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SOS Home Services

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

The inspection took place on 11 and 19 April 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. Not everyone using SOS Home Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, although the service supported approximately 30 people in total, only nine people were receiving personal care in their own homes.

A registered manager was employed at the service by the provider. 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.

At our last inspection on 27 February 2017 the service was rated 'Requires improvement'. The concerns found related to, people's rights not being fully met under the basic principles of the Mental Capacity Act 2005 (MCA 2005); lack of staff training in the MCA 2005 and some records had not been kept up to date. At this inspection we found that improvements had been made in all areas.

People felt safe when receiving their support from SOS Home Services and knew who to contact if they had any worries about their safety. Staff had a good knowledge of how to safeguard vulnerable adults from abuse and knew what their responsibilities were within their role.

Risks to individual people and their environment had been identified, with measures in place to reduce the risk and maintain people's safety. People's home environment, inside and outside, had been checked for hazards before their support commenced, helping to keep people and staff safe. Many people did not need help from staff to take their medicines, as they managed this themselves or family and friends helped, however some people did. Staff had the training and information necessary to equip them with the skills to safely administer medicines to people.

The provider had robust recruitment processes in place to make sure new staff were suitable to work with people in their own homes. Enough staff were available to be able to run an effective service, responsive to people's needs. People told us that staff were always on time when visiting and always stayed to support them for the whole time they were allocated. Staff had suitable training at induction when they were new as well as continuing regular updates.

Staff had observational checks while carrying out their role to make sure their practice continued to be safe and of good quality. Staff also had the opportunity to take part in one to one supervision meetings and an annual appraisal, offering constructive support and personal development plans.

People told us they made their own decisions and choices and staff were clear that people were in control of their care and support. The people receiving support from the service at the time of inspection did not require a mental capacity assessment, however, the registered manager understood their responsibilities to uphold the principles of the Mental Capacity Act 2005 should this change.

People were supported with their nutrition and hydration needs where necessary and the support required was clearly documented in their care plan. Although people at the time of inspection looked after their own health care needs or had a family member who helped with this, staff were vigilant in recognising signs of deterioration in health and reported this to the registered manager.

The caring approach of staff was evidenced, people were very positive about the staff who supported them. People had regular staff providing their care and support who had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

An initial assessment was undertaken of people's personal care needs so the registered manager could be sure they had the resources and skills available to support people. People had a care plan that detailed the individual support they required as guidance for staff. People, and their families if appropriate, were involved in the process to ensure the support in the care plan expressed how they wanted their care and support to be undertaken. Regular reviews of the care plan took place with the involvement of people and their family members.

How to make a complaint was included in the service user guide, and the people we spoke to and their relatives knew how to make a complaint if they needed to. The provider asked people for their views of the service by asking them to complete a questionnaire once a year. The registered manager also checked that people were happy with their support when care plan reviews were carried out every three months.

All the people we spoke with and their relatives thought the service was well run. People said they were able to contact the management team with any queries they had.

Staff were happy with the support available to them and said that suggestions or concerns were responded to. They found the registered manager and deputy manager approachable and would be happy to raise any concerns with them, confident they would be acted upon.

The registered manager had a quality monitoring system in place to make sure the service provided remained safe and of good quality. A range of auditing processes were undertaken at various intervals. People were asked their views of the service and the registered manager acted on the feedback provided to make improvements to the quality of support to people when necessary.

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.

Staff knew how to keep people safe by following the safeguarding procedure and reporting any concerns they had.

The administration of people's prescribed medicines within their home was managed well.

Individual risks were assessed without impacting on people's independence. Risks to the environment were checked to help keep people and staff safe.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

A procedure was in place for staff to report accidents and incidents, although no incidents had occurred.

Is the service effective?

Good

The service was effective.

People had an initial assessment to determine the care and support they required from staff. Individual care plans were developed to provide guidance to staff.

Staff had a good understanding of the mental capacity Act 2005 and people were supported to make their own choices and decisions.

Staff had one to one supervision and observational assessments while carrying out their role. Suitable training was provided to develop staffs skills appropriately.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their meals and fluids. People were supported to access appropriate health care when needed.

Is the service caring?

Good

The service was caring.

People said they always had the same staff to support them so they knew each other well.

People were involved in their assessment and care planning process.

People were given information about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred providing staff with the individual information to support people as they wished. People and / or their family members had the opportunity to change their care plan at regular review meetings.

The complaints procedure gave people the information people needed to know. People knew how to make a complaint and felt they would be listened to and action would be taken, although no complaints had been made.

Is the service well-led?

Good

The service was well led.

People were able to contact a member of the management team if they needed to.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service.

SOS Home Services

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 11 and 19 April 2018. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office. We needed to be sure that they would be in. We visited the office location on 11 April 2018 to see the manager and office staff and to review care records and policies and procedures..

The inspection was carried out by one inspector and one assistant inspector. The assistant inspector made telephone calls to people, relatives and staff on 19 April 2018 to gain their views of the service provided.

Before the inspection, we looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with three people who received care and support from the service and one relative, to gain their views and experience of the service provided. We also spoke to the registered manager, the deputy manager and three staff.

We looked at three people's care files and medicine administration records; five staff files including recruitment records and staff training records; the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at surveys the provider had undertaken.

Good

Is the service safe?

Our findings

The people we spoke with who received care and support from SOS Home Services told us they always had the same staff supporting them, staff were on time and they always received the amount of time agreed in their care plan. The comments we received included, "Yes, there's the odd time they get stuck with traffic or another client, but not very often"; "Staff are always punctual and always on time" and "Staff always stay the full amount of time unless I say they can go." A relative told us their loved one always received the amount of time they should and staff are never late by more than five or ten minutes.

There were suitable numbers of staff to provide people with their assessed care and support needs. The registered manager told us they did not accept any new referrals unless they were sure they could not only meet their assessed needs but also the times of the day people had requested for their support. The staff we spoke with confirmed there were enough staff to provide the care and support people required and when people's needs changed, staffing was increased whenever necessary.

The registered manager had an on call service for out of hours support for staff if they required support or advice. The on call service was also available for people to access until late at night and at weekends. This meant plans were in place if an emergency arose or people or staff had concerns they needed to share.

People were protected from the risks associated with their personal care and treatment. Risks relating to individual people, their environment and equipment were managed effectively. Individual risk assessments were in place. The registered manager and deputy manager checked people's assessments and care plans to identify any hazards associated with their assessed personal care needs. Risk assessments were undertaken to make sure measures were put in place to reduce and help to prevent potential harm. People had risk assessments in place relating to, being hard of hearing; being visually impaired; suffering pain and personal care concerns such as incontinence. Guidance for staff and the measures in place to prevent harm were clearly recorded.

People who required support from staff and / or equipment to move around their homes had a moving and handling risk assessment to identify any hazards to people or staff and put measures in place to prevent harm. This included a record of the equipment used in people's homes, the date each piece of equipment had been serviced and when the next service was due. Moving and handling risk assessments were detailed where staff needed the assistance of a hoist to help people to move from their bed to a wheelchair or chair. This included for example, how many staff were required to ensure safe care was given. Other areas of risk relating to people's mobility were assessed, such as people going out unaccompanied or walking around the home, with a record of the help needed from staff. This meant people were supported to be as safe as possible when being assisted by staff to move around their home.

Environmental risk assessments looked at hazards outside of the property such as the access to people's homes including pathways, steps and lighting. Inside the property potential hazards such as kitchen appliances, flooring and equipment were assessed for areas of risk. Utility meters, switch off units and water stopcocks were listed with a description of where they were situated in the property. This meant that staff

were equipped with the information needed in the event of an emergency situation arising. Environmental risk assessments were reviewed every three months when a visit was made by staff to carry out the care plan review, to check if potential hazards had changed.

The registered manager provided personal protective equipment (PPE) such as disposable aprons, gloves and shoe covers for staff to use. Staff confirmed they always had a plentiful supply of PPE to ensure they prevented the spread of infection. The staff we spoke with had a good understanding of infection control and described the procedures used. This meant people were protected from the risk of infection spreading from one person or staff member to another.

A clear procedure was in place for staff to report accidents and incidents while they were providing care and support. No incidents had been reported since the last inspection in February 2017.

People were protected from the risk of harm when being supported by staff with the administration of their prescribed medicines. Many people either administered their own prescribed medicines or had a relative who helped them. Some people however needed the assistance of staff to administer their medicines. A medicines risk assessment was in place to highlight the risks to the individual and the measures in place to keep people safe and prevent potential harm. A list of all medicines people were prescribed were included in the care plan. The list was dated and reviewed regularly to ensure it remained up to date with the correct information. Records were comprehensive with the information staff would need to administer medicines in a professional and safe manner. Medicines administration records (MAR) for staff to sign when they had administered each medicine were neat and legible. This meant errors would be easier to see and rectify. One person's family member helped them to take all their prescribed medicines, however, staff applied the person's prescribed creams. Body maps were in place to show which parts of the body the prescribed creams must be applied. This sharing of responsibilities was very clear in the care plan and the risk assessment. One person needed minimal staff assistance, to make sure they took their medicines and also to encourage them to eat their meal. The person required staff to take their medicines out of a locked box as they were at risk of taking too many tablets if their medicines were available to access. One relative told us their loved one was taking their prescribed medicines more successfully since staff were supporting them with administration. This meant people were given the support they individually required to take their prescribed medicines.

People were kept safe from the risk of abuse. The people we spoke with told us they always felt safe with the staff supporting them. One person said, "I would feel comfortable talking to carers (staff) and managers if necessary and I have the managers' contact details." Staff we spoke to had a good understanding of safeguarding procedures and what action they would need to take if they identified potential abuse. One staff member said, "I would tell the supervisor or manager if I had concerns. We also have a national helpline number we can ring if needed." All staff received a factsheet following their safeguarding adults training. The factsheet was developed by Sussex local authority and contained contact details and website links to raise concerns or to find further information.

Safe procedures continued to be in place in order to make sure staff were suitable to work with adults who required care and support. New staff went through an interview and selection process. The registered manager made sure gaps in employment were explored and recorded and references had been requested before new staff could start in post. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

Good

Is the service effective?

Our findings

People told us staff assisted them in the way they wanted them to. One person told us, "They look after me the way they do and I am pleased with it" and another person said, "The carers (staff) do know what to do and I tell them what to do and how to do it". A relative we spoke with thought the staff had the skills to support their loved one and said, "The girls are very competent at what they do."

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. The registered manager or deputy manager carried out an assessment with each person before they agreed to provide care and support. The registered manager told us they would not agree to provide care if they felt the staff were not skilled to deliver the care safely or if they did not have the right numbers of staff available. A relative told us they were fully involved in their loved one's assessment and said, "The assessment was lengthy and in-depth". The initial assessment was reviewed regularly to check if people's care needs had changed and if they had, that the service continued to be able to meet those needs. A care plan was developed using the information from the assessment and any other information the registered manager had requested, such as a local authority social services assessment of the person's care needs.

People's ability to carry out parts of their own personal care was identified in the care plan. Such as if people could wash or shower, dress, eat and drink independently or take their own medication. Care plans gave a detailed account of the areas where people required support, recording all the information staff would need to support people in the way they wanted. People's individual needs and preferences such as their religious and cultural needs were explored during the initial assessment and included in their plan of care where required. One person needed support with all their personal care and hygiene. Their care plan provided detailed step by step guidance for staff to follow to ensure their care was consistent and correct. It was clear from the care plan the importance of staff carrying out each task in the right order, paying attention to the detail as described to provide the support in the way the person wished. Another person required assistance with washing as they were not able to access the bathroom even with staff support so staff assisted them to have a full wash while in their bed. The person also required the support of staff to eat and drink and take their medicines. The person's relative assisted the person with these tasks when staff were not attending and this was clearly recorded in the care plan. New staff would be able to follow the care plans to provide the appropriate support that addressed people's assessed needs as well as following their preferences and wishes. People were supported with their wishes and assessed care needs as the information was available for staff to follow in detailed and clear care plans. Where people had the capacity to direct their own support but were unable to sign their name due to their medical condition, a note was on the care plan to say who they wished to sign on their behalf.

People's mental health needs were looked at during assessment and review, checking the person's memory, moods, orientation and sleep. Personal details such as the person's usual state of mind, or the types of things they may forget were recorded in the care plan. This meant new staff were able to make an assessment if they should be concerned about a person's mood or confusion and seek help.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service was not supporting any people who required a mental capacity assessment as the people supported at the time of inspection had the capacity to make their own decisions. However, the registered manager understood their responsibilities to support people to maintain their rights under the basic principles of the MCA 2005 should this change.

People were supported to make decisions about their care, for example, how people liked to have their support and at what times and who supported them. The people we spoke with told us they made their own decisions and these were always respected. One person told us, "If I want anything I ask and the carers (staff) do as I ask". A staff member said, "We are not allowed to do anything without a person's consent unless they are so ill that they are unable to. We would then contact the office and the manager or office staff would involve the person's family".

Many people could either make their own meals and drinks or had a family member or friend who helped them. Some people required the support of staff to assist with their nutrition and hydration. Where this was the case, a care plan was in place detailing the support required. People's likes and dislikes around food were recorded. The meals people required support with were documented including whether assistance was required to eat their food as well as preparing or cooking their meal. Care plans were detailed with the information staff would need to support people with their meals. This meant people received the food and drink they required to maintain their health and well-being.

At the time of the inspection people did not need the assistance of staff to support them with their healthcare, such as making and attending appointments. However, staff knew people well and if they observed a change in a person's demeanour they contacted the registered manager to report their concerns. One person told us, "If I had an asthma attack they (staff) ask me if I am alright and if I wasn't they would call the surgery".

People were supported by staff who had received the training and support they required in order to carry out their role and meet people's needs. Staff had received essential training including health and safety, moving and handling, safeguarding, medicines administration and basic first aid. The registered manager used a training company to provide all staff training. All training was carried out with a group of staff so they had the benefit of discussion of the topics and the opportunity to catch up with colleagues. The registered manager and staff had got to know the small group of trainers. This meant staff were confident to ask questions and raise issues. All training was carried out at the provider's office address once a month. Moving and handling training was always carried out in people's own homes with their own equipment so the training was specific to the individual, their circumstances and environment. Following the last inspection when staff had not received MCA 2005 training, the registered manager had contacted the training provider and asked the appropriate trainer to undertake this as soon as possible. At this inspection, staff had all received training relating to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

New staff were now signed up to complete the care certificate when they started in their new job role. The new staff completed a two day induction with the trainer as part of their care certificate. The Care Certificate are agreed sets of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff completed a series of shadow shifts with other more experienced staff until the registered manager and the new staff member were confident in their ability.

Following this, new staff commenced their role and completed the care certificate over a period of 10 to12 weeks.

Staff were supervised and supported in their roles. A mixture of one to one supervision meetings and observational checks of staff carrying out their role in people's homes was used to check their continued competence, identify personal development needs and offer support. Records showed staff supervision was undertaken regularly and staff confirmed this.

Good

Is the service caring?

Our findings

People and their relatives thought staff were kind and had a caring approach. The comments we received included, "Oh yes, very kind they are"; "Oh yes, very much so" and "Staff are very helpful and kind".

People were asked at the outset of care and support being provided by SOS Home Services if they would prefer to have a male or female staff member to support them with their personal care.

People had the same staff supporting them on a day to day basis unless staff were absent due to days off or annual leave. The people we spoke with told us this was the case and the staff we spoke with confirmed they always supported the same people each day. This meant that people knew their staff well and staff had been able to spend time getting to know people's preferences and their routines. Staff also knew what was important to people and knew their families and friends which meant they had a holistic view of the people they were supporting.

Personal information about people was included in their care plan to give a brief personal history enabling staff to understand their background. Records included, people's previous employment; their interests; who was important to them such as parents and siblings; who the important people were in their life now. A relative said, "I think the carers (staff) know [my family member] well. They talk with [my family member] about their life, my (the family member's) life and their (staff) lives. The staff have a rapport with [my family member]". One member of staff told us how they set-up a music playlist for a person that had become bored with television. The staff member said they played their favourite songs and that it brought back memories for the person.

People and their relatives where necessary, were fully involved in their initial assessment and in the development of their care plan. This meant they were able to provide the information they thought was relevant and important to them as well as determine how their care and support was provided. People or their named representative such as a relative signed their agreement to their care plans. Staff told us they were happy in their role. One member of staff said, "I love it, it is totally different, you can build a rapport with people as it is one-on-one".

Some people required only minimal support from staff with their personal care needs such as help to get into the bath or shower before being left to wash themselves. However, this meant they were able to remain independent in their own home.

The provider had developed a service user guide which was given to people when they began to receive support from SOS Home Services, to provide them with important information about the service and their rights. The guide included, how to make a complaint; what people could expect from staff and how they should be treated; who to contact about their support, for example if their staff member was 15 minutes late to contact the office; out of hours information; the values of the service and contractual information.

People were treated with dignity and respect by staff who understood the importance of maintaining their

privacy. One person said, "I am always treated with respect. For example, they (staff) always leave my home clean and tidy". One relative told us, "Yes they do, very much so, for example, they (staff) always leave [my family member's] home clean and tidy". A staff member said, "When I help with personal care I cover areas of the body and let people do what they can. I always draw the curtains and keep the door closed if family, friends or others are present".

Good

Is the service responsive?

Our findings

The people we spoke with and their relatives confirmed they had been fully involved in developing their care plan and this meant it included the things that were important to them and how they liked things done. One person said, "I do have a care plan in my folder. The carers (staff) know how I like things and it is written in there".

People were provided with person centred care and support through an individual care plan that took account of their preferences and wishes. A detailed care plan recorded the step by step guidance staff needed to follow to provide care in the way the person wanted it. One person required full support from staff to wash, dress and to move from their bed to a chair and back again. The care plan included the person centred detail to ensure everything was completed as they had instructed. One staff member said, "I always ask people what they want done, how they want it done and when they want it done when providing care and support".

Care reviews were undertaken every three months. The reviewer visited people in their own home to carry out their review. A document was kept in the front of the care plan file highlighting if any changes had been made to the care plan as a result of the review. The reviewer discussed all areas of the assessment and care plan and asked if the person wished any changes to be made. Reviews of one person's care plan showed changes had been made to risk assessments at one review and at another review the person's hours of care had been increased for a short period of time while their relative and main carer was unwell. This meant the person continued to receive the support they required in the absence of their main carer. People signed the review records to show they had been involved. During each review, people were asked if they were happy with the support provided and if they had any comments to make about their care or the care staff. Questionnaires used for this purpose were completed, asking such questions as, 'Is the carer (staff) punctual?'; 'Does the carer (staff) stay the allocated time?'; 'Do you find the office staff helpful?'; 'Has your care plan or risk assessment been amended?' We looked at one person's completed questionnaire which showed they had answered they were 'Very happy' with all areas of the questionnaire each time.

Staff completed daily report sheets when they visited people in their home to document the care and support they had given and if there were any concerns to highlight. This aided communication amongst staff to make sure concerns were followed up, such as if people had been feeling unwell.

The provider had a complaints procedure that gave the information people or their relatives needed to be able to make a complaint if they wished to. People and their relatives confirmed they knew how to make a complaint. The comments we received included, "I would ring the office [to make a complaint]. I have all the contact details in order to do this"; "I don't complain if I can help it but I would if I had to" and "We have a service folder and that it includes the complaint policy and procedure and the contact details we need". External agencies to contact if people were not happy with the response to their complaint were included, including the local authority and the Local Government Health and Social Care Ombudsman. No complaints had been made since the last inspection in February 2017. As people had access to the complaints procedure in their home, as part of their service user guide, people had the information they needed to

make a complaint if they needed to.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was managed well and they were happy with the service they received. The comments people made included, "I think it is managed well actually"; "As far as I can see it is fine, I have absolutely no complaints at all" and "They're there when we want them".

A deputy manager had been appointed since the last inspection. Their role was to support the registered manager by taking responsibility for some areas of the office work and deputising in their absence. The registered manager said they had felt the benefits of the added support and felt they had been able to make improvements as a result. The deputy manager spent part of their week in the office and part of their week providing care and support in people's homes and observing staff carrying out their role.

The registered manager did not have staff meetings often. Instead, they met up with all staff once a year in December and regularly met with staff during training sessions held at the office every month. As the service was relatively small the registered manager said this worked better for them as staff found it difficult to attend staff meetings as well as training sessions due to their work and personal commitments. The registered manager did not always keep a record of these meetings and said they would formalise their meeting with staff before or after each training session and record their discussions. This meant staff would have a record to refer to and staff who were not in attendance would be able to keep up to date.

Staff gave positive feedback about the management of the service. The comments from staff included, "We get good support from supervisors and managers and we can always get hold of someone when we need to"; "Communication is really good"; I go into the office every week and I am given updates" and "The service is organised and the office staff always deal with queries straight away".

The registered manager had suitable quality monitoring systems in place to ensure the quality and safety of the service provided. The registered manager or deputy manager carried out an audit of care plans and reviews every three months to check care plans had been updated appropriately. Records were kept, highlighting changes made and if any other issues were noted. Action was taken where needed to improve the care plan. Completed medicines administration and daily records were returned to the office from people's homes once a month. The registered manager and deputy manager carried out an audit of the completed documents, checking for errors, omissions or poor record keeping. If concerns were found, the registered manager or deputy manager contacted the staff member concerned, carried out an investigation and recorded the outcome. The training matrix was reviewed each month and the training requirements for staff informed each month's training courses.

The provider's mission statement included, 'To deliver a service of the highest quality that will improve and sustain the clients overall quality of life' and 'To ensure that each client's needs are respected in matters of religion, culture, race, or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments'. This was included in their policies and procedures, their statement of purpose and their service user guide. A member of staff said, "I think we do give good quality care. We're quite a small company and we all help each other out".

The registered manager asked people for their views of the service. People were given the opportunity to share their views when they had their regular three monthly review of their care plan. The registered manager checked all responses during the care plan audit and responded to any individual comments or concerns. A survey by way of a questionnaire was sent to people once a year. The annual survey was last completed in March 2017. The 2018 surveys had not yet been returned. The registered manager had sent out 22 questionnaires in 2017 and all 22 had been returned. Ratings of the service from one to 10 were given by people, 10 being the best score. All the responses gave a rating of eight to 10. The comments made included, 'I have a very excellent service'; 'Our carer is beyond first class. The service we get from SOS is also first class'; [Staff names] are both lovely and are an asset to the company'. The registered manager completed an analysis, reporting on the results and any action that needed to be taken. They fed back to all staff the positive results and comments made and recorded they would continue to monitor and not be complacent by the good feedback.

Information about whistleblowing was available in the office and within a whistleblowing procedure read by all staff. The information was also included in the service user guide, kept by people in their homes. The provider's whistleblowing procedure gave the details of who staff should call if they wanted to report poor practice.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the office area.