

Sovereign Domiciliary Care Services Limited

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Inspection report

Unit 6, Aspire Training Centre
Burford
Tenbury Wells
Worcestershire
WR15 8HE

Tel: 01584811141

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on the 29 September 2016.

The service is registered to provide personal care to people within their own homes who lived in the three counties of Shropshire, Herefordshire and Worcestershire. The office is located Tenbury Wells, with adequate parking facilities.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was last inspected in January 2014, when we did not identify any concerns with the care and support provided to people who used the service.

People were protected from the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had.

People were protected against the risks of abuse, because the provider had robust recruitment procedures in place.

Risk assessments were in place to keep people safe within their own home. These provided guidance to staff as to what action to take to reduce the risk of harm.

There were sufficient numbers of staff available to meet people's needs and keep them safe.

The provider had safe systems in place to manage medicines.

People were supported by motivated staff who had received training and guidance to meet their individual needs.

People's nutritional needs were routinely assessed, monitored and reviewed.

The provider supported people to access health professionals to ensure they received effective treatment to meet their specific needs.

Staff were professional, kind, caring and had developed positive relationship with people.

Staff were concerned for people's wellbeing and responsive to their needs.

Care and support was planned in full consultation with people and their relatives.

The provider promoted an open culture, was person centred, inclusive, open and transparent.

The service was involved in both the local community and had developed working relationships with local health care professionals.

The provider had clear arrangements in place to monitor, manage and improve staff practice.

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.

Staff knew what action they would take if they suspected any form of abuse.

There were sufficient numbers of staff available to meet people's needs and keep them safe.

The provider had suitable arrangements in place to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them. Staff felt valued by the provider, were supported in their role and received regular supervision.

Before any care and support was delivered, the provider obtained consent from the person who used the service or their representative.

Staff supported people to access health services as required.

Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who were professional and cared about them.

People were treated with dignity and compassion.

People's views and wishes were taken into consideration when providing care and support.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in full consultation with them. Care and support was personalised to their wishes and responsive to their needs.

Support plans provided clear guidance to staff on the level of support required for each person.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

Is the service well-led?

The service was well-led.

The provider promoted an open culture, was person centred, inclusive, open and transparent.

The service was involved in both the community and with local health care professionals.

The provider had clear arrangements in place to monitor, manage and improve staff practice.

Good ●

Sovereign Domiciliary Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 September 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff to obtain their views of the services provided. The inspection was carried out by one inspector from the Care Quality Commission (CQC), supported by three inspectors, who undertook telephone interviews.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing personal care for 69 people who lived in the Shropshire, Herefordshire and Worcestershire area and also provided other support to a further 12 people. We spoke with six people who used the service and 13 relatives. We also spoke with two health care professionals. We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included four care records, eight personnel files, medicine administration record (MAR)

sheets, quality assurance audits, minutes from staff meetings and questionnaires that the service had sent to people.

The service employed 43 members of staff at the time of our visit, which included managers, care coordinators, health care assistants and office personnel. As part of the inspection, we spoke with the registered manager, two assistant managers, and 10 health care assistants.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and trusted staff to come into their home to provide care and support. One person who used the service told us, "No issues with time keeping. If they are late the office will ring to let me know. The staff I know, it's not just a job to them, it's more than that." Another person who used the service said, "They are very good at calming me down and reassuring me. My routine is very important to me. They know this and understand exactly what I want them to do." A third person summed up the service by stating "Continuity, promptness and kindness," and that staff were flexible and happy to do anything they asked of them.

One relative told us, "The girls are very patient and kind and they will always make sure we have everything we need. As I said, they can't do enough for you." Another relative said, "We are really happy they are brilliant. It's perfect and very good. We have peace of mind that my relative is safe and we couldn't be without them." Other comments from relatives included, "My relative would tell me for a start if they didn't feel safe."

During our inspection, we checked to see how the provider protected people against abuse and ensured they were safe. We found suitable safeguarding procedures were in place, which were designed to protect people from abuse and the risk of abuse. Staff were able to describe the different types of abuse and what action they would take if they had any concerns. Staff also emphasised the importance of accurately recording their concerns and observations. One member of staff told us, "With safeguarding concerns, I would report any concerns to management. However, if I was on-call, I would also report concerns directly to social services or Police if necessary." Another member of staff said, "If I thought somebody was being abused, I would speak directly with one of the managers or contact other agencies like the Police or Care Quality Commission (CQC)." Staff had received training in safeguarding both at an induction level and subsequently as further training.

We reviewed a sample of eight recruitment records. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This demonstrated people were protected against the risks of abuse, because the provider had carried out robust recruitment procedures.

We found people had various risk assessments in place to keep them safe within their own home. These covered areas such as the home environment, use of any equipment and risks presented to themselves and staff attending the home. These provided guidance to staff as to what action to take to reduce harm and were regularly reviewed by the provider. One member of staff told us, "We are aware of the risks people face and I'm always looking to make the environment within the home safe by moving up turned mats and wires." Another member of staff said, "We actively look to reduce the risk of trips and other hazards when visiting. Risk assessments are documented in care files with clear instructions of what we need to do."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Every person we spoke with said that staff in the majority of cases always turned up on time, were reliable and stayed the agreed amount of time. They also confirmed that in the event of staff had being

delayed, they were phoned to let them know, or to inform them alternative staff would be attending. One person who used the service told us, "They are rarely if ever late. They will always contact you beforehand." One relative said, "Very good at time keeping and never late." Another relative told us, "Superbly reliable, only late once." One member of staff said, "I have a well organised schedule of visits, I'm never late and there is sufficient staff in my view." Another member of staff said, "Generally scheduling of calls is very good. The phone app we use is excellent as it contains all the information we need."

We spent time looking at the call monitoring system used by the provider known as 'People Planner,' which showed staff the scheduled calls they needed to attend by means of a 'mobile phone app.' This also enabled staff to record arrival and departure times of individual visits. Manager's actively monitored the electronic system, which enabled them to identify late calls and ring ahead to warn people of a late call if necessary.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. One person who used the service said, "They sort all my medication out, I am not very good at that. They order them and make sure I have the right ones. Never forget to give them to me every morning and evening." Another person said, "They (staff) always check to see if I've had my medicines." A relative told us, "The carers sort the ordering and administration of medication. They are organised and efficient with this and there has never been cause for concern." Another relative said, "I'm happy with the support provided for relative to take their medicines. Staff understand how to back off and repeat the request later if my relative initially refuses." We found assessments had been completed with regard to the levels of support people needed with their medication. All staff had received training on administering medication safely. Manager's undertook regular checks to ensure staff remained competent to administer medicines safely.

We saw the provider had systems in place to record accidents and incidents, which had taken place. We saw that there was a description of what had happened, which people had been involved and any necessary action that needed to be taken.

Is the service effective?

Our findings

People told us that they believed staff who supported them or their relatives were well trained and competent. One person who used the service said, "They are all very well trained and competent. They also always offer to do little extras for me." One relative told us, "Staff seem very well-trained and professional in their role." Another relative said, "Staff are definitely well trained, they make sure he is well cared for and will give me a ring with any concerns." A third relative described how they believed that the staff team who supported their relative were very knowledgeable with regard to catheter care. Other comments from relatives included, "Superbly trained, I'm really impressed with them."

We spoke with the assistant manager, who was responsible for training and staff development. They were also a registered nurse and an accredited National Vocational Qualification (NVQ) assessor. All new staff attended an induction programme designed around their previous experience of providing care and support.

The induction programme involved a 12 week probation period. It involved e-learning provided by social care television and practical training such as moving and handling, safeguarding and First Aid. Staff then underwent a period of shadowing experienced staff based on their level of needs. Staff would then be subject of a series of spot checks, which included feed-back from people who used the service. Training would be extended if staff had failed to meet the required standards. New staff with no previous experience of care were also required to complete the care certificate standards. The care certificate sets out specific learning outcomes, competencies and standards covered as part of induction training of new care workers. The assistant manager told us, that currently 54 per cent of staff had either achieved or were working towards an NVQ in social care.

Staff received annual mandatory training or specific in house training to meet the individual needs of people who used the service. For example, awareness training in Parkinson disease had been delivered. The service had links with other organisations to access training. For example, safeguarding vulnerable adults and children. Staff also received regular supervision and annual appraisals. This enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

Without exception, each member of staff we spoke with told us they received a lot of training and individual supervision and felt genuinely valued and supported by the provider. One member of staff told us, "Training is very good here. I'm up to date with my mandatory training, which consists of Health and Safety, food hygiene and medication, which were all on-line training. I have had practical refresher training in moving and handling, First Aid and fire safety. We get regular supervision and spot checks all the time, which is good. Makes staff remain focused on high standards of care." Another member of staff said, "Yes the induction prepared me for my role and I felt confident when I was able to work on my own without supervision." A third member of staff told us, "I get regular supervision from management and annual appraisals. We have regular spot checks, which are unannounced and ensure staff remain competent and able."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with were able to describe confidently the principals of the MCA legislation and confirmed they had received training.

We found that before any care and support was delivered, the provider obtained consent from the person who used the service or their representative. People told us that before staff undertook any tasks, they would always seek the consent of the person. One person who used the service told us, "They are not at all pushy, but they gently encourage you. But your decision is final, for example, if you don't want them to assist you with a bath that day." One relative said, "They always ask my relative for permission before doing anything like personal care or toileting." One member of staff told us, "All my clients can provide verbal consent. If there was a communication issue I would speak with the family or get guidance. I wouldn't do anything unless I was sure they were fully consenting."

People were supported to maintain good nutrition and hydration. We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. The provider spoke with people and their families at the initial assessment to determine people's food preferences. Meals and drinks were prepared for people who required this support. One relative told us, "They (staff) make sure that my family has got everything she needs. For example, they'll give her a bigger glass of water in hot weather." One member of staff said, "I'm also aware of issues effecting hydration and nutrition for clients. We monitor what they have to eat and drink and I always leave fluid available and encourage them to drink as much as they can."

People told us that they were supported to access health professionals to make sure they received effective treatment to meet their specific needs. We saw the provider had supported people in making referrals to relevant health professionals. One person who used the service told us, "I would not be able to live at home without them. At short notice, they will take me to the GP and hospital appointments. They are 'tops,' they give me a quality of life I otherwise wouldn't have."

One health care professional told us, the registered manager, who was a registered nurse, and staff had always been proactive in monitoring the health needs of their clients. If the registered manager or staff felt that the client was not coping, or was poorly, or more confused, they would contact the health care professional to go out and review these problems, providing the client was agreeable. We were also told that they believed this pro-active approach by the registered manager and staff had resulted in people avoiding hospital admissions, because of the prompt referral. Another health care professional told us that Sovereign had initiated or had been involved in a number of moving and handling consultations. They told us they found the provider to be accommodating and flexible where appointments are concerned. Where any actions or recommendations have been made as an outcome of an assessment, the provider followed them through in a timely manner.

Is the service caring?

Our findings

People and relatives consistently told us the service was professional, kind and caring. Staff had developed positive relationship with people, who looked forward to their visits and interaction. One person who used the service told us, "They're marvellous and so caring. They do everything they can and what I need done. They're all lovely girls and the back-up they have from the office is good. They're all very professional and proficient." Other comments from people who used the service included, "I wouldn't swap them for the world, they are brilliant." "Carers are flexible and happy to do anything."

One relative told us, "My relative has a very good relationship with staff and actually looks forward to the care staff coming." Another relative said, "The relationship my relative has with staff is very good, they are really caring and good." Other comments from relatives included, "We are very happy with them, they can be relied upon to do that little bit extra and my relative is very fond of the staff who come." "I can totally rely on them as they do over and above of what is required. They are very personal and provide a localised service. One member of staff lives near my relative and will pop in to see them on their days off to make sure they are fine." "Excellent service, you can't ask for any more. They are absolutely wonderful with my relative. Couldn't fault them at all."

One relative told us they were impressed with the little things staff did, such as chatting with their relative and asking them if there is anything else they could do. They told us staff were prepared to go the extra mile and gave an example of a member of staff picking up cheese from the local shop as their relative had run-out.

We found staff were concerned for people's wellbeing and responsive to their needs. One member of staff told us, "The agency is very centred on the needs of the clients. I have worked in other places and that hasn't always been the case. The agency is very driven in that respect. It's a local company, which people like and you are able to build up a rapport with regular clients." Another member of staff said, "We do extra things for people, which is not part of the care plan, but we are encouraged to do that time permitting." A third member of staff said, "I think they are an absolutely fantastic agency, best one I have worked for. It's all about the service user and someone is always there for you. If I have any concerns about the service user they will always respond."

We found that staff were sensitive to respecting people's privacy and dignity. People consistently told us that staff were very respectful when providing care. One person who used the service told us, "Their general attitude is one of respect. To put it mildly, they are all angels." One relative told us, "They are very good with my partner and try to keep her dignity intact and always make sure she is covered up." Another relative said, "They ensure he receives personal care and always respects his privacy and dignity when I've been present. They are all lovely." Other comments from relatives included, "My relative speaks highly of the girls and knows them by name. I've been present when the girls are there and they have been excellent at respecting his personal space and dignity." "They (staff) treat her with the utmost respect and they don't overstep the mark. If my relative says they don't want to have their shower yet, they respect that."

We found that staff recognised the importance of promoting people's independence. One person who used the service said, "I'm very happy indeed. I would not be able to live at home without their help." One relative praised staff for the way in which they have enabled their relative, who had dementia, to retain a strong sense of control over their life. They said "[Family member] does things in her own time and they don't contradict anything she says to them. They respect her reality." One member of staff told us, "We promote independence all the time. One service user had a fall and lost confidence. I always encourage and support him to walk so as to help him regain his confidence. I will give people their tooth or hair brush for example, instead of just doing it for them." Another member of staff said, "We definitely encourage our clients to do as much as they can for themselves. It is about starting with the little tasks to eventually encouraging people to dress themselves."

People told us they were able to make choices about the care and support they received and felt actively involved with the provider in determining the care and support they received. One person who used the service said, "We are always consulted and I feel very involved in the care I get." One relative told us, "When we started, one manager came and did an initial assessment of my relative's needs, which we were involved in. They are very good at keeping us informed of anything that happens and my relative will always choose what she wants and they always give her a choice." Another relative told us that staff always took their relative's wishes and preferences into account and that their relative was in control of their care.

Is the service responsive?

Our findings

People's care and support was provided by a team of staff who were able to demonstrate a good understanding of each person's needs and abilities. People told us that the care and support provided was specific to person's needs. One relative told us, "They (provider) gear the care to our relative's needs." Another relative said, "They are flexible in their approach and adapt to meet change in needs." Other comments from relatives included, "Their relative needed more assistance with mobilising, so their calls have been increased. Also, they can contact them to ask them to do an extra call and they will always accommodate this." "They know our relative's communication style well. They also know when they are having a 'quiet day,' and doesn't want a lot of chatter." "They provide support with my relative, when he was ill I was able to ring the office and speak with the girls. I never felt I was on my own."

People's care and support was planned in full consultation with them and their relatives. We found each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Support plans were located at each person's home with duplicates held at the office together with electronic records. An assistant manager explained how an initial assessment with the client and family was undertaken to identify people's support needs and to agree aims and objectives. Support plans were then developed to meet the person's specific needs. These were reviewed annually or when changes were required.

One person who used the service told us about a recent review they had been involved in as a result of a recent fall. The incident and resulting injuries had had been discussed and it agreed there was a need to increase the length of calls in order to provider effective support. They told us they were happy with this decision and that their risk assessment had also been updated to reflect the changes in their needs. Another relative said, "They are definitely responsible for allowing my relative to live at home with dementia."

The registered manager told us that they would never send a member of staff to a client who hadn't already been introduced. This was to ensure their clients were never put in a position whereby the member of staff at the door was a 'stranger.' The registered manager told us that they provided a high level of continuity of staff providing care, which was especially important to their clients who had degrees of cognitive impairments. One relative said, "Overall the carers are very good. They deal with problems and use their initiative. It is nice to have peace of mind with a service you can rely on. What's more I have confidence in everything they do."

One health care professional told us how the provider went out of their way, often at short notice, to support clients who needed additional care. They told us of an example where they had become concerned that a client wasn't eating very well and was losing weight. They spoke to the provider, where it was agreed that the person would be provided with fish and chips every week to help increase weight. The provider had supported this requirement, which resulted in the person increasing their weight and eating better.

The provider had systems in place to routinely listen to people's experience, concerns and complaints. The provider's complaints policy and procedures provided information about how people could inform staff if

they were unhappy about any aspects of the service they received. One relative told us, "There was complaints documentation and who to communicate with in his care file. I have never had cause to complain though." Another relative said, "I would ring if I had any complaints. A manager visits often, so I can always raise issues with her. I'm very pleased with the service."

In addition to reviews that were undertaken at regular intervals during a year, the provider also sent out questionnaires annually. These were sent to persons who used the service, relatives, staff and other healthcare practitioners that the provider worked with in the community.

Is the service well-led?

Our findings

Both people and staff we spoke with consistently told us that the service was well run and held the management in 'high regard' for the positive leadership provided. One relative told us, "It's very, very well-managed. I find them very approachable, and willing to act on any issues or concerns raised. I've got no qualms about phoning them (management). They've never turned me away. Their support has been brilliant." One relative told us how the provider operated in an open and honest manner and welcomed feedback. They said, "They (management) are completely open and honest. They're continually asking us if there is anything they could do better." Other comments from relatives included, "I know the manager who provides a really local service for people. I can't praise them enough." One health care professional told us that Sovereign care always seemed to go that extra mile for their clients. They often visited homes where Sovereign provided support and that they heard nothing other than positive feedback from their clients and families.

We found the provider promoted an open culture, was person centred, inclusive, open and transparent. One member of staff told us, "The culture is very good, we have very good leadership. We can raise issues and we are listened to." Another member of staff said, "There is always someone else you can talk to in the office if you have any concerns. I do feel valued and appreciated by management and there is a good culture here." Other comments from staff included, "They are really good to work for, the bosses are really nice and always there for you." "The service is professional and person centred. I really enjoy working here." "Very happy with an excellent company to work for, who really appreciate what you do." "What makes a big difference here is that management are actively involved with clients." "I'm very out spoken, they will always take on board what I say, they are never offended and always look to try to improve how we do our job."

There was a registered manager in place, who was present throughout our inspection. The provider had a visible management structure in place, consisting of the registered manager and two assistant managers. The registered manager told us that both they and one of the assistant managers were practising Registered General Nurses. The registered manager told us this foundation in nursing had allowed them to offer a holistic service. Through training and hands on support they had provided staff with the knowledge and confidence required to deliver high quality care. The registered manager told us that ensuring clients felt valued and respected was at the core of their philosophy of care. In recognition of this philosophy of care, staff received financial awards for their professionalism, integrity and commitment to both the people they cared for and the provider.

The service was able to demonstrate strong links with the local community and other professionals. Supplementary training through specialist healthcare practitioners had been arranged, where other independent parties involved in providing care support for the person in question were also invited to attend. For example, training for Asperger's syndrome was undertaken, where other personal assistants and social workers were invited to attend to benefit from this acquired knowledge and in turn best support the person. The provider told us that they had recently been nominated by Shropshire Partnership in Care for the quality of end of life care they provided.

The provider had arranged a Macmillan coffee morning at their office, an event attended by around 30 local residents including people who used the service, their families and staff. The service were also actively involved in supporting local charities. The provider was also directly involved with the local Patient Participation Group (PPG). The group's aim was focused on promoting and implementing effective change through improved communication between the GP surgery and the local community.

We found the service undertook a comprehensive range of checks to monitor the quality of service delivery. These included auditing of care files, medication records and monitoring calls. Unannounced 'spot checks' and 'observations' of staff were undertaken to ensure they were competent in providing care and support. We looked at minutes of team and staff meetings, which involved discussions about clients' needs, training and rotas.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.