong, we acknowledge, we send an apology letter and say what went wrong and how we learnt from it and make sure it doesn't happen again."
- The registered manager was aware of the type of incidents that required reporting to CQC. They said this includes, "Notification of absence of registered manager, death [off person who used the service] if staff

were there [at the time] of providing a regulated activity, safeguarding, medicine errors, change of location or adding a service to registration."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was being sought from people who used the service and relatives through spot checks and telephone monitoring of the service. This was used as an opportunity to learn and continuously improve the quality of the service they provided, should this be required.
- The registered manager understood the importance of equality and providing a service that met the diverse needs of people. The registered manager did not discriminate, and said they accepted everyone to the service.

Working in partnership with others

- The registered manager utilised the resources provided by the CQC and was aware of the need to work in partnership with healthcare professionals to ensure services delivered were unique to the people they cared for.