SOS Homecare Ltd

SOS Homecare Limited - Statham House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 and 26 October 2017. The service was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and visit people who used the service in their own homes.

SOS Homecare Limited - Statham House is a domiciliary care agency located in the borough of Trafford, Greater Manchester and provides personal care to adults within their own home. At the time of our inspection visit, 110 people used the service.

During 2016 the Care Quality Commission (CQC) inspected SOS Homecare Limited - Statham House on two occasions. In March 2016 we found the service was not compliant in ensuring people using the service received safe and appropriate care that met their needs. The service was rated 'Inadequate', placed into special measures and we told the provider to take appropriate action. In November 2016 we returned to the service and found steady progress had been made. This resulted in an overall rating of 'requires improvement.'

During this inspection, we found sustained improvement in four out the five key questions. This meant the service achieved an overall rating of 'Good.'

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw missed and late visits were analysed and detailed the circumstance why the missed or late visit had occurred. However, we found the benefits of new electronic technologies implemented by the service had yet to be fully embedded.

Recruitment and selection of staff was robust with safe recruitment practices in place. This included checks with the Disclosure and Barring Service (DBS). This helped to ensure potential employees were suitable to work with vulnerable people.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff demonstrated a working knowledge of local safeguarding procedures and how to raise a concern.

Where support with medicines was part of an assessed care need, these were ordered, stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.

The staff induction programme was robust and included mandatory training, opportunities for shadowing of more experienced staff and direct observations of practice before new employees were able to work unsupervised with people who used the service.

Services were delivered in line with the Mental Capacity Act 2005 and staff sought consent prior to providing care and offered people choices to encourage people to make their own decisions.

People and their relatives told us they were happy with the care provided. People told us staff treated them with dignity and respect and promoted their independence

People engaged with an initial assessment and were involved in the planning of care. Regular reviews were conducted with people, their relatives and where appropriate, other professionals.

People received appropriate information, including details about the complaints procedure. People told us they were confident that if they were required to make a complaint, the management would respond and resolve their issue promptly.

We found there were systems in place to monitor the quality of the service provided to people which ensured good governance.

People and their relatives spoke highly of the management team and voiced that they would not hesitate to recommend the service to people needing support in their own home.

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 not yet consistently safe.

Improvements to tackle missed and late calls were not yet fully embedded in the service.

Medicines were managed safely.

Systems and procedures were in place which sought to protect people from abuse.

Is the service effective?

The service was effective.

New members of staff completed the care certificate and shadowed experienced staff as part of their induction.

Supervision was effective and completed on a regular basis.

People told us the staff sought their consent before providing care. This was documented in people's support plans.

Is the service caring?

The service was caring.

People and their relatives told us they thought the staff were caring.

Staff maintained people's privacy and dignity and people's independence was encouraged and valued by staff.

Is the service responsive?

The service was responsive.

Care and support was person-centred and delivered in accordance with people's preferences.

People's care was regularly reviewed in conjunction with them, their relatives and relevant professionals.

The complaints process was robust. People and their relatives told us if they needed to complain they were confident their complaint would be dealt with thoroughly.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff spoke favourably of the management and regarded the service to be well-led.

Systems were in place to monitor the quality of the service and action had been taken to make the required improvements.

Care Quality Commission

SOS Homecare Limited - Statham House

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 25 and 26 October 2017. The service was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and visit people who used the service in their own homes.

The inspection team included one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. During this inspection, the experts by experience conducted telephone interviews with people who used the service.

Before the inspection, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held including safeguarding information and notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted Trafford Council for information they held on the service.

We spoke with 21 people who used the service and 11 relatives. We also spoke with 10 members of staff including the registered manager, operations director, quality manager, HR officer, care coordinator and care workers. We looked at records relating to the service including care and support records, personnel files, medicines records, a variety of policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if they had any safety concerns whilst receiving support from the service. One person told us, "I absolutely feel safe and comfortable with the care workers. Another commented, "Everything is fine. I do feel safe with the care workers." A third person told us, "They [staff] are good. They treat me well. All very good." A relative told us, "Yes, [person] is fine with the care workers, no issues about the safety." Another commented, "My relative is very pleased with the care workers. [Person] feels very comfortable with them."

People and their relatives told us that overall, they considered there to be enough staff available to meet people's needs. People told us visits were sometimes late but this had recently improved. Staff were responsible for informing the office if they were running late, and people who used the service were encouraged to contact the office if staff were late or if they had a missed visit. During the inspection we viewed the visit log for the last three months. We saw the service was providing on average 2500 calls per week and that progress had been made in reducing the number of missed calls. However, work was ongoing to address the issue of excessively late calls.

We received mixed feedback about the reliability of calls. Comments included, "No issues about timings. We are happy to accommodate if slightly late."; "Some come early and some come late. They say sorry 'I'm late'. They don't always let me know, I ring the office and they say they will chase it up."; "They're generally on time. Only been late three times since March and then only if there's been an emergency before and they ring me."

We saw that technology had been introduced to help monitor rotas and scheduled visits, with a new mobile telephone system for staff integrated into this system. This enabled staff to have up to date rotas and real-time information about the person being supported. For example, risks posed to individuals and personal care preferences . The software would automatically alert office staff if a care worker had not turned up for a visit. However, at the time of our inspection, this mobile technology had not been fully embedded and a number of staff had not yet been provided with a mobile phone.

We spoke at length with the registered manager and operations director about missed or late care visits and we were told that missed visits were taken seriously and the causes investigated, including whether any harm had been caused and what remedial actions needed to be taken. The registered manager acknowledged some people did experience missed or late calls but often this was due to emergency situations or heavy traffic. We recognised that the registered manager was working hard to reduce missed and late care visits. Feedback from the local authority supported this, in that they had seen a significant reduction in the number of safeguarding referrals linked to missed calls. However, as previously mentioned, new technologies to support these improvements were not yet fully embedded across the service. We will check that improvements have been made with regards to the number of late visits at our next inspection.

We found people had various risk assessments in place that were completed in line with people's identified needs. There were clear plans to mitigate risks that were organised and easy to follow to keep people safe within their own home. There were also assessments undertaken around the general safety of people's homes. Staff we spoke with told us how they would keep people safe. For example, taking in to account issues such as lighting, security and electrical and fire safety.

When people had accidents, incidents or near misses these were recorded, with details including a brief description of what had occurred, the action taken and outcomes which sought to reduce the likelihood of such events occurring again in the future. The registered manager reviewed all incidents to look for developing trends and resulting actions were discussed with staff to ensure people received their on-going care and support in a safe way.

We looked systems in place that sought to protect people from abuse and improper treatment. We looked at the services safeguarding adult's policy and saw how the service managed safeguarding concerns. We found that all the staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. All the staff spoken with told us that they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. The service had a whistleblowing policy which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and felt confident these would be taken seriously by management and acted upon.

Policies and procedures for the safe recruitment and selection of staff were robust. We looked at five staff personnel files and saw appropriate recruitment checks were undertaken before people started to provide care and this was clearly recorded. We saw that checks in each file included two references, identification checks and a Disclosure and Barring (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps prevent unsuitable people working with this client group.

When support with medicines was part of an assessed care need, we saw that medicines were stored, administered, recorded and disposed of safely in people's own home. People's support plans identified the level of medication support people received and provided clear guidance for staff to follow. We saw medication administration records (MAR) were returned to the office and audited. As part of the inspection we visited three people in their own home to ensure medication was given safely. We saw that MAR charts had been completed correctly and there were no omissions of signatures. Staff told us they received medication training before providing medication support with regular competency assessments undertaken by management. We were assured that people were supported safely by competent staff capable of correctly administering medicines.

Good

Is the service effective?

Our findings

We asked people and their relatives if they felt staff had the correct knowledge and skills to provide effective care. Comments from people included, "Yes they do certainly know what they are doing; they are good."; "They seem to know what they're doing. The trainees come with an experienced carer and watch them."; "From what we hear from our relative there are no issues." and, "Very caring and understanding. I think they have all been well trained."

We looked at induction, training, professional development and supervision staff received to ensure they were fully supported and qualified to undertake their roles and judged that this was thorough and robust.

We saw induction was completed over a four day period and involved staff completing a practical skills work booklet along with job shadowing experienced staff. At the end of the job shadowing period experienced staff were required to provide written feedback to assist the management team in assessing the suitability of new employees. New staff were also required to complete the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet specific standards which include caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control.

The service continued to benefit from an in-house training team that provided classroom based training, complemented by elements of online E-learning. The training team was responsible for delivering all mandatory training and learning modules included: Code of practice, principles and values of care, equality and diversity, health and safety, basic life support, infection control, Moving and Handling, medication theory and practical simulation, food hygiene and safeguarding. Once completed, areas of competency were 'signed off' by the training manager.

Staff we spoke with agreed that such training prepared them to do their jobs effectively. Comments included, "I feel the training and development opportunities are good."; "I enjoy the face to face training more than the e-learning but it's all good." and, "I enjoy the training. I would like to learn more about dementia and mental health but the training we have is enough to help me understand the needs of people we support."

We found staff received frequent supervision and annual appraisal in line with the organisations own policy. We selected five staff personnel files at random and saw supervision had been conducted. The supervision focused on staff achievements, areas for growth, policies and procedures and training requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection, there was nobody receiving support that had a court order.

Since our last comprehensive inspection in March 2016, the service had reviewed its approach to the MCA. We saw an updated policy and associated guidance for staff had been implemented and capacity and best interest assessment tools were fully integrated into care and support records.
We looked at people's care files and saw capacity assessments had been completed in circumstances where people were deemed to potentially lack capacity. We saw people's consent had been obtained prior to their care package commencing and written confirmation of this was found in all the care files we looked at. We saw staff had attended MCA and DoLS training and the staff spoken with demonstrated a good underpinning knowledge in these areas.

Where it was part of an assessed care need, we checked to see how people were supported to maintain good nutrition and hydration. We found people were supported with drinks and meals appropriately and action was taken when concerns were identified. For example, a referral to a person's GP or other relevant healthcare professional. People we spoke with confirmed they could choose want they wanted and meals were presented how people liked them to be. For example one person told us, "They know I don't like my bread cut chunky and always cut it thin in my sandwiches." Another person commented, "They warm ready meals or if I want, scrambled eggs or cheese on toast. It is hot and appetising. They make my tea in a flask. They know all my foibles." A third person said, ""They support me to make my own meals. They've shown me how to make meals and stews."

People who used the service told us staff supported them to access various health and social care services within the community. For example, GP and pharmacist, district nurses and equipment and adaptations. Care workers told us they reported health concerns directly to the office but where appropriate, would also liaise directly with health professionals involved in a person's care.

Good

Is the service caring?

Our findings

We asked people who used the service and their relatives how they felt about the caring approach of the staff. Comments included, "Absolutely wonderful care workers. I am really happy when they come."; "The care workers are good. They look after me well and they respect me"; "They are excellent, very good, nice and kind ladies. They do look after me."; "We find them very good. My [person] has dementia but they are patient, get on well with [person]. [Person's] speech is affected but they understand everything [person] says."; "My relative is extremely happy. [Person] finds the care workers very caring and friendly"; "The care provided to [person] has been outstanding. The relationships the staff have built up with [person] has been superb."

SOS Homecare Limited - Statham House serves a community that is diverse and multi-cultural. We looked to see how the service recognised equality and diversity and protected people's human rights. Through talking to staff and members of the management team, we were satisfied the ethos and culture of the service was non-discriminatory and the rights of people were recognised and respected. For example, we saw care and support planning documentation captured key information about the person including relationships that were important, ethnicity, sensory needs, and cultural, religious and personal beliefs. People who used the service were also afforded the opportunity to request a care worker of the same gender. We also saw that equality and diversity training was provided to all staff.

To strengthen its approach to equality, diversity and human rights, we recommend the service consults the CQC's public website for further guidance entitled 'Equally outstanding: Equality and human rights - good practice resource.'

People's privacy and dignity was respected by the care workers. We observed a care worker enter a person's home using the key from the key safe. Before entering they knocked and shouted to the person, identifying who they were. The care worker also sought consent to enter the property before proceeding to do so. The person told us that staff always did this and that they were supported in ways which protected their dignity, when receiving personal care. Comments from other people who used the service included, "They close the curtains while I'm getting undressed. If I'm on the toilet one does the pots in the kitchen and the other stays in the bedroom."; "When I have my shower they leave me to get on with it. They're just there if I need them." Care workers we spoke with told us how they protected people's dignity by making sure people were dressed and covered appropriately when providing personal care.

Staff we spoke with told us how they encouraged people to maintain their independence and how people were able to make choices about what they wanted to eat, drink or wear. One care worker describe how they encouraged people to be independent by letting them do as much as they could and only assisted if that was what the person wanted.

People and their relatives told us they had been consulted in the care planning and decision making process regarding the care and support received. People were able to put forward their views and these had been considered when formulating support plans. In the homes we visited we saw that a copy of the care plan was present, along with a communication book in which care staff documented the tasks done at each visit.

We looked at how the service sought to support people at the end of their life. We saw each care plan contained a section entitled 'in case of my death' and this enabled staff to document a person's personal wishes, including any cultural or religious considerations. The service also established and recorded if a 'Do Not Attempt Resuscitation' (DNAR) order or an Advanced Decision was in place. The service did not provide end of life care directly, but where applicable, could continue to provide a service in support of other relevant professionals, such as district nurses, who may be involved in supporting a person at this end stage of life. A relative of a person nearing the end of life told us, "My relative is end of life and the staff are really sensitive."

Good

Is the service responsive?

Our findings

We reviewed a sample of care and support plans and associated documentation and saw that people's needs had been assessed prior to their care package commencing. In each file, referrals had been made to the service by the local authority and the referring practitioner included an assessment. The service also completed their own assessment which enabled management to gain an understanding of people's needs and assess whether the service could meet their requirements before care commenced.

Care and support plans were comprehensive, person-centred and easy to navigate. Each plan contained a front page personal profile that summarised a person's life history, likes, dislikes important relationships and a facial photograph or image that was relevant to the person. For example, one person had chosen not to include a photograph of themselves but, instead, had an image of their favourite football team. Each support plan covered a wide range of topics such as how people wanted their support to be delivered, personal care needs, mobility, skin integrity, continence management, food and nutrition and medication. We saw people had duplicate care files with one file held at the office and the other kept in people's homes for staff to refer to when providing care.

We looked at a sample of daily records and found these were up-to-date and contained information which demonstrated people were supported according to their care plans. This meant care workers documented the support they were providing and this helped maintain a continuity of care. Daily records are completed by care workers at the end of each visit; they should describe the support the person received and make reference to people's care plans in order to evidence people have received the support they asked for.

We saw care had been reviewed in conjunction with people using the service and their family members or representatives. Reviews and quality assurance monitoring was undertaken to provide people and their relatives the opportunity to provide feedback regarding the quality of the service received. People's care was reviewed regularly, with the frequency of reviews dependent on the person's assessment and current care needs. Comments from people included, ""They have been to see me and they get me involved in my care plan. They come a couple of times a year at least."; "My [relative] and I discussed the care with them and we cut the visits down from four to two as there was not enough to do."; "I have seen them about three times in the last year. I've no concerns about them at all; they are good."

The service had a complaints policy and procedure in place. Information about how to make a complaint was provided in care folders in people's own home. This meant people had the information accessible to them if they were unhappy with any aspect of their care. We asked people if they felt confident to raise a concern and if they understood the complaints procedure. Comments included, "I've only complained when they don't come and the office has phoned around and let me know when they will be here. If anything really bad happened I would tell my [relative]."; "I would ring the office and speak to the manager. They are approachable and friendly."; "No issues with management. They do tell me to raise issues and to let them know what is not going right for us but I do not like to complain." The registered manager shared with us the complaints log and we could see that during the period from December 2016 to October 2017, 36 complaints had been made to the service. The complaints log was comprehensive and detailed the nature

of the complaint, outcomes and corrective or preventative measures taken. This demonstrated the service managed complaints in an open and transparent way.

We also saw that during the period from January 2017 to September 2017, the service had received 31 compliments. Comments recorded by people included, "[Person] was extremely impressed with [carer], they went above and beyond with their duties."; "[Person] is incredibly happy with SOS and one of the best care providers [person] has had so far. Continuity of care is great."; "[Person] wanted to say they are now very happy that at least four times a week [person] is getting the same regular carer and it is an improvement."

Good

Is the service well-led?

Our findings

We asked people and their relatives if they thought SOS Homecare Limited - Statham House was well managed. Comments included, "I can recommend this service to others. I am happy with the management. I am happy with the care workers."; "Communication is good with management- they keep me in the loop. I do not live with [relative] and this makes me feel re-assured that my relative is ok."; "Communication could be slightly better. I'd prefer a call if there is a change to my care worker or they are going to be late."; "I do not see management a lot, my [relative] speaks to them. They are good though. No issues."; "The management do come to see us, They are good and check on the care workers and check the books."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Our discussions with people, the registered manager and staff showed us there was an open and positive culture that focussed on people using the service. Members of staff confirmed they had confidence in the registered manager who since their appointment in November 2016, had continued to provide stability and effective leadership. The registered manager was also well supported by a local management team that included a deputy manager, a quality coordinator, a care coordinator, and four team leaders. At regional management level, support and oversight was provided by a quality manager and the operations director. Staff told us they felt valued and supported by the registered manager and appreciated their style of leadership. Comments included, "Since [registered manager] has taken over things have certainly improved."; "The management team are supportive and we have regular team meetings so things get discussed."

Since our last inspection, we saw improvements had been sustained in respect of audit, quality assurance and questioning of practice. Systems in place to monitor the quality of the service provided to people were aligned with the CQC's inspection methodology, which enabled the service to demonstrate effective governance. A regular schedule of audits were completed by the registered manager and these were followed-up with regular site visits from the quality manager. We saw the quality manager provided a high level of challenge, as well as support, and was robust in their approach. Data and outcomes from internal audit was fed back into the wider assurance framework, which demonstrated continuous learning.

People's views were sought through satisfaction surveys and we saw that the management had checked people were happy with their care by contacting them by telephone, conducting visits and asking their opinion during reviews of their care plans. Results from the surveys and feedback had been analysed and discussed. The results were generally positive and showed that people were satisfied with the care provided.

At provider level, the service was continuing to deliver the annual 'Carer Awards' across the organisation. We saw staff had been recognised and nominated in categories such as Best Home Care Worker, Care Newcomer and Outstanding Contribution. The continuation of this initiative demonstrated the provider's commitment to valuing staff for their contribution to social care.

We looked at the minutes from various team meetings which had taken place. We saw actions had been set and then followed up at the next meeting with any progress that had been made.

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated when necessary, for example following a change in legislation. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications consistently and in a timely way.

Throughout the inspection, we asked the registered manager for a variety of documents to be made available. We found documentation was kept securely locked away and was well organised, enabling the documentation requested to be accessed promptly. We found all the records we looked at were structured and well organised which assisted us to find the information required efficiently. This made information easy to find and would assist staff if they were required to find information quickly. The registered manager and every member of staff we spoke with throughout the inspection was open, honest and transparent.