

Sodark Care Ltd

Sodark Care

Inspection report

E9 IMex House, 575-599 Maxted Road
Hemel Hempstead Industrial Estate
Hemel Hempstead
HP2 7DX

Date of inspection visit:
23 July 2019
31 July 2019

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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

Sodark Care is a domiciliary care service providing personal care to 32 people at the time of the inspection.

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

Quality monitoring and management documentation were not always completed to show actions and outcomes, which meant that lessons learnt could not be shared with the staff team.

People had care plans and these covered people's immediate support needs, however did not capture the person's goals and details of how they wanted to be supported.

Following on from the inspection this was something that the registered manager started to implement. We recommend the registered provider seeks further guidance from a reputable source on effective governance and quality assurance systems.

People felt safe with the support being provided to them and felt the staff were kind and compassionate. People knew who to contact if they were unhappy with the support they received and believed that their concerns would be listened to and dealt with.

Staff felt they had the right training for their role and all staff went through pre-employment checks and completed an induction as well as shadowing other staff to get to know people.

Staff felt supported by the registered manager and felt they were available whenever the staff needed guidance.

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.

For more details, please see the full report which is on the CQC website at
Rating at last inspection

This is the first inspection. There is no previous rating linked to the service.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sodark Care

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 Care Act 2014.

Inspection team

The inspection team consisted of one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period 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 23 July 2019 and ended 31 July 2019. We visited the office location on 23 July 2019.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who was regularly involved in the service.

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 for 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

- People told us they felt safe when staff provided their care. One person said, "They are all kind people, they make me feel safe."
- A relative said, "They absolutely make us feel safe when they are in our home."
- Staff had received safeguarding training. The staff knew how to identify and report concerns relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us, "I would look out if they were nervous, any unexpected bruising, things you haven't seen before. Their behaviour and anything they are saying that might be a concern. I would the contact manager straight away, if they didn't do anything I would contact CQC."
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- Staff spoke about how they actively supported people when making choices, so they had as much control and independence as possible. The least restrictive option was always considered. One staff member said, "I would give them all the information they need. For example, if they are doing an activity that maybe dangerous, if they have the capacity to choose I would do anything I can do apart from explain to them."
- People had care plans that identified risks, however did not always detail how staff would safely support them. For example, where a person had support with moving and handling their risk assessment identified they needed to be transferred and what equipment to use. However, the risk assessment did not detail how staff should support the person. This was discussed with the registered manager at the time of the inspection and they were looking to develop this.

Staffing and recruitment

- People said the care calls were at times that suited them and helped them with everything they needed, and calls did not feel rushed.
- The registered manager ensured that rotas were managed effectively, and travel time was included. Staff said that if there was an emergency and cover was needed the registered manager would provide this.
- The registered manager was proactive with recruitment of new staff to meet the needs of the growing business. This meant that there was a regular staff team which gave people continuity of care and support from a constant staff team who knew them well and understood their support needs and preferences.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff received training to safely administer medicines for people. Staff's competency was checked to ensure they were skilled and confident to administer people's medicines.
- People received their medicines when they needed them.
- The registered manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

Preventing and controlling infection

- Staff received training and followed guidance relating to infection control.
- Staff had access to protective equipment such as gloves when they were supporting people.

Learning lessons when things go wrong

- The registered manager did not maintain any record of incidents or accidents, however staff gave examples of when accidents had occurred. This meant that these had not been documented and reported following the correct procedure.
- Staff said they felt comfortable speaking up when things may have gone wrong and this would be discussed with how they could learn from it.
- Staff understood their responsibilities when raising concerns and gave examples of when they have done this.

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 said they were able to make choices about the support they received. One person said, "They do listen to me. They do not interfere with the way we live, we are very pleased."
- People had assessments of their needs undertaken before the support began, this detailed expected outcomes and what they were able to do for themselves.

Staff support: induction, training, skills and experience

- People felt staff had the right skills and values when support them. People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. One staff member said, "I think the staff have the right skills, sometimes you get people that do things differently, I would tell them if I wasn't happy with how they supported me."
- Staff felt supported by their manager and had opportunity to discuss their professional development and wellbeing.

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

- People told us where the staff supported them with meals, the staff always asked what they wanted. People were able to tell the staff how they wanted the meal to be prepared and the staff listened to this.

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 gave examples of where they had supported people to gain their independence back which resulted in people not needing the support anymore. This showed that the registered manager and staff team were passionate about meeting people's outcomes.
- People were supported by staff who knew them well. Where people needed additional support from other agencies the staff helped coordinate with this.

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 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.

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.

- At the time of the inspection the staff did not support anyone who was subject to a DoLS application. Considerations had been made when completing the person assessment as to whether the person had capacity to make certain decisions.
- Staff were aware of what the mental capacity act meant. People said that staff offered them choice when being supported. One person said, "They always listen, they are very good, they always ask if its ok, no faults."

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

- Everyone we spoke with were positive about the care they received. A relative said, "I have had excellent care, they are very pleasant, and they are getting to know us, I have no problem."
- Staff were passionate about the care they provided and said they were able to get to know people as individuals and what was important to them.
- Staff felt that the registered manager showed kindness and consideration to them and the people being supported, one staff member said, "My manager is fantastic, they will make sure they celebrate occasions like birthdays with the people we support. I have never come across anyone like that."

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

- People and relatives were involved in reviews of their care. People felt they had control of their support and were able to make decision about their care.
- Where people had multiple agencies working with them staff made sure they worked collaboratively. One relative said, "They came in for two weeks whilst the (private) carer went on holiday, they came in and did each day and now they are back, we will be keeping them on to do weekend visits working alongside the other carers."

Respecting and promoting people's privacy, dignity and independence

- People said they felt their privacy and dignity was respected.
- People were encouraged to be as independent as they could be. For example, where someone had been discharged from hospital they had been assessed to have four calls a day., Within weeks with the staff encouragement and support the person started doing things for themselves and calls were reduced by half, this made the person feel empowered.

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 and relative said they were able to control how they wanted the support. Care plans did not always detail people's goals, skills and abilities and how they would prefer to manage their care, although outcomes from people's feedback showed that the support given focused on people's goals and abilities.
- The provider encouraged staff to keep records to evidence what support they provided to people at each care visit to show how they were achieving outcomes for people. This was then reviewed by the registered manager once a month.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people receiving the care were able to understand the information sent to them. Where people did not relatives said they were involved in the care.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately and actions were clearly documented and highlighted once improvements had been made.
- People and their relatives told us they knew how to make a complaint and that they felt they would be listened to. One person said, "I think they would listen, I have not had the necessity to contact anyone. I wouldn't have kept them on if I was unhappy. I am very happy with them."
- It was evident that the registered manager was committed to providing the best service they could.

End of life care and support

- Staff were not supporting anyone with end of life care at the time of this inspection. However, the registered manager confirmed that when supporting people in the past they worked closely with the relatives and health professionals to ensure the person was comfortable. The relatives offered very positive feedback about the experience.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Quality assurance audits were completed, however did not always detail areas of improvement and were not transferred into action plans. This meant that where improvements needed to be made these were not being actioned.
- The registered manager did not capture records relating to accident and incidents that staff had reported. Staff gave examples of accidents and incidents. When asked to review the learning form this the registered manager said there had not been any accidents or incidents.
- Although staff said they felt supported and had regular contact with the registered manager, this was not captured in records which would suggest supervisions and team meetings were not being completed.
- The registered manager had not completed a business continuity plan in the event of bad weather or staff shortage, however people and staff said the registered manager would cover the calls in this event, so none were missed.
- Following on from the feedback the registered manager confirmed they were working on implementing the improvements identified.
- The registered manager was open and knowledgeable about the service and the needs of the people using the service.

We recommend the registered provider seeks further guidance from a reputable source on effective governance and quality assurance systems.

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 responded to people in an open and transparent way when dealing with complaints. People and relatives said that the registered manager was empathetic in dealing with situations.

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

- People told us the registered manager was approachable and felt she was very empathetic, one relative said, "The manager visited and was very pleasant to my [relative]. [Registered Manager] was very sympathetic with their questions and was interested in my what [relatives] wellbeing."
- Staff told us that the registered manager was available if anyone needed to speak to them. One staff member said, "[Registered Manager] is always in contact. [Registered Manager] was the first to check in on

how I am if I have been off."

- The registered manager had clear passion for ensuring the care was of high quality. This came across in the discussions throughout the inspection.