

SOS Homecare Ltd

# SOS Homecare Limited - Statham House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected SOS Homecare Limited – Statham House (SOS Homecare) on 16 and 17 November 2016 and the first day was unannounced. The previous inspection took place on 8, 10 and 14 March 2016 and at this inspection, we found the service was not compliant in ensuring people using the service received safe and appropriate care that met their needs. We placed the service into special measures and we told the provider to take appropriate action. At this time, the provider agreed to enter into a voluntary undertaking to suspend the provision of services to new customers. This inspection was undertaken to check what progress the service had made to improve since we last inspected and focussed on the safe and well led domains where we had identified significant concerns.

SOS Homecare Limited – Statham House (SOS Homecare Limited) is a domiciliary care agency located in borough of Trafford, Manchester and provides personal and domiciliary care services to adults within their own homes. Care is provided for people with a wide range of needs across areas including Trafford, Urmston, Flixton, Timperley and Sale. At the time of our inspection there were about 150 people receiving services.

There was a registered manager in post and they had registered with the Care Quality Commission in November 2016. 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.

People and relatives told us they felt safe supported by the staff of SOS Homecare Limited. Staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns. This meant that staff were aware of how to protect people from risk of harm.

Risk assessments were up to date and we saw the service had introduced a risk assessment summary. These documents helped to ensure that staff supported people safely

There were mixed responses regarding the punctuality of people's care visits. Since our last inspection in March 2016, there had been significant improvement in the number of missed and late visits that people had previously experienced. The provider had implemented an electronic call monitoring system; this should further help to ensure that people were receiving care and support at times that suited them. People were generally satisfied with the consistency of care and told us they had regular care staff supporting them.

The recording of safeguarding incidents had been revised and saw that these records were up to date. This meant the service had an effective system in place to monitor people's safety and wellbeing. We saw that accidents and incidents that had occurred in the service was recorded and appropriate action taken to help ensure people were kept safe.

People had mixed views on whether or not the service was well led. At our inspection in November 2016, there was a registered manager in post. Staff at SOS Homecare Limited said the manager brought stability to the running of the service and that they were approachable and helpful.

We saw quality checks were undertaken in various areas such as staff spot checks, care plans and risk assessments, staffing concerns, incidents and accidents and complaints. We found that improvements had been made to help ensure the provider and registered manager could effectively monitor the quality and improve the care people received.

The provider had improved communications with staff via regular email updates and the formation of a staff council. This helped staff to feel valued for their contribution towards supporting people's health and wellbeing needs.

We saw that staff meetings were regularly held and this gave staff the opportunity to meet with managers and colleagues as a group to discuss service related issues.

## 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 not always safe.

People told us they felt safe and staff knew what actions to take if they had any concerns about people's safety.

Risk assessments contained sufficient information to help staff minimise or control identified or potential risks; they were reviewed and updated regularly.

The service had implemented various systems including an electronic call monitoring system which had helped to improve instances of late and missed visits, and continued to make appropriate improvements.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

People's views on how the service was managed varied. There was a registered manager in post and staff told us they provided reassurance and stability to the operation of the service.

Quality assurance systems had been strengthened and work was still in progress to ensure these effectively monitored the care and support people received.

Communications within the service had improved. The provider had implemented several initiatives to demonstrate appreciation for staff's performance and contribution to the service.

**Requires Improvement** ●

# SOS Homecare Limited - Statham House

## **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.

We undertook a focussed inspection on 16 and 17 November 2016 to follow up on the areas of improvement identified from a previous inspection in March 2016. At that inspection the service was rated Inadequate and placed in special measures. At this time, the service also entered into a voluntary undertaking to suspend the provision of services to new customers.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, the expert by experience was a person who had experience of caring for a family member who used care services.

We asked the provider to complete 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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

Prior to this inspection, we received intelligence from the local authority commissioning team who was working closely with the service and was supporting them with improvements to their care provision. We saw the commissioning team had conducted regular monitoring visits and we noted that substantial progress had been made.

We spoke with the registered manager, the deputy manager, an operational director, the care coordinator and two care staff. With their prior permission, we visited two people in their homes and we spoke with four people and two relatives on the telephone. We also looked at various records relating to the operation of the service; these documents included people's care records, staff recruitment files, training records and quality assurance documents.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with the care and support they received from staff at SOS Homecare Limited. Comments included, "I trust my carers; they are lovely", "I feel safe with them (care staff) and they don't rush me". A relative said, "[Person] is quite happy and has no problems with them (care staff)."

Staff we spoke with were able to explain to us how they would keep people safe and gave us examples of how they did this, for example, ensuring the environment was free from trip hazards and doors locked appropriately. They had received training in safeguarding and were able to give us examples of the types of abuse and what steps they would take if they suspected abuse was occurring. We reviewed records for training that staff were required to undertake and we saw that six staff should have had refresher training between July and October 2016. From our review of audit records, we acknowledged that these gaps would be identified in the service's monthly audits.

We checked to see that the service had a recruitment process which was safe. At the inspection in March 2016 we found the service could make this process more robust by adhering to the provider's policies. At this inspection, we looked at four staff recruitment files and we saw each contained a completed application form, interview records, photographic identification with proof of address, two references and a check with the Disclosure and Barring Service (DBS). The DBS helps providers make safer recruitment decisions to see the improvements had been made since our inspection in March 2016. In one of the staff files we found gaps in employment and education history that had not been explained and documented at interview. We highlighted this to the registered manager who gave verbal reassurance they would rectify the omission.

We asked people and relatives if care workers demonstrated good hygiene practices such as wearing gloves and aprons, and washing their hands as required. We had a mixed response. People told us, "They wipe down counters and clean up after helping with my meal", "They (care workers) both wear gloves and aprons but I haven't seen them use hand gel", "Not all of them wear gloves and aprons" and "(Care worker) doesn't clean the wash area after use". Staff we spoke were able to explain how they helped to ensure people were kept safe from harm of infection. The deputy manager told us and we noted that staff's hygiene practices were monitored at spot checks. This should help to ensure that effective infection control practice and appropriate quality checks were in place to keep people safe from harm of infection.

At the last inspection in March 2016, we found that people's care calls were often missed or late. Information we received from the local authority commissioning team confirmed this. We found at this time the service did not have enough staff deployed to safely deliver care and support to the number of people supported. This meant that people receiving services such as personal care and medication administration were put at risk. At this inspection, we checked to see if these issues had been rectified since our last visit. The local authority commissioners told us there had been a significant decrease in the number of safeguarding referrals received. The commissioners said, "We have not had any complaints for several months and the level of safeguarding referrals have reduced substantially."

We asked people if their care workers arrived on time and if they had experienced missed visits. People told us, "Normally the carers are on time and are regular carers", "They (care staff) used to come late but it's got better recently", "My carers are late sometimes. We're not always told why". No one we spoke with told us they had had a missed visit. The registered manager told us that as part of their quality assurance and governance systems they had introduced a new system of 'calling in the rounds' which helped to ensure call appointments were made and at the specified times. However the registered manager said there had still been occasions when visits were missed or late. Prior to our inspection in November 2016, the operations director told us the provider had decided to implement an electronic call monitoring system following successful trials. Electronic Call Monitoring (ECM) is a way in which a service can monitor care staff's visit/call attendance to help the service ensure that visits were not missed or late by alerting office staff that no one has visited at the prescribed time so that they can take remedial action and prevent it happening again. ECM can also show that staff are staying their allocated times because it also records when staff leaves the property. At the inspection, the registered manager told us the service had trialled ECM in three areas they provided services and that this had proved successful in reducing missed and late calls. They said ECM trial data helped to schedule visits and was useful for identify capacity. They said ECM should help the service to lessen the instances of missed and late calls across all areas as they planned to implement throughout the service. We will check this when we next inspect.

We looked at the visit times recorded in two people's daily records and we saw that generally care staff arrived at the allocated time. We did see one example where they arrived one hour later but we did not see on record any reason to explain this. We noted they did not always stay for the allocated length of time and in two instances overstayed the allocated time. We spoke with the registered manager about these examples. They were not able to explain the reasons why people had not received their care within the allocated time; however they told us that the newly implemented ECM system would enable them to analyse visit data and identify and address such variances. We will continue to monitor this issue. We asked the registered manager about staffing levels. They told us that while the service had lost some staff since the service had entered into a voluntary embargo with the Care Quality Commission; this meant the provider had agreed not to admit new people to the service until they had made appropriate improvements to help ensure the care and support provided was safe and effective. The manager told us that while the service continued to recruit new staff, they presently had sufficient staff to manage the number of people they provided a service to. Records we reviewed confirmed this.

At the inspection in March 2016, people and relatives told us there was a lack of continuity with care staff and they were supported by different care staff. At this inspection, people we spoke with said they had a consistent team of care staff. They told us, "I usually see the same ones (care staff); I have about three to four regular carers (and) very occasionally I get a different one; we've built up a good rapport", "I have consistent carers in the morning (told us name of care staff)", "Normally the carers are regular carers." This meant people were likely to know their care staff well and this helped to ensure that care was consistently delivered.

At our last inspection in March 2016, we found breaches in the Health and Social Care Act regulations relating the safe care and treatment because people's risk assessments contained insufficient information to help care staff to support them safely. At this inspection, we looked at 11 people's care plans and their risk assessments. We saw that risk assessments were up to date and they provided adequate information to guide care staff perform their roles effectively. We saw the service had introduced a risk assessment summary which helped care staff to quickly identify potential risk areas such as choking and swallowing and mobility. We were satisfied that the service had appropriate systems in place to manage people's risk and support them safely.



At this inspection, we noted the recording of safeguarding incidents had been revised and included details such as the staff member making the referral, agencies notified and brief details of the incident including person affected and outcomes. We saw that these records were up to date and that systems and processes were in place to effectively monitor safeguarding incidents. These should help to ensure people were protected from risk of harm and abuse.

Where required, people and their relatives told us they were supported appropriately with taking their medicines. One relative told us, "[Person] is encouraged to take her medication and checked to make sure (they have)." We saw from medical administration records (MAR) that care staff recorded what medicines had been given as well as when a person refused to take the medicines. This meant that there were appropriate systems in place to help support people to take their medication safely.

We saw a record of accidents and incidents that had occurred between January and November 2016. We noted the service took appropriate action to help ensure people were kept safe. We saw that accidents and incidents were analysed and reported quarterly to the senior management team. This should help managers identify any trends or patterns that could potentially affect people's wellbeing. We noted that these analyses helped the quality team to improve record keeping and reporting in general.

## Is the service well-led?

### Our findings

Comments people made about the service included, "Yes, I think it's alright", "I'm very satisfied with the service", "The service isn't well organised. Sometimes carers come very late, much later than expected and other times they are on time", "I want the service to run properly and the people working within the system to be trained properly" and "The office could be more organized. There's no reason why they can't call us to tell us when our carers are going to be late or not come at all, but most of the time they don't." Two people told us that the service did not always contact them to let them know when care workers would be late but that they would call the office to get information. We told the registered manager about people's complaints regarding not being informed when care staff were late. We also saw from audit records that this was raised previously. The manager acknowledged this and told us they would look into why people had not been informed. They said the introduction of the electronic call monitoring system (ECM) would help them to improve how they monitored care staff's attendance and help them communicate with people more effectively.

It is a requirement of the regulations that providers display the rating received in their last inspection conspicuously within the service and also on their website. Prior to visiting the service, we checked the provider's website but the rating of 'Inadequate' from the last inspection in March 2016 was not visible on the webpage for the SOS Homecare Limited service nor was it displayed in the office. We raised this with the registered manager and on the same day we saw they had updated their webpage and printed the rating for display in the office.

At our last inspection in March 2016, the service did not have a registered manager but an interim manager from one of the provider's other services was overseeing the running of the service. A new manager was appointed at the end March 2016 and they were registered in November 2016 with the Care Quality Commission. We saw that the registered manager was supported by a deputy manager. The registered manager told us they were supported by senior management who "trusted me to implement my ideas" based on their experience gained from working elsewhere in the sector.

Both care staff and administrative staff told us the appointment of the registered manager had brought stability and reassurance to the running of the service. They said the manager was approachable and led by example in that they occasionally did care calls. The registered manager said, "Thank you goes a long way. I always make time for staff. They know I'm here. I will always speak with them if they need."

At the inspection in March 2016, we found that quality assurance systems in place did not adequately monitor the service's operations to help ensure people received safe and effective care and support. We also found the provider did not demonstrate how the findings of quality checks were learnt from and used to make improvements and examples of poor record keeping and omissions of information.

At this inspection, we saw that quality checks were undertaken in various areas such as staff supervisions and appraisals, spot checks, care plans and risk assessments, safeguarding incidents and complaints. We saw an internal quality audit undertaken in July 2016 had identified that client care records needed to be

more organised and that daily records should be audited to identify errors. At our inspection, we saw this work had commenced and that approach used was systematic and thorough. We saw a revised and systematic audit of daily records and medication administration records (MAR) was undertaken each month. This audit clearly identified actions such as staff discussions regarding their recording errors and retraining, and we saw that these actions were followed up and closed when completed.

From records we reviewed, it was clear that senior managers and the registered manager had better oversight of the service's operations and that there was improved recordkeeping. We found that there was more in depth monitoring and analysis of the key areas such as safeguarding, staffing and supervisions, and care records. We saw that these were discussed and actioned at monthly senior management meetings.

We mentioned earlier in the report, the service was due to roll out an ECM across the service to help manage care visits. The registered manager told us with ECM they would be able to analyse call data in a systematic way to help manage missed and late visits by being alerted to them at that time and being in a position to respond and also in the scheduling of visits. This should support other existing processes to continually improve the quality and delivery of the care and support that people received.

We found the provider had taken steps to strengthen the quality checks done so that they were more effective in monitoring and improving the quality of services people received. We will check at our next inspection to see that these improvements have been sustained.

We noted the provider conducted an organisation-wide staff survey in August 2016; 25 percent of staff at SOS Homecare Ltd responded. An analysis of the responses made by staff at SOS Homecare Ltd, we noted the provider had identified key areas for improvement; these included increased communications, annual care staff awards, reviewing pay structures and the introduction of a staff council. From the terms of reference, we saw the staff council's role was to ensure that the views of all staff at the organisation were considered and effectively represented to senior management.

From records we reviewed during our inspection, we saw steps had been taken to improve communications between senior management and care staff. For example, we saw weekly messages from the managing director to care workers. Staff we spoke with told us they appreciated receiving these emails and they felt communication had improved significantly. We identified however that further work need to continue in relation to the lack of communication that people who use the service reported to us.

Another action we noted the provider had implemented was the annual 'Carer Awards' across the organisation; award categories included Home Care Worker, Care Newcomer and Outstanding Contribution. At the time of this inspection, nominations were being accepted and the ceremony was scheduled to take place in February 2017. This initiative demonstrated the provider's commitment to valuing staff for their contribution to providing services that helped people's health and wellbeing.

At our inspection in March 2016, we found staff meetings were irregular though two had been scheduled during our inspection. At this inspection, we saw from minutes of meetings that these were held every three months and we saw staff had the opportunity to discuss service specific issues such as health and safety, rotas, and the current voluntary suspension of new packages of care. From the meeting minutes of November 2016, we saw that the registered manager congratulated staff on their performance. This meant that staff were supported through these regular opportunities to meet with the manager and colleagues as a group and discuss service and other related issues.

We saw the provider had policies and procedures in place to give guidance and support to staff in

performing their caring role. Staff we spoke were aware of the service's policies and procedures.

The registered manager was aware of their legal requirement to notify the CQC of certain changes, events and incidents affecting their service or the people who use it; these are called statutory notifications. We found these were submitted as required.

Following our inspection in March 2016, the provider voluntarily agreed with the CQC to suspend accepting new clients until the service had made the appropriate improvements to the quality of the service provided. At this inspection we found the provider had made adequate improvements in all of the areas identified in March 2016 and were continuing to strengthen these with the support of the local authority. This included ensuring consent to care and support was appropriately gained and conducting regular staff supervisions and annual appraisals.