SOS Homecare Ltd

Oakmere

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

Overall summary

This inspection took place on 20 May 2015 and was unannounced.

This service is provided by SOS Homecare to people living at Oakmere which offers extra care housing where people have their own individual apartments. They provide personal care and support to approximately 21 older people; people with learning disabilities; physical disabilities; people with mental health needs and complex needs. Staff are provided on site over 24 hours, seven days a week. They also provide on call support from senior carers.

The care agency had a manager in post who had applied to be registered with CQC. 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.

Summary of findings

At our last inspection in September 2014 we found that action was required from the registered provider to address issues relating to support of staff and medication management.

We also served warning notices on the provider with regard to assessing and monitoring the quality of the service.

Following this the provider sent us an action plan telling us about the improvements they intended to make.

We noted improvements to the service during this inspection and saw evidence to show the compliance actions and warning notices had been met.

The experiences of people who used the service were positive overall. People told us they felt the carers provided them with good quality, safe care. People were at the heart of the service, which was organised to suit their individual needs and aspirations.

We saw that people's medicines were securely stored and safely managed. The provider had a policy to guide staff regarding the safe management of medicines. Staff were aware of the actions to take in the event of an error when giving medicines.

There were robust recruitment checks in place so that people were protected from being supported by unsuitable or unsafe staff.

We looked at the duty rotas and spoke to staff about the numbers of staff on duty. We found there were adequate numbers and skill mix of staff on duty to meet the needs of people living at Oakmere.

We saw records which showed that staff training had taken place and all staff were up to date with appropriate training including the Mental Capacity Act 2005 so that they could ensure that people were properly cared for. Staff were confident and knew how to make sure people who did not have the capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest.

Staff were encouraged to raise concerns and report incidents. Incidents were used as an opportunity to review what worked well for each person and what needed to be changed.

The agency had a complaints procedure in place. We saw that complaints were logged and investigated and any actions taken were recorded to show what improvements had been made to the service.

The provider had robust quality monitoring systems in place to monitor the quality of care. Continuous improvement plans were in place which identified any shortfalls and action plans, set deadlines and were regularly monitored and reviewed.

Summary of findings

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.

People were protected from harm. Risks to the health, safety or wellbeing of people who used the service were fully understood and addressed in their care plans, or with other organisations, where appropriate.

Care workers had the knowledge, skills and time to care for people in a safe manner.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

Accidents and incidents were recorded and actions taken to address any patterns or trends and explore how staff could enable people to reduce the recurrence of incidents.

Good

Is the service effective?
The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People's consent was sought before care was provided. Staff were aware of the details of the Mental Capacity Act 2005 and of how to provide services in people's best interests.

Good

Is the service caring?
The service was caring.

People spoke highly of their care staff. They told us they valued the relationship they had with the care workers and expressed great satisfaction with the care they received.

Care staff communicated well with people. People were pleased with the consistency of their care workers and felt that care was provided in a way they wanted it to be.

People felt involved in decision making about their care. People felt care workers treated them with kindness and respected their wishes.

Good

Is the service responsive?
The service was responsive.

Changes in people's needs were quickly recognised and appropriate action taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Any changes requested were made quickly without any difficulty.

Good

Is the service well-led?
The service was well led.

There was a strong emphasis on continual improvement and best practice.

Good

Summary of findings

Staff had developed links with a variety of external organisations to enable them to assure quality and identify any potential improvements to the service. This meant people benefitted from a constantly improving service.

Staff worked as a team and the provider had clear values which they passed on to staff. Staff were encouraged to challenge and question practice and supported to change things that were not working well.

Oakmere

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 carried out an unannounced inspection on the 20 May 2015. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about SOS Homecare.

During our inspection we saw how the people who lived in Oakmere were provided with care from SOS Homecare. We spoke with five people living there, two family members, six staff members including the manager and quality manager. We looked around the building and facilities and with their permission visited five people in their apartments. We reviewed care and staff files as well as other documentation relating to the provision of care, including policies and procedures, training records and audit materials.

Good

Is the service safe?

Our findings

People told us that they were provided with care and support which safeguarded them from harm wherever possible. Comments included "I trust the staff with my safety. They make sure my flat is safe and that my equipment works" and "They make sure I am alright to go out on my own. If they see that I am having difficulty, they assess me, speak with my social worker and either take me to my club or ring to say I am unable to attend. They are angels".

People told us they were actively encouraged to raise concerns about safety and were confident that any concerns they did raise would be acted upon appropriately. One care staff member told us that the housing provider encouraged staff to be alert for the safety of the premises and raise concerns as required.

The provider's risk management policies and procedures showed the ethos of the service was to support people to have as much freedom of choice in their lives as possible. Staff understood people needed be exposed to some risk as part of their daily lives as long as individuals, others or staff were not put at unacceptable risk. Records showed the manager empowered people in positive risk taking by providing staff with direction and support to weigh up the risks and benefits and balance people's wishes with the need to keep them safe.

People's risk assessments were developed with them and highlighted any risks and showed how they had been supported to reduce risk. They were reviewed and updated as needed and changes were discussed with the person and agreed. A recent risk assessment involved a mobility issue where the person was assessed as needing assistance to attend a local club as their mobility had deteriorated. This meant that care was provided in a way that would reduce the risks to the person concerned.

The service provided a 'Service User Guide' which provided people with information about what keeping safe means. This included individual rights, personal safety, types of abuse, bullying and how to raise concerns, including who to speak with, and tips for using public transport.

The provider had safeguarding policies and procedures and staff were trained about the different types of abuse. Staff spoken with understood the signs of abuse and of how to report concerns within the service and to other agencies.

Accidents and incidents were recorded and reported to include any triggers and immediate actions taken. Records confirmed all incidents were discussed at staff meetings to identify any triggers and explore how staff could enable people to reduce the recurrence of incidents.

During the previous inspection there were concerns about the overall management of medications. There was little evidence to show that care workers were supported consistently and appropriately to administer medication safely.

During this visit we saw that improvements had been made to the medication management systems used by the agency. Staff had received updated training. Systems for storing, administering and recording medication had been reviewed and amended to ensure all medication was managed safely.

We saw that people received their medication safely and were encouraged to take responsibility for their own medication, according to their ability. Staff told us they supported people to become more independent with their medication and this was identified in their risk assessment. Each person's individual assessment showed the support they needed to take their medication. People kept their own medication securely in their apartments. Care records held detailed information about each item of medication and staff training records showed that they were trained to support people who needed assistance with their medication. Medication records viewed were clear and detailed what medication had been provided, the date and time it had been provided and the staff member who had assisted the administration.

We looked at staff files to see if the registered provider took steps to make sure that people working for the agency were suitable. We saw that the provider used an application form to obtain an employment history and took up references from previous employers or other appropriate sources. Staff files each had a photograph of the employee as well as proof of identity. We saw relevant checks had been made before staff were appointed including Disclosure and Barring Service checks.

Good

Is the service effective?

Our findings

People told us that they received care from experienced staff. Comments included "I have got to know the staff very well and they know what they are doing", "They understand me and know what I want" and "Staff are nice and the service they provide me is good", "They know my needs and know how to look after me" and "They come at the agreed time, do what I want them to do and they are grand". One person told us that they thought of the care staff as family. "They are all very different but they are all lovely. They know what they are doing and when to do it". Another person said "She (carer) is like a breath of fresh air. She is very kind and listens to me. She tells me everything she is coming to do and she does it well".

People made their own minds up about what they wanted to eat and drink. However, staff told us that they prompted people to adopt good housekeeping principals. These included checking the fridge and freezer for sell by dates and promoting people to achieve a balance between healthier meals and convenience foods. We saw several people who used the service having a cooked meal in the Bistro area of the complex. One person told us that "the meals are good and it is an opportunity to have a balanced meal and a good chat with friends".

The service had a comprehensive programme of staff training. Training records showed the training all staff were required to take to meet the needs of the people they supported such as safeguarding, Mental Capacity Act, first aid, fire safety and moving and handling. In addition, staff undertook training to meet people's specific support needs, such as epilepsy or diabetic care.

New staff undertook an induction programme after which they were assessed to check that they had the right skills and attitudes for the people they supported.

We saw records of staff appraisals through which they discussed their own development and individual training needs. Staff also had regular opportunities to meet up together and reflect on their practice and identify ways to improve the service. Each staff member had a personal development plan which was constantly reviewed during one-to one supervision sessions. Supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. We saw that these had taken place usually two monthly and included discussion of performance issues and training as well as overall staff wellbeing.

We saw that both supervision and ongoing training was tailored to the individual staff member and their own developmental needs. For example three staff members told us how they were provided with additional training in management and leadership and encouraged to develop within the service and achieve more senior roles.

We saw that staff meetings were held each month with agenda items such as fluid and nutrition, medication, CQC inspection report, staff morale and evaluation of staff training. Staff told us that the open atmosphere in the service enabled staff to work together, share concerns or ideas and enjoy working for SOS.

The Mental Capacity Act 2005 includes arrangements for people who are not able to consent to certain decisions. The Deprivation of Liberty Safeguards do not currently apply in a setting such as a domiciliary care agency as people are residing in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection.

Where a formal assessment of capacity was required we were told that this would be provided by the local authority. Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. However discussions with staff identified that they had received training in respect of The Mental Capacity Act and The Deprivation of Liberty Safeguards and had knowledge and understanding of the processes involved.

We saw that there was a care record file in each person's apartment. We saw that staff entered information about what had occurred at each visit to ensure that information was passed between staff to promote continuity of care. Care records demonstrated that people gave their consent to any treatment before it was provided. Where people lacked capacity there was evidence of family and staff involvement in 'best interest' decisions making in partnership with other health and social care professionals.

People were confident that care staff would arrange the appropriate support for them from a health professional such as a doctor if they required this. People told us that staff contacted the doctor if they were unwell. We saw that

Good

Is the service effective?

records contained details of where carers had referred people to a health or social care professional to meet a person's needs. For example requesting a GP or district nurse or contacting a social worker to discuss a person's change of needs.

All care plans viewed showed that the level of care and support had been agreed and signed for by the person who used the service or their representative.

Good

Is the service caring?

Our findings

People were treated as individuals. People were happy with the carers who visited them and spoke positively about them. People told us that their privacy and dignity were respected. Comments included “They always knock on my door and wait for me to shout to them before they come in”; “They close the curtains before they assist me with anything private, like helping me wash and dress. This shows they respect my dignity”, “They are angels. They do everything for me in such a caring way. They are like family, I love them all” and “They have changed my life. Care staff are kind and considerate, call on time and never let me down”. One person told us that they had used other care agencies in the past and said “I did not know that this high level of care existed. If I had known I would have changed to them much sooner. The staff have assisted me to improve my mood and look at life more positively”. Another person said “They are the best, I am very well looked after, and they support me and care for me. I am one hundred percent happy with the service, however they deserve more money”.

People who lived in Oakmere enjoyed a high level of privacy and dignity because they lived in their own apartments. People had their own ‘front door’ and were able to invite care staff into their homes. People told us that they had their own bedrooms, bathroom and toilets which helped when staff were providing personal care.

People were encouraged to manage their own personal care and staff told us they only helped with aspects the person could not manage. They said that this assisted people to retain their dignity and maximise their independence.

Staff communicated effectively with people who used the service. Any specific communication needs and people’s individual methods of communication were addressed in their care plans. Staff told us that because of the consistency and continuity of care they were able to develop understanding of the people who used the service and quickly recognise and respond to non- verbal communication.

With their permission we visited five people in their apartments. We saw that staff knocked on people’s doors and waited for permission before entering the premises. We observed staff interacting with people who used the service in a friendly and caring manner. Staff identified in discussion that they knew the care needs of each individual and had clear knowledge of their likes, dislikes and capacity. Staff told us that they had worked with people for quite a long time and were therefore able to get to know them and be consistent with their care.

During the inspection we saw that the staff of SOS acted as lay advocates for the people who lived at Oakmere if they did not have anyone to assist them. We saw that staff assisted people to get assistance with a housing repair or help with household equipment. One person told us that they needed help with curtain hanging and staff had spoken with the property manager who had provided assistance in this matter.

We saw that the agency office was situated within the housing complex. Staff told us that the office was open day and night to enable staff to access any need to know information or record/report incidents. We saw that the office door was locked and could only be opened via a security pass and people’s personal records were stored safely in a locked cabinet. We saw that staff accessed the files individually, worked on them and returned them after use so they did not remain on desk tops where they could have been seen by any visitors to the office.

Good

Is the service responsive?

Our findings

People told us that staff assisted them to join in with social events and activities. Comments included "The girls (staff members) are good and help me to remain active. They know what I like to do and help me to do it" and "The staff know how lonely it can be living by yourself and do all they can to help me to mix".

We saw that support hours were used flexibly to meet individual needs. For example one person needed support to go out shopping and another person wanted support to assist with the daily walk for the cat. Another person who lived alone told us that the agency supported her with personal care and assisted with correspondence and any other 'bits and pieces' that needed taking care of. Staff told us that they assisted people to attend social events within the housing complex and in the general community. This showed that staff supported people to make friends and prevent social isolation.

We found that people who used the service received care and support that met their needs, choices and preferences. Care staff understood the support that people needed and were allocated sufficient time to provide it. Staff told us that if an emergency arose and a person needed extra care or attention there were always extra staff who could be called upon to respond and provide assistance. For example, they told us that a person had experienced a fall and staff had to wait with them until an ambulance arrived. They were able to call on another staff member to assist and ensure that other people who used the service got their visits at the time requested.

Staff said that when people's needs changed, this was quickly identified and prompt appropriate action was taken to ensure people's wellbeing was protected.

Records showed that a care plan was written from the information gathered at the commencement of the service. We looked at three care plans in detail and saw that they had been written to give guidance to staff to enable them to support people in their care. Care plan reviews were in place so staff would know if any changes were needed. We saw that the plans were written from the point of view of the person concerned and detailed their choices, aspirations and capabilities.

Staff told us that wherever possible they quickly responded to people's ever changing needs.

We asked people if they had met recently with someone from the service to review their care needs. People told us that the manager or senior staff visited them on a regular basis to check that the care and support provided was suitable. One person said "Staff came and talked to me and said I needed some more help with my personal care. They sorted it out with my social worker and set up another care plan. I get more help now thanks to them".

Plans were well maintained and up to date and held all need to know information including records of visits and actions from other professionals who may be involved in people's care.

People could make complaints or comments about the service. We saw that there was a service user guide that explained about the service and how and who to complain to if a person was unhappy with the staff or services provided. This included named people within the service as well as the Care Quality Commission (CQC). We noted that three complaints had been registered with SOS from people who used the service. We saw that actions had been taken by SOS in line with their complaints policy. No complaints had been received by CQC and none of the people we spoke with said that they had any complaints about the service. People told us that the service was fine and if there was an issue it was dealt with straight away. One person said "I know how to complain and to whom but I have never needed to do it in all the time I have been looked after by them (SOS).

Good

Is the service well-led?

Our findings

People told us that 'things had recently got much better with the service'. People said the new manager had made improvements to the service and calls were now generally on time and people knew who was calling. One person said "We have always been provided with a decent service but at times it was a little bit unpredictable as to who was calling and when. It has all been sorted now and we get very good service from very nice staff".

At our previous inspection we noted that the management of the service seemed fragmented in that the deputy was providing day to day management with very little evidence of the manager being present at the service on a regular day to day basis. The deputy was unsure of some aspects of the management details and responsibilities she was being expected to manage, such as safeguarding referrals and notifications to CQC, coordination of training, supervision and spot checks, management and recording of complaints and medication errors. There was no clarity in regard to the management responsibilities for the deputy, the manager, and the providers and how that was to work cohesively.

During this inspection we met with the Quality Manager who was undertaking her monthly audits at the time of our inspection. We discussed the areas of concern identified at the previous inspection and were shown documentation which had been drawn up since that visit. We saw that the quality audit system was robust and covered all aspects of the service including staff supervision and training, medication, care files, daily records, notifications and complaints. The Quality Manager provided documentation which showed that if audit checks identified any issues then an action plan was draw up to identify what actions were needed, by whom and the timescales involved. We saw a copy of the audit summary and action plan for March 2015 which showed that any actions identified had been dealt with.

The manager told us that the previous manager had left the agency and she had recently been promoted to the manager's role. She told us that the agency had a deputy manager who worked 40 hours each week supernumerary to enable records and notifications to be dealt with and that the staff were aware of the management structure of the service. Staff told us that the manager had put structures in place to ensure staff were provided in sufficient numbers to provide timely services to the people who lived at Oakmere.

Staff told us that daily visits were recorded by care staff and senior staff audited these records weekly. They said this audit checked that they were an accurate reflection of the time of the visit and ensured the care and support recorded was an accurate reflection of what was recorded on the care plan.

The manager had sent questionnaires to the people who used the service to gain their perception of the staff and services provided. We looked at the ones that had been returned and saw that they held positive comments and that people were happy with the timing and quality of services they received.

We saw records which showed that managers and staff of SOS Homecare had worked in partnership with external organisations to monitor, review and develop their services in the best interests of the people who used their service.