

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sovereign Domiciliary Care Services

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Tel: 01584811141

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Sovereign Domiciliary Care Services Limited
Registered Manager	Mrs. Gillian Ethel Overall
Overview of the service	Sovereign Domiciliary Care Services provides personal care and support for people in their own homes. The agency is based in Burford near Tenbury Wells.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with 12 people who received a service or their relatives. Everyone we spoke with was very happy with the service they received. They described it as, "Fantastic" and, "Really good". They also told us that the staff were, "Really good quality". Relatives of people using the service were also complimentary about it. They told us that the staff were, "Very flexible", "Very reliable" and, "Excellent".

We found that people's views and choices were listened to and respected. People were actively encouraged to participate in the planning and delivery of their support packages. We found that care plans were person centred and very well organised. The plans contained lots of up to date information to help staff deliver good consistent care.

We found that the provider carried out all the necessary checks on new staff before employing them. Staff we spoke with told us that they were well supported in their roles.

The provider regularly monitored and audited its own performance to ensure that it maintained and improved the quality of its service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us that they were very happy with the care they received. Comments included, "Everything about them is marvellous", "They treat me very well" and, "It's an excellent service". People described the staff as, "Very good", "Very helpful", "Really good quality" and, "Very responsive to my needs".

Relatives of people using the service were also very complimentary. One told us, "The service is excellent, you can't fault it".

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for six people. Each person had an assessment of need and a plan to meet those needs. The plans clearly explained to staff what to do to meet the person's needs on each visit. The plans encouraged staff to be flexible and to listen to people about exactly what they wanted during each visit.

People told us that they had been involved in developing their care plans. They told us that the provider was, "Flexible and responsive" if any changes were needed. People told us that the provider regularly reviewed their needs and we saw records of these reviews on people's care plans. Changes to people's care needs were cascaded to staff via their team leaders in a weekly email. Urgent changes were telephoned through to the relevant staff. This meant that people were getting the care they needed when they needed it.

We saw good examples of the provider working with other health care professionals to ensure that that people received the most appropriate care. For instance, we saw evidence that staff had alerted a person's GP when they suspected they had an infection. We also saw how staff cooperated with community nurses to help prevent one person developing pressure ulcers.

The provider used a telephone based monitoring system to record when staff entered and

left people's homes. Managers received an automatic alert if staff were late for a visit so that they could take immediate action to resolve the problem. People we spoke with told us that staff were very rarely, if ever, more than ten minutes late.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that there were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

We looked at the files for two members of staff who had recently been recruited. We found that both had been recruited in line with the provider's recruitment policy. References had been taken up and Disclosure and Barring Service (DBS) checks had been completed before staff were able to start work.

The manager told us that where DBS checks revealed any caution or conviction, they carried out an additional interview with the person concerned before making a decision on whether or not to offer employment.

The staff files we looked at were well organised and consistently presented. We were able to see that the manager had obtained two references for each new member of staff. We also saw fully completed application forms with no gaps in employment and completed interview notes.

The manager showed us evidence that adequate checks had been made to ensure that staff were legally entitled to work in the United Kingdom.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider was able to show us a variety of ways they monitored and audited the quality of the service they provided.

We looked at the results of the most recent survey the provider had used to collect the views of people who used the service. The results were overwhelmingly positive with scores of over 90% satisfaction in every area measured. We also saw the results of a survey used to collect the views of health care professionals who had regular contact with the provider. Again the results were overwhelmingly good with many positive comments about the cooperation between the provider's staff and the health care professionals.

We saw how the manager could examine the electronic booking in system used by care staff to analyse the number of late or missed calls. The system could also be used to ensure that staff had enough time to travel between jobs.

The manager showed us evidence of quality checks on the service delivered by individual staff. We saw how team leaders regularly conducted a tick box check on their team members during observed care. A manager also conducted spot checks on staff and produced a written report about the quality of service delivered.

We saw recent audits of medicines administration and of care plans. Each audit clearly identified any area for improvement and included a date by which the issue would be addressed.

These measures showed that the provider was ensuring that the quality of the service they provided was maintained and improved.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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