

SOS Professional HomeCare Ltd

SOS Professional Home Care Ltd - Office

Inspection report

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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

SOS Professional Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It was providing a service to ten people at the time of this inspection.

A registered manager was in post. 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 their relatives told us that staff were kind, respectful and caring. They said that the service provided was consistent, of high quality and personalised to people's individual needs. The service asked people about the care they wanted and involved them in making day to day decisions about the support being provided, helping them remain independent where appropriate.

People and their relatives told us that they had regular staff visiting who were punctual and communicated well with them. They said they would recommend the service to others.

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

Staff had received training in the Mental Capacity Act (MCA) and understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to inform the care plan for each person. The service kept people's needs under review and made changes as required.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The service promoted a culture that was person centred, open and inclusive. People using the service and their relatives said that SOS Professional Homecare Ltd was well managed and responsive to their needs.

We have made recommendations about improving the management of risk and making sure that all staff receive regular documented supervision.

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

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

There were sufficient staff employed to provide care and support. The service carried out checks on new staff to make sure they were suitable to work with people using the service.

Staff had access to personal protective equipment for the prevention and control of infection.

We have recommended that the service review its procedures and documentation around the assessment of risk to fully ensure the safety of people using the service and the staff proving their support.

Is the service effective?

Good ●

The service was effective.

Staff completed training to provide effective care and support to people using the service.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People were supported to stay healthy and well. The service made appropriate and timely referrals to other relevant health professionals when required.

We have recommended that the service implement a system for structured supervision of staff to regularly review their practice and focus on their professional development.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

Is the service responsive?

Good ●

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service and their relatives felt able to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

People using the service and their relatives told us the service was well managed. Senior staff were available, consistent, and led by example.

The service carried out checks to monitor quality in the service and make improvements where necessary.

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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 gave the service 24 hours' notice of the inspection visit because it was small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 1 November 2017 and ended on 17 November 2017. One inspector carried out the inspection. We visited the office location on 1 November 2017 to see the registered manager and office staff; and to review records and policies and procedures.

We spoke with the managing director, registered manager, deputy manager and two care staff. We also reviewed the care records of three people using the service and staff recruitment and training records for three care staff working for the service.

Following the site visit we spoke with four people using the service or their relatives by telephone. We also received comments from one external healthcare professional by email.

Is the service safe?

Our findings

People using the service said they felt safe in the care of the staff who supported them and that their home environment and property was respected by staff. One person told us, "Feel safe? Yes very much so. They do respect my home." A relative told us, "They are always doing the right thing, there have been no problems."

People were kept safe and protected from neglect, abuse and discrimination. The service had safeguarding policies and procedures for managers and staff to follow if required. A whistle blowing policy was also in place. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected.

Staff confirmed they had completed training in safeguarding adults and said they would approach the managers if they had any concerns. One staff member said, "I would inform the office. They are good at responding."

Managers and staff were not however always aware of the risks that people faced and their role in managing these. The written information held by the service about risk was not always comprehensive. Care records did not consistently include detailed assessments completed by the service looking at risk so that any safety concerns could be identified or addressed. For example, any risks within a person's home environment.

We recommend that the service review its procedures and documentation around the assessment of risk to fully ensure the safety of people using the service and the staff providing their support.

People told us that regular staff supported them who were familiar and knew them well. One person using the service said, "I have two carers and one other who covers their days off so a regular group of three staff." The same person told us, "Their timekeeping is great, they are never late." A relative told us that the service had recently introduced a new member of staff who worked alongside the regular carer so they got to know the person and vice versa.

Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Staff files included proof of the person's identity, references and a Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

The registered manager told us that staff were not administering medicines to people using the service at the time of this inspection but were reminding some individuals as necessary. A relative commented, "They pop to the chemists to pick up their medicine." There were suitable systems for the safe management of people's medicines. Administration records were available to be completed by staff and any support given reflected in people's notes. A medicines policy and procedure was available for guidance and this was in line with national guidance.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves

and aprons. This meant staff were protected from potential infection when delivering personal care. One staff member commented, "I get gloves and aprons. They make sure I get them." A person using the service confirmed that the staff working with them always wore disposable gloves when required. Spot checks on staff additionally documented whether PPE was available and used appropriately.

Staff understood their responsibilities to raise concerns and report incidents and near misses. One staff member told us that the small size of the service meant they were in constant contact with the office.

The service respected equality and diversity. Equality and diversity policies and procedures gave clear guidance to staff care workers to help make sure people's rights and diverse needs were respected. Care staff completed online training and had a good understanding of how to protect people from discrimination and harassment.

Is the service effective?

Our findings

Staff had the right skills and knowledge to carry out their roles. One person using the service commented, "They are very well trained." A relative commented, "Very competent. I have no worries about that. [Carers name] is brilliant." Two relatives spoke highly of the effective care service provided compared to their poor experiences with other agencies. One told us, "I think they are amazing." The other relative said, "They have taken a lot from my shoulders."

An external care professional said that their client had given feedback that SOS Professional Homecare Ltd was providing an excellent level of care and the staff were 'proper carers'.

Records showed that care staff undertook induction training that was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced carers for a number of calls until they were confident to provide support independently. One staff member commented, "I shadowed other staff and got feedback both from them and from the clients." Mandatory training was completed electronically including privacy and dignity, infection control, health and safety and manual handling. One staff member told us about the dementia training they had completed and how it affects people differently. A system for monitoring training and making sure it was up to date was being implemented at the time of this inspection.

Staff said they felt well supported by the management team. One staff member commented, "We are always talking. I learn from them." Documented one to one supervision was not however being consistently provided to staff members. The registered manager was aware of this shortfall and told us that support tended to be provided informally on a daily basis as the service and staff team was so small. We recommend that the service implement a system for structured supervision of staff to regularly review their practice and focus on their professional development.

Support plans included details of any support people needed with their nutrition and hydration and we saw staff recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a particular diet. One relative commented, "They prepare their meals every day. They always do it right."

The provider worked with the local authority to make sure they identified and met people's care and support needs. Some people using the service were referred by the local authority and their care records included an assessment of their care needs and a suggested package of care. A local authority commissioner reported that there had not been any concerns reported to them and told us there had been some very positive feedback about the service from the people they had referred.

The registered manager told us the service monitored people's health and would report any changes to the family, GP and social worker as required. A relative told us, "They let us know about anything." An external professional reported that the service had worked proactively with them to address any individual health issues. For example, encouraging a person to reduce their cigarette smoking or making sure people had the

right equipment to meet their mobility needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the (MCA) 2005.

People told us they were able to make choices about the day to day care they received. One person using the service told us, "They ask me if that's ok." A relative said, "They talk to them. They go out of the way to help them in the way they want."

Staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA). Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support. One staff member said, "I get their consent. I ask them every time."

Where people lacked capacity to make some decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests. The relatives we spoke with said the service communicated well and consulted with them regarding any issues or concerns.

Is the service caring?

Our findings

People using the service told us their privacy and dignity was respected and that they were treated with kindness. People were consistently positive about the caring attitude of the staff. A person using the service told us, "Very respectful. They treat me like a human being." A relative said, "They really do care. They could not be more pleasant." A second relative told us, "They go out of their way to help."

Care staff spoke respectfully about the people they supported. One staff member said they treated people the same way they would their own family members. They said, "I ask them. I treat them like my own mum." A person using the service said they thought the staff knew them very well. They said that staff always respected when they were feeling unwell and treated them in a sensitive manner.

Care plans included some information about the person's background and preferences although this section could be expanded. The service matched staff to people according to their stated preferences including gender and cultural background where possible. The registered manager told us they put a strong emphasis on providing a personalised care service and getting to know people well. One staff member told us about the person they worked with including their history and their individual preferences for how they were supported.

Two relatives commented on the personalised approach saying the staff spent time talking to people and went 'over and above' what was expected. One relative commented, "They are more like a friend or companion. They have nice talks with them. Brilliant." We saw evidence that staff celebrated people's Birthdays with them including buying them a card and a small cake.

People using the service said that staff respected their dignity and privacy. Staff were able to tell us about the way people liked to be supported including their likes and dislikes. They also told us they respected people's privacy by closing doors and curtains when necessary and keeping people covered up during any personal care.

People were involved in making decisions about the support they received. Care plans were regularly reviewed and helped the service support people in their daily life as well as keeping their independence. For example, one care plan stated how the person was independent with certain aspects of their mobility and the specific support they required from staff. Spot checks took place that included obtaining the views of people using the service.

People told us they had the same staff for each visit. They said that staff arrived on time and the service contacted them if there were any issues or changes. One person told us they had regular staff and the service was communicated well with them. A relative commented, "Any slight problem, they let me know." Care staff said they had enough time to provide people using the service with the care and support they required.

Is the service responsive?

Our findings

People said that they received care and support that was responsive to their needs and preferences. One person told us how the service had helped them when they needed extra support for a short period. A relative spoke about an emergency situation and the quick response from the service to a request for help.

People were able to contribute to the planning of the care and support they received. Before they started to provide support to people, a senior staff member visited them to complete an assessment of their needs and get their feedback about the support they required. Where care was commissioned by the local authority, records also included a supplied assessment and care plan. The agency assessments were basic but covered people's personal care, physical and mental health support needs. A care plan was then written based on their identified needs.

People using the service told us the care and support they received was in line with their preferences and established routines. Care plans included information about people's physical and mental healthcare needs. We discussed developing the care plans to be more personalised with the registered manager. They showed us some more comprehensive care plan formats which they were looking at using as the service developed and expanded.

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of regular spot checks by senior staff including of the care documentation in place at the person's home. Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided including the person's mood and information about any changes in care needs.

Care staff told us the service gave them information about people's care and support needs before they visited them for the first time. One staff member told us they visited with a senior colleague until they and the person using the service were happy. Technology was used in providing the service and this was accessed by staff via their mobile phones. The system displayed their schedule and allowed them to document any concerns or changes in people's needs instantly.

The provider worked with the local authority to make sure they identified, met and responded to people's care and support needs. One external professional told us the agency worked well with local authority social workers to provide them with the information they needed.

There was a procedure for responding to any concerns or complaints they received from people using the service or their representatives. People and relatives spoken with felt able to report any concerns to the service and had confidence these would be resolved. There had been no complaints about the service since it commenced operation in December 2016. One person said, "I have no complaints." A relative commented, "They are always responsive when I phone them."

Is the service well-led?

Our findings

People and their relatives told us the service was well led. They consistently reported that they were happy with the care and support provided by SOS Professional Homecare Ltd. One person commented, "They ring me back within five minutes, they always sort things out for me." A relative said, "I would definitely recommend them, they go out of their way to help." Another relative told us, "I could not think of any way they could improve." A third relative commented, "I cannot praise them enough to you."

Staff told us they felt respected, valued and supported by the registered manager and other senior staff. One staff member said, "I am very happy working for them. They are lovely people." Staff told us they received feedback from senior staff in a constructive and motivating way. This also included awards for working well or completing their Care certificate training.

A registered manager was in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a clear leadership structure in place. The registered manager was also one of the providers of the business. They were supported by a newly recruited deputy manager and another senior staff member in overseeing the overall operation of the service.

There was a strong emphasis on learning and developing the service focused on ensuring a high quality of service to the people using it. One relative commented on a senior staff member always wanting to ensure "the same exceptional quality." The managers had put systems in place to support the growth of the service including computerised care records and an external quality assurance system with policies and procedures that were updated in line with national guidance. Local authority representatives had visited the service to undertake quality checks and reported that actions had been taken promptly as and when required.

Feedback was obtained from people through care review meetings and spot checks of individual staff carrying out their duties. The service kept a record of compliments from people and their relatives. A recent comment was "I could not have done it without you" referring to the care and support given to their relative. The registered manager stated that other methods such as annual surveys would be undertaken to obtain the views of people and other stakeholders as the service grew in size.

The service worked in a collaborative and open way with external stakeholders and agencies to support the care provision. Feedback received from an external healthcare professional was positive and we saw evidence of the service communicating with other involved healthcare professionals to help ensure joined-up care. For example, with other homecare agencies providing services and with community nursing staff.

There were systems in place to ensure the security of confidential information. There were secure password log-ins for the computer systems in use and paper records were also kept securely.

