SOS Homecare Ltd

Beechmere

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 visit at Beechmere took place on 03 August 2016 and was announced. The provider was given 48 hours notice because the location provides support to people living in their own apartments. We needed to be sure people in the office and people receiving a service would be available to speak to us.

Beechmere provides an independent lifestyle to people wishing to continue to own or rent their own apartment. There is a team of qualified staff on hand 24 hours a day, seven days a week. Beechmere, situated in Crewe, consists of 132 one and two bedroom apartments. The service offers personal care and support. At the time of our inspection, 53 people received a service from Beechmere.

The service had a registered manager. 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.

Staff had received abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure and would not hesitate to raise an alert should it be required.

The provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels within the service were adequate with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were supported to meet their care-planned requirements in relation to medicines.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

People told us they were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We found people had access to healthcare professionals and their health needs were met. We saw the management team had responded promptly when people had experienced health problems.

People told us the same group of staff supported them. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered. Conversations we observed between people and staff showed positive relationships had developed.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the support they received to engage with activities organised by Beechmere.

The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care to people they supported.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable and would listen and act on concerns raised.

The registered manager used a variety of methods to assess and monitor the quality of the service. People we spoke with during our inspection told us they were happy with the service. Quality audits had been completed and reviewed at the time of our inspection. The registered manager had oversight of the service provided.

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 had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were supported by a staff team who were person-centred in their approach and were kind.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities.

People knew how to complain. They told us they felt they would be listened to if they made a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager had clear lines of responsibility and accountability.

The registered manager had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There was a range of quality audits, policies and procedures.

People had the opportunity to give feedback on the care and support delivered.

Beechmere

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.

Two adult social care inspectors carried out the inspection.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection, we spoke with six people who used the service and one person's relative. We also spoke with five care staff, two members of the management team and the registered manager. We looked at the care records of five people and the training and recruitment records of five staff members. We looked at records relating to the management of the service.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas. We looked at the continuity of support people received.

Good

Is the service safe?

Our findings

People we talked with told us they felt safe. One person told us, "I do feel safe here. I've not seen anything that makes me worried." One relative told us staff at Beechmere had kept their family member safe, "They are a life saver."

There were procedures to enable staff to raise an alert to minimise the risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding. When asked about safeguarding people from abuse one staff member told us, "I would report any concerns to the senior or I would go above them to report any concerns." Staff commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they had any concerns.

Care plans looked at contained information on managing risks to people who used the service. This was to identify the potential risk of incidents and harm to staff and people in their care. Care plans identified how many visits per day people received and what support was required at the visit. For example, one person required support with all aspects of their personal care. A second person needed support with their medicines and a wellbeing check. A wellbeing check involved a staff member dropping by to make sure the person was happy, healthy and safe. Risk assessments we saw provided clear instructions for staff members on how to support people and minimise the likelihood of an incident occurring.

We visited people in their apartments and noted they wore personal alarm pendants around their necks. A personal alarm pendant is a mobile alarm worn by people. They can press the pendant and alert staff should they require help. We asked two people if staff responded quickly when the pendant was pressed. Neither person had ever pressed their pendant for support, but did so at our request. Staff contacted the person immediately via an intercom to check they were safe. This showed the registered manager had safeguards to keep people healthy and safe.

The registered manager had systems to manage and review accidents and incidents. Paperwork completed after each accident included, 'Details of injuries', 'Treatment required?', 'Hospital treatment?', 'Family informed?'. They analysed the information and completed any follow up action as required. For example, we saw one person had fallen and they alerted staff by using their pendant. Staff attended and dealt with the incident. The person's social worker was informed and additional care visits were arranged to manage the risk and keep the person safe.

We looked at how the service was being staffed. We talked with people who used the service and staff members. We did this to make sure there were enough staff on duty at all times to support people in their care. Feedback we received was positive with people telling us they had enough staff to meet their support needs. We looked at rotas, which confirmed adequate staffing levels. There was an appropriate skill mix to meet the needs of people who used the service. One staff member said, "I did a lot of shadowing before I started." This showed the provider had a system to make sure staff gained knowledge and skills to support

people and keep them safe.

We saw the deployment of staff throughout the day was organised by the senior carer and documented on a worksheet. Details on the worksheet directed staff where to be within the service and what tasks they had been allocated. This showed the provider had a system to guide staff about their work responsibilities so people's needs were met and they were safe.

We looked at recruitment procedures and documentation for staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. We asked staff if they had to wait for clearance before commencing work. Every staff member we spoke with confirmed they had to wait for clearance.

We checked to see if medicines were managed safely. Regarding the administration of their medicines one person told us, "Staff give it to me, I have never missed one. I can't fault them." Medicines were locked in a secure cupboard fixed to the wall in the person's kitchen. We saw additional medicines were stored in a secured locked cupboard, in a separate room. Tablets were stored individually in plastic compartments or blister packs. Each person had a medication administration form (MAR). The form contained information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. This helped staff correctly administer medicines at the right time. It also helped identify if any doses had been missed. This showed the provider had a system to manage the administration of medicines safely. The medication records we checked were up to date. We found the MAR sheets were legible and did not contain any gaps.

Good

Is the service effective?

Our findings

From our observations and discussions with people who received support and their relatives, we were able to confirm people received effective and appropriate care. One person told us, "The carers are very good." A second person said, "I have carers four times a day, they are excellent."

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training when they first started their job. They told us they shadowed experienced staff for a few days before working independently. The registered manager told us, staff could shadow until they felt comfortable and they were confident they could fulfil the role effectively. There was a three day formal induction staff had to attend. This included training on equality and diversity, communication, values in care and confidentiality.

We spoke with staff about ongoing training. One staff member told us, "There is a lot of training." We looked at a computer system, which showed the management team when staff were due to be retrained on specific subjects. The records we looked at indicated staff training was provided at a good level and relevant to the work undertaken. This showed the provider had a framework to ensure staff had the knowledge to manage situations and support people effectively.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team. It was held to review training needs, roles and responsibilities. Regarding supervision a staff member said, "They [supervision sessions] are good, they give you a chance to discuss any concerns." We noted the registered manager had additional 'as and when' meetings with staff to share positive feedback. We asked the registered manager about these and they said, "It was good to recognise when someone has done something good and boost their morale."

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. Staff had also received training. Staff we spoke with were able to describe what was meant by a person having capacity. For example, we observed one staff member administer medicines. They told us they always asked people if they wanted their tablets. They told us, people had the choice to refuse their medicines if they had capacity. They commented they would document their refusal and inform the registered manager.

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own apartment. There was also a restaurant on site and many people chose to have their meals from there. People had the choice of accessing the restaurant independently or being escorted by a member of staff. People could also choose to have staff collect the meal of their choice and deliver it to their apartment. About the food, one person told us, "I find it excellent." A second person commented. "The food is very good, especially the puddings." We

spoke with staff who told us when they visited people in their apartments, they always made sure people had drinks within reach. As part of Beechmere's quality improvement questionnaire, people were asked if they were happy with the support they received in relation to their drink and nutrition. People had responded positively to this question.

Care plans we looked at indicated people were supported effectively to manage their ongoing health care needs. One relative told us, "I can't recommend the service enough. My [relative] would not be alive, if they were not here. They [the staff] are quick on picking up infection." They further commented, "Any minor grumbles are quickly dealt with. They keep a record on any minor ailments." We saw staff had liaised with the hospital and made welfare visits when people had been admitted for treatment. We noted staff had followed procedures and called paramedics when responding to a medical emergency.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind. One person told us, "The staff are very polite, very jovial, always got a smile, they are lovely." A second person said about the staff, "They are a great lot, I always have a good laugh with them all." They further commented, "It's a grand place to live. I've always been happy here."

Relationships between people who used the service and staff was open and friendly. There was a genuine fondness shown for people they cared for. People who used the service and staff were relaxed in each other's company. There was a rapport which people enjoyed and this showed appropriate familiarity. We overheard one person say to a member of staff as they passed each other, "I love you, I love you all. You are very, very good."

Staff promoted privacy and dignity at all times. We observed staff knocking on doors before entering and seeking permission to enter people's private spaces. We accompanied a staff member when they visited one person in their apartment. Staff asked permission from the person before inviting us into their apartment and accessing personal information. This demonstrated staff understood the importance of confidentiality. We observed the care and support given was warm and friendly. At times, staff spoke with people using humour when it was appropriate.

During our inspection, we observed staff actively listening to people. We observed staff allowed people to speak for themselves only joining the conversation as and when required. Regarding this, one person commented, "They never rush me." This showed people were given the time to express their own views.

Care files we checked contained records of people's preferred means of address, nutritional needs and how they wished to be supported. We saw people had the option of stating a preference on the gender of their carers. The plans contained information to guide staff to interact with people in a caring manner. People and relatives told us they had been involved in their care planning arrangements. We saw signed consent forms in care plans that confirmed this.

We discussed advocacy services with the registered manager. They were knowledgeable on what services were available in the local area. At the time of our inspection, no one who used the service received support from an advocate.

The provider had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy. There was a section in the care plans for people to share their wishes. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. We noted people had made end of life decisions and other people had chosen not to discuss the subject. This highlighted the provider had respected people's decisions and guided staff about end of life care.

Good

Is the service responsive?

Our findings

People were supported by experienced, trained staff who responded to the changing needs in their care. Staff had a good understanding of people's individual needs. People received personalised care responsive to their needs. For example, one person who received support told us, "Whatever I ask for, they attend to. If they can't, they get someone who can."

The management team, prior to a person being offered a service, carried out pre-admission assessments. This allowed the management team to collect information to ensure they had the necessary skills to support the person. It gave people the opportunity to understand what care is provided at Beechmere. It allowed people to contribute information about their preferences and routines. This promoted responsive care because it was designed around a person's needs prior to them starting to access the service.

Care plans were person-centred and focused on people's support needs. Plans included an agreed support routine. This was detailed information of personal care and how and when the person wanted this to be carried out. For example, one care plan stated the person wanted a welfare visit in the morning. They wanted staff to chat and check they had remembered to put their personal alarm pendant on. It also stated the morning visit was requested by the person to check they had not fallen in the night. We spoke with the person who confirmed, "I prefer visits in the morning in case I fall during the night."

We visited one person in their apartment and saw they had made preparations for their lunch. They had laid out a tray, tea towel and napkin held in a napkin holder. The staff member present told us this was part of their morning routine. The staff member further commented, "We collect their meal from the restaurant and make sure we serve it as they like it." This showed a personalised approach to the person's wishes.

There were personalised risk assessments, which covered all aspects of daily support. These included food preparation, moving and handling and personal care. For example, one assessment guided staff on how to support a person with restricted movement on one side of their body.

People who received support had a care plan in their apartment. The care plan gave staff on site guidance on how people wanted to be supported. We visited four apartments and saw care plans were in place and up-to-date. One person told us, "The staff write in my folder every time they visit." We looked in the care plan and saw daily entries to confirm this. A staff member told us, "I have never been in an apartment that did not have a care plan for me to look at." This showed the provider had ensured staff had information on people's preferences and support needs.

There was an intercom on-call system at the Beechmere property that was staffed 24 hours a day. During our inspection, we tested the responsiveness of staff. The response was immediate. One person told us, "I pressed my personal alarm pendant once for support, they responded immediately." Records seen showed staff responded initially by intercom, but would visit the person when required. For example, we read in the diary notes, someone had summoned help having fallen out of bed. Staff visited the person and, with the use of a moving and handling aid, supported the person back to bed This showed the provider had a system

that delivered a responsive approach to meet people's needs.

The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people who used the service and their relatives. A relative told us they were kept informed about their family member's care requirements. One relative said, "They [the management team] phone me and keep me informed."

We asked about activities and were told the registered manager was good at arranging trips and things to do. One person told us, "[The registered manager] has gone the extra mile in organising activities." They went on to say since the registered manager came into post, they had arranged afternoon teas, singers at the Beechmere location and trips out. On the notice board in the communal area at the Beechmere location, we saw suggestions for future trips. The suggestions included visits to a stately home, garden centre and a riverboat excursion. A second person told us, "[The registered manager] is a breath of fresh air. She puts activities on for everyone." Another person told us, "I enjoy meeting downstairs [for activities]. I get involved where I can. Not bad for a man of 90."

We spoke with the registered manager about activities. They told us they felt it was important for people to have activities during the day as well as in the evening. It allowed people who were usually too tired in the evening, to meet and get to know each other. This showed the registered manager recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up-to-date complaints procedure in place. People who received support, relatives and staff were able to describe how they would deal with a complaint. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded. We spoke with people about complaints and the process involved. No-one we spoke with reported they had made a formal complaint. One person told us, "I have nothing to complain about, but I would if I did." Specific issues had been raised with staff and managers, where necessary, and dealt with satisfactorily.

During our inspection, one person raised their concerns to us, regarding the care and support they received. They told us they had not previously shared these concerns with the registered manager. With their permission, we sought a senior member of the management team and shared their complaint. We then introduced the member of the management team to the complainant and left them to talk. We spoke with the senior manager a few days later who told us an investigation was underway regarding the concerns raised. This showed us, there was a framework to deal with complaints and the provider had listened and acted upon people's concerns.

Good

Is the service well-led?

Our findings

The service demonstrated good management and leadership. There was a clear line of management responsibility at Beechmere. People and staff felt the registered manager was supportive and approachable. One person talked about the registered manager and told us, "They are good." A member of staff told us, "They have been there for me. I feel I can talk about anything with them." A second staff member said, "[The registered manager], they are good, they listen to me."

People told us, and we saw, the atmosphere was relaxed around the service. We observed staff were not rushing around and saw the registered manager supported staff in their role. For example, the registered manager and senior carer regularly helped staff in the restaurant at the Beechmere location at lunchtimes. One person told us, "They [the management team] go to different tables to chat to people. They serve the meals, they are good." Staff we spoke with confirmed the management team helped in the restaurant when they were available.

The management team had knowledge of the needs of people who received support from the service. People we spoke with recognised and knew the roles of each member of the management team. This demonstrated the management team had a visible presence within Beechmere.

Communication with staff occurred through a variety of channels. Staff described communication as good. They said they had daily handovers at the start of each shift. During the handover meeting, everything in the communication book from the two previous shifts was shared with the staff team starting duty. Staff told us they had regular team meetings. One staff member told us, "The meetings are good, we get to talk about what is concerning us and the management do listen." Minutes we looked at showed the agenda had included discussions on staff safety, uniforms and staff availability to work. We saw minutes that indicated the director had attended a staff meeting. The director's notes stated, 'Good staff discussion at staff meeting.' There were separate meetings for the senior staff where the agenda reflected their role and responsibilities. This showed the provider had a framework to engage with staff.

The registered manager attended 'resident' meetings that were organised by people who lived at Beechmere location and who used the Beechmere service. The meetings were chaired and minuted by people who received the service. The registered manager arranged open door meetings. These involved the registered manager being in the communal area of the service on a set day and at a set time. We saw minutes, which showed these meetings occurred regularly and people were aware the registered manager was accessible. Being available to meet with people on a regular basis demonstrated good visible leadership. It gave people an opportunity to deal with any concerns they may have had.

During the course of the inspection, we noted feedback was sought from people who used the service. The provider had sent an annual quality improvement questionnaire to people. It included questions about staff performance and the quality and length of visits. The responses we saw were all positive and included, 'I am treated very well, I am happy' and 'I think the service is excellent.'

The registered provider had a range of quality assurance systems. These included audits on MAR sheets, spot checks on staff that administered medicines and care plan reviews. We noted actions had been taken after audits had taken place. For example, where an audit had shown staff had not followed service policy and procedure, retraining had taken place.

We noted the provider had complied with the legal requirement to provide up-to-date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had plans to protect people if untoward events occurred.