SOS Homecare Ltd

Millhouse

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 14 and 16 November 2018 and was announced.

Millhouse SOS Homecare Limited, provides personal care for people aged 55 and over. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. There were 14 people receiving personal care when we inspected.

At our last inspection we rated the service good. At this comprehensive inspection we have rated the service 'good' overall but rated the safe question as 'requires improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in place. A 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 were very positive about the support they received from the service.

Staffing levels were sufficient to provide safe care and people were supported by a small and familiar staff team. Recruitment checks had ensured they were suitable to work with vulnerable adults. We noted that records relating to reference checks could be more robust.

We found some shortfalls relating to medication records, which did not always contain sufficient detail. Records relating to risk did not always reflect the action that had been taken to mitigate risk. Where necessary people had equipment needed. Where we found concerns with records the registered manager was aware of them and had an action plan in place to address them.

Staff were trained and received ongoing support from the registered manager. However, work was being undertaken to ensure that staff supervisions and spot checks were carried out as frequently as required.

People's needs continued to be assessed before they started using the service and were reviewed to develop their care plans. People received appropriate support to meet their nutritional needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service promoted a culture of dignified and respectful care. People told us that were treated by staff who were kind and caring. They were involved in decisions about their care and the development and reviews of care plans. People had close and effective relationships with staff due to the small staff team.

People received care and support that was personal to their needs and was responsive to their changing needs. Each person had a care plan and in some cases. we found they lacked person centred details. However, staff were knowledgeable and had sufficient guidance to meet people's individual needs.

People had regular contact with the management team, and reported no difficulties in raising any concerns about the service if necessary.

People were positive about the way the service was managed. The service continued to monitor and assess the quality of the service they were providing to people. Internal audits had highlighted some areas for improvement. We recommend the provider continues to monitor and evaluate the existing quality improvement initiatives until improvements are shown to be sustained and embedded in practice.

Staff said they felt supported but raised some concerns about the accessibility of the management team at times. The registered manager told us they would address this.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We found some shortfalls relating to medicines records.

Action had been taken to manage risks, but records were not always specific enough.

There were sufficient staff to meet people's needs.

Systems and procedures were in place to safeguard people for harm and abuse.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good.

Millhouse

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 was planned to check 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 14 and 16 November 2018 and was announced.

The provider was given 48 hours' notice because the location provides support to people in their own homes and we needed to be sure that someone would be in.

This inspection was carried out by one inspector and one 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.

Before the inspection we checked the information we held about the service. We looked at any notifications received and reviewed any information received from the public. 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 contacted the local authority to seek their views about the service. They told us they had no current concerns.

During the inspection we spoke with two people who used the service over the telephone. We also visited three people at home and a relative. We spoke with the registered manager, deputy manager, operations director, a senior carer and three care staff.

We reviewed four people's care records, looked at three staff files and reviewed records relating to the management of medicines, training and how the registered persons' monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found some areas for improvement relating to medicines management and records relating to risk. We have rated this domain as "Requires Improvement."

We found some shortfalls related to medication records. Some people were prescribed PRN or "as required" medicines. People spoken with told us that staff administered their medicines and applied creams or ointments as they needed them. However, care records did not provide guidance to staff about when this type of medicine should be administered. We saw for example that one person was unable to inform staff about when their "as required" medicines were needed and there were no directions available. We also found that people where needed support to apply creams or ointments, full details or body maps to guide staff were not always included in the care records.

Staff were trained in the safe management of medicines and their competency was checked by senior staff. We looked at medication administration records (MARs) which were completed and showed people received their medicines as prescribed. MARs were audited on a regular basis to identify any shortfalls and if necessary take further action. The provider's quality assurance process also monitored MARs and had identified in some cases where action was necessary.

Where necessary people had equipment needed such as, pressure relieving mattresses, bed rails with safety covers and were offered a personal alarm if they were at risk of falling. People had been referred for further assessments when necessary, for example to an occupational therapist to support with mobility needs. People had access to a call system whereby they could call staff in an emergency.

We found that records relating to risk did not always reflect the action that had been taken to mitigate risk. Each person had a risk assessment form in place, which covered numerous activities including moving and handling, risk of falls. The form identified the activity, risk, control measure and whether any further action was required. However, of those reviewed we found standard control measure in place for each person, which did not always include individual details relevant to that risk. For example, one person was at risk of falling and staff told us their health needs impacted on this risk. Whilst actions were included around the use of a falls pendant, not all relevant information was included such as the importance of the person taking medication. In another example, we saw that steps were being taken to prevent one person from developing pressure ulcers, but the information was not included as part of the risk assessment.

Records indicated that staff had sought guidance from a health professional following a concern around a person's swallowing. Advice had been given to use thickening powder in their drinks and we saw that thickener was available to the persons apartment. However, records did not state how much product was required to achieve the required consistency. Staff did not think this needed to be administered but this was not clearly recorded. We asked the management team to confirm the instructions and were subsequently advised that the thickener was no longer required, however the person's records did not provide clear guidance.

Where we found concerns with records the registered manager was aware of them and had an action plan in place to address them. The management team had arranged for a senior carer to work at the service to develop the care plans and risk assessments.

People told us, "Continuity is good"; "I feel very safe that they come and see me" "Their (staff) timekeeping is good"

People told us there was enough staff available to support them. All the people we spoke with said staff generally arrived at the agreed time and stayed for the agreed length of time. They told us they never felt rushed and were able to chat with staff. There had been no missed calls. Staff told us there were sufficient numbers of staff available to meet the needs of the people they supported. When staff were off work, other staff supported one another to cover care calls. If there were any unexpected delays then staff ensured people were informed.

We reviewed staff recruitment practices. Staff files contained appropriate application forms, records of identification and references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. However, we found two examples where although references had been obtained, these were not from the previous employer, as required by the provider's own policy. When we highlighted this, we were advised that references had been sought but not provided. The operations director confirmed that such information and analysis would usually be recorded on a specific form but this had been an oversight in this case. She confirmed that in future procedures would be robustly followed.

The provider had systems and processes in place to keep people safe, such as safeguarding policies and procedures. Staff were trained in safeguarding and understood how to report any concerns. They were clear about what constituted abuse and how they could report any concerns. We found the registered manager understood their responsibilities in relation to safeguarding and local reporting procedures. It had not been necessary to make any recent safeguarding referrals for the service. The operations director also undertook monitoring to ensure that appropriate referrals were made where necessary.

The registered manager had records in place to monitor any accidents and incidents. We saw information was reviewed by the provider to identify any trends and learning so that action could be taken to minimise the risk of any further occurrence.

Infection control policies and procedures were in place. Staff received infection control training and were provided with personal protective equipment (PPE).

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People told us, "I like all my carers and they always ask me what I would like to eat and drink"; "I can't fault the carers"; "Very friendly and very effective care staff" and "Having a stable team is brilliant."

The provider continued to ensure that staff received an appropriate induction based on The Care Certificate prior to starting work at the service. The Care Certificate is a nationally recognised and accredited system for inducting new care staff. Two members of staff had completed work books, undertaken training and shadowed experienced staff as part of their recent inductions.

In-house staff delivered a training programme and offered bespoke training if required. Staff undertook training in many areas including, safeguarding, medication, moving and handling and infection control. They told us and records confirmed that staff received refresher training on an annual or bi-annual basis. Several staff had undertaken national vocational qualifications (NVQ) in health and social care.

Staff felt supported in their roles and most told us they had received supervision meetings with a senior member of staff. However, the provider's quality audit processes had recently highlighted that the service was behind in ensuring that all staff had received supervision in line with their own policy. The registered manager told us this was due in part to some senior management changes and that action was now being taken to get back on track with regular supervisions. We saw that a new supervision and appraisal record had been introduced which covered areas, including training and development, safeguarding and medication.

People continued to be involved in the assessment of their care and support needs. Prior to people purchasing or renting their property, staff liaised with the local authority about the level of care the person needed. People told us their care was delivered in line with their preferences and care plans we looked at showed people's needs and choices were assessed.

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 Act.

We found the service was working within the principles of the MCA. The registered manager had an understanding of mental capacity and staff had been trained in the MCA. They were aware of their responsibilities to ensure people's consent was sought before providing care and support. Care plans provided guidance about people's mental capacity and where necessary capacity assessments and best interest decisions were undertaken. Where the person had a lasting power of attorney (LPA) in place. Copies

of the legal documentation were held on their care file. Details of the LPA and their contact details were available for staff.

Some people were supported by staff to eat and drink sufficiently. Care plans included information about the support they required. Where there were any concerns about nutritional risks we saw that appropriate action had been taken. We saw for example that staff supported one person to have a low-fat diet. People told us that staff always asked what they would like to eat before preparing any meals. In some cases, staff supported people to access 'The Bistro' within the complex, where they could enjoy a meal whilst socialising.

We saw evidence of the service working effectively to deliver positive outcomes for people. People were supported to maintain their health and wellbeing through access to a range of community healthcare services and specialists. The service liaised with social workers, district nurses, GPs, specialised nurses and others where required. For example, occupational therapy assessments were requested in response to changes in a people's mobility. The registered manager was also working with a local health project to reduce falls and admissions into hospital.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People told us, "They're very caring staff and can't do enough for me"; "They really do care" and "All staff are very caring and understanding."

The service had a relatively small staff team, which meant that staff were consistent and had built up effective relationships with people. People told us they always received support from the same group of care staff, who knew them well. Staff spoken with were knowledgeable about people's individual needs and had information about their backgrounds and preferences. Staff explained, "We get to know people well, it's knowing the little things that's important" and "It's important to build a relationship with people and do what's important for them." People told us that all staff were very caring, had time to listen to them and considered how they were feeling.

We saw the provider had received several compliments about the care provided, for example, one relative had written to express their thanks. They said, "The level of care has been excellent." Information about the service was available in a 'service user guide', which was given to people and provided all relevant information about the service, how to contact and who to discuss any questions or issues with.

People continued to be involved in decisions about their care and were involved in the development and reviews of care plans. They told us they were supported to make choices and staff respected their routines and preferences. For example, one person preferred to get up later in the morning, so calls were scheduled at a suitable time. The service could meet people's needs in a flexible way, for example being able to increase or decrease care visits on a temporary basis dependent upon people's changing needs.

People's diverse needs were considered. Care plans included people's cultural and religious preferences. Equality and diversity was included within the provider's mandatory training requirements to ensure people were cared for without discrimination and in a way, that respected their differences. One staff member commented, "Our training teaches us to respect that everyone is different."

People and their relatives were supported to access information about other services available. For example, staff had recently supported a person's relative to access appropriate services to help support them in their caring role. The service promoted independence and staff encouraged people to retain as much independence as possible, one person commented, "Having the care staff encouraging me to do as much as I can is a good thing to keep me active."

People told us they were supported in a way that respected their privacy and dignity. Staff had the opportunity to talk and listen to people. One carer said how they took time to explain to people what they were doing. Care plans included information which promoted dignity and privacy. For example, one said, "At all times my carer will treat me with dignity, listen to me and talk to me in my preferred manner." Staff spoken with could provide examples of supporting people in a dignified manner. The provider continued to ensure that people's records were kept securely and confidentially.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Comments included, "All my needs are met"; "I was involved in the care plan and reviews" and "Staff and office staff listen to my needs."

People continued to received care that was centred around their individual needs. Staff were aware of people's individual preferences and the importance of this. People spoken with confirmed that their choices were respected. They told us, "My views and likes and dislikes are taken into to account"

Each person had a care plan in place which covered areas including, mobility, communication, health needs, nutrition, personal care, medication and sleeping choices. Care plans contained information about people's life histories, important relationships and their preferences, such as whether people preferred a male or female carer. The care plans included information to guide staff about the support people required at each care visit. However, the care plans were based around a sequence of questions with tick box answers. We found in some cases that information required further personalised detail. For example, one care plan noted that a person had a catheter and needed support with their continence care, but there were no specific details to guide staff about this. In another example a care plan had not been updated sufficiently to reflect the changes in the person's needs.

When we spoke with staff they were knowledgeable and had sufficient guidance to meet people's individual needs. They told us any changes or updates were shared with them through a daily handover meeting. The registered manager was aware that some of the records needed to be improved and they were taking steps to address this. Reviews of the care plans were undertaken with people and their relatives on a least an annual basis or sooner if necessary.

Staff continued to ensure that detailed daily records were maintained. Any changes to people's needs were identified and staff informed the manager when people's needs increased who then liaised with the local authority where necessary to increase the amount of the care that a person needed. In some cases, the service supported people at the end of life to remain in their own homes. The staff worked closely with health care professionals such as GPs, district nurses and Macmillan nurses to provide appropriate support.

The service identified people's communication and information needs. Communication support plans were in place if people required support with their communication needs, we saw an example where staff supported a person to communicate through a written format. The provider was aware of the Accessible Information Standard which aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People were advised that information could be provided in alternative formats.

The provider was not commissioned by the local authority to provide recreational activities for people. However, the service had identified this was area they wished to develop further in conjunction with the housing provider and were looking at how they could arrange events and trips out. They had facilitated a

Christmas lunch at a local pub for several people. Staff also supported people to access activities held in the extra care scheme if needed.

The provider continued to have a policy and procedure in place which provided clear information for people who used the service. The complaints procedure was available to people and discussed with them when they started with the service. There had been three complaints so far in 2018, which were logged with any actions taken to resolve them. People told us they felt able to raise any concerns should they need to and that these would be dealt with. They said, "Any complaints are dealt with" and "If I have a compliant I would speak to the office."

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led. People, their relatives and staff overall were positive about the way the service was managed.

There was a registered manager 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. We found that the registered manager was keen to improve the quality of the service and took immediate action to address any issues raised during the inspection.

The service had been through a period of change and management restructure. Overall staff told us they felt well supported and able to raise any issues or concerns with the management team. However, some staff expressed concern about the accessibility of senior staff, as they were not always available on site. We discussed this with the registered manager who told us that the management team were always contactable on the telephone or present at a nearby location. Staff confirmed they could telephone the manager if necessary. The registered manager was responsible for three locations and the deputy manager for two. They were recruiting for a new senior carer and had temporarily transferred a senior from another of the provider's locations to provide some support. The registered manager assured us that in future, shifts would be organised to ensure there would always be a senior staff member on site. She agreed to clarify the on- call procedure for staff, so they were clearer about the appropriate management contacts.

The provider had systems in place to monitor the quality of the service. Various checks and audits had been undertaken and were effective in monitoring the quality of the service provision. The registered manager was required to provide a weekly report to the provider which covered areas such as staff sickness, supervisions, complaints, compliments, safeguarding and any missed visits.

Where any issues were identified we saw action was being taken to address the issues. The provider carried out a quality management audit every three months and some of the issues identified at this inspection had already been highlighted for improvement. For example, a six week action plan was in place which included improvements to the frequency of subversions and spot checks. We saw that action had been taken from a previous audit relating to medication documentation and other issues were being addressed. The operations director and managing director also undertook regular visits to monitor the service. The registered manager told us they were addressing issues relating to care records. We recommend the provider continue to monitor and evaluate the existing quality improvement initiatives until improvements are shown to be sustained and embedded in practice.

Staff told us that they worked well as a team. They told us "We have a good team". Staff meetings were held and the registered manager said they had focused on staff communication and felt that staff morale had improved. The registered manager planned to spend more focused time at Millhouse now that she had

access to mobile computer facilities.

Senior staff led by example and occasionally worked alongside staff to provide the care. This included the operations director who undertook occasional shifts to enable her to understand and monitor how people received support. People told us that all senior staff were approachable and available if they needed to speak with them.

The service worked in partnership with many agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The provider had facilitated a wellbeing event at one of its locations and continued to attend these events to provide people and staff with information about services and support available. Staff had worked with the Alzheimer's society to ensure that staff had received 'dementia friends' training.

Systems were in place to seek the views of those using the service. These included, care plan reviews, quality reviews and a formal annual satisfaction survey. We saw evidence that the last satisfaction survey had taken place in March 2018, responses had been collated and were mainly positive, action plans formulated to address any comments and concerns raised. The housing association at Millhouse held regular meetings and staff from SOS Homecare attended these meeting to enable people to provide feedback about the service. We saw that a suggestion made at one of these meetings had been taken forward by the provider.

The registered manager was aware of the requirements of their registration and what they needed to do to comply with the regulations. There was a display of the previous CQC rating in the building and on the registered provider's website