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SOS Home Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

SOS Home Services is a domiciliary care agency registered to provide personal care for older people, people living with dementia, mental health issues, physical disability and sensory impairment. The agency supported 21 people who lived independently in the own homes in Hastings and Bexhill areas of East Sussex. They needed a range of assistance from personal care due to frailty of age, physical disabilities and living with dementia.

This inspection took place on the 27 February 2017 and was announced.

A registered manager was present during the inspection. 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.

The registered manager had a quality assurance and monitoring system was in place. However this had not identified areas where improvements were needed. For example, staff had not attended training concerning Mental Capacity Act (MCA) 2005; a clear induction training programme was not in place for staff who had little or no experience of supporting people living in their own home and people's care plans and daily records were not up to date and some of the information was not clear.

A training programme was in place and staff said they were supported to attend training and keep up to date with their own professional development. Supervision was part of the spot checks and monitoring visits carried out by senior staff and staff said this was a good way of ensuring their practice was appropriate.

Staff demonstrated a clear understanding of people's needs and explained how they supported people to make choices and have as much control over their lives as possible. People were very positive about the care provided. They said staff were friendly and treated them with respect.

Staff had attended safeguarding training and demonstrated a good understanding of supporting vulnerable people. If they had any concerns they reported them immediately to the registered manager or senior staff, who were on call at weekends and out of office hours. Medicines were managed appropriately, staff had attended training and been assessed before they were able to assist people with medicines.

Environmental risk assessments had been completed to identify any risk in the home and to staff to reduce them as much as possible. These had been discussed and agreed with people, or their relatives if appropriate, as part of the care planning process.

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 

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Medicines were administered safely and administration records were up to date.

Is the service effective?

Requires Improvement 

Staff had not attended training for Mental Capacity Act 2005 and did not have a clear understanding of current guidelines and their responsibilities.

Induction training was provided, but was not sufficient for new staff who had limited previous experience in supporting people living at home.

Staff had received relevant training and provided appropriate support to meet people's needs.

People were supported them to maintain a healthy diet, with choices and assistance as required.

Staff ensured people could access to healthcare professionals when they needed to.

Is the service caring?

Good 

Staff knew people well and had positive relationships with them.

People were treated with respect and support was provided in a kind and caring way.

People were encouraged to be actively involved in decisions about their care and make choices about all aspects of the

support provided.

Is the service responsive?

Good ●

People's needs were assessed and they received support that was personalised in line with their wishes and preferences.

People and visitors knew how to make a complaint or raise concerns with staff.

Is the service well-led?

Requires Improvement ●

Quality assurance and monitoring systems were in place, but were not effective.

Feedback had been sought from people, relatives, staff and visiting professionals to assess the services provided and identify areas for improvement.

The provider had clear set of values in place that staff understood and followed. There were clear lines of accountability and staff were aware of their responsibilities.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We contacted the agency 48 hours prior to the inspection to ensure there would be staff in the office when we did the inspection on 27 February 2017. The inspection was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection, we reviewed information we held about the service. This included safeguarding issues, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) as this inspection was brought forward as part of our inspection programme.

During the inspection we went to the service's office and spoke with the registered manager and two supervisors. After the inspection we spoke with five care staff over the telephone, eight people who used the service and two relatives. We spent time reviewing the records of the service, including policies and procedures, three people's care and support plans, the recruitment records for two new care staff, complaints, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

This is the first inspection since a change in registration of the provider's legal entity in January 2016.

Is the service safe?

Our findings

All of the people we spoke to were very positive about the staff. They said there were enough staff to support them and they were happy with the care provided. They told us, "Yes I am safe with them. I rely on them" and, "Yes they have enough staff." Staff said there were enough staff working for the agency to support people.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and were clear what action they would take if they had any concerns. A Whistleblowing policy was in place and staff said they had read this. Staff said if they had any concerns they would contact the office or on call person depending on the time of day. One staff member told us, "I know we have to report if we see anything we are worried about, but I haven't actually seen anything like that." People told us, "I have never had any problems with them so yes I am definitely safe" and, "I am more than happy with my carers and feel very safe."

People told us medicines were given out when they were needed and staff always signed the medicine administration record (MAR) charts kept in their home. One person told us, "Yes they give me my tablets and there has never been a problem." Another said, "It depends how I am. They sometimes help me if I am too ill. Never had any problems." Staff told us they had received medication training and were aware of the medicine policies and procedures to follow to keep people safe. They demonstrated a clear understanding of these when they told us how they assisted people with medicines. One told us, "Sometimes we just prompt, other times we give the medicines with their consent, depending on how much support they need." Another said, "We have to do the training and we watch more experienced staff giving them out first. The supervisor assesses us to ensure we know how to assist clients and sign the charts before we can do it on our own. We have to make sure people are safe." Staff checked the medicines monthly when they were delivered against the MAR to ensure they were correct. One said, "There is a list of medicines on each blister pack, with the colour, name and what it is for so we can see if they are what clients need." Staff told us if a person refused their medicine they would ask why, would record this on the MAR and inform the supervisor. The supervisors said they would contact the person, their relative or if necessary the GP to see what action was needed if any. The MAR were checked for gaps by staff when they gave out medicines and at the end of each cycle when the completed charts were replaced by new MAR. The old ones were taken to the office and checked again for gaps or errors. The registered manager said if there were any issues with recording on the MAR the staff member concerned would not give out medicines until they had more training and had been assessed as competent; staff were aware of this procedure and that is was in place to ensure medicines were given out safely.

Assessments had been undertaken to assess risk to the person who used the service and to the staff who supported them. These included environmental risk assessments, such as the flooring and accessing bathrooms, as well as risk linked to the health and support needs of the person. For example, when mobility aids, hoists and wheelchairs, were required to assist people to move around their home safely. The assessments were discussed and agreed with people and/or their relatives and there was guidance in place for staff to minimise the risk. Staff said, "We had really good training for using hoists and we have all been in

one so we have some idea what it feels like to be lifted up and have no control" and, "We are not allowed to do anything like use the hoist on our own, there are always two staff supporting people." Records showed that equipment had been maintained and staff said they would report to the supervisors or registered manager if they had concerns about the equipment.

An on call system to cover out of hours and weekends meant staff had access to information and guidance 24 hours a day, seven days a week. Staff said this worked really well if there was an incident or an emergency as there was always someone to talk to and help them decide what action to take in people's best interest. Incidents and accidents were recorded and the registered manager told us they reviewed these to monitor any trends, as well as monitor the support provided, so that if additional guidance for staff was needed it was put in place.

There were sufficient staff working for the agency to provide the support people wanted. People said they had the same team of staff most of the time, unless they were on holiday or sick and they were happy with the staff. They told us, "There seems to be enough. I have never had a problem." "Yes, they are always here when I need them" and, "They have enough staff." Staff said they had enough time to support people and if they had been delayed they would ring the office or on call so that the next person could be told. One staff member told us, "We are only usually delayed if something unplanned happens, like someone is ill and we have to call the GP or an ambulance. It doesn't happen often, we know our clients really well and they know if we are late there is a good reason." People said, "They are on time and have never let me down." "Yes usually on time" and "Sometimes a bit late if traffic is bad, let me know though."

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for new staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK and the Disclosure and Barring System (DBS) police check. Staff told us they had only been offered work when the checks had been completed. □

Is the service effective?

Our findings

People and relatives were very positive about the support they received. People told us, "Oh yes they are very good. I rate them very highly" and, "I can't praise them enough. They know me very well they have been coming to me for over 12 years." A relative said, "I am sure they provide the support my relative needs and knows all of them, they are very good." Staff said they had to attend regular training and there were regular spot checks and assessments to ensure they provided the support people wanted. However, despite the positive comments we found areas where improvements were needed.

The registered manager and staff had not attended Mental Capacity Act (MCA) 2005 training. The 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 interest and legally authorised under the MCA. Staff had an understanding of keeping people safe. For example, staff were aware that people may forget they had taken their medicines and may take them again, which put them at risk and that some people were living with dementia. Staff said they always asked people if they wanted assistance, "We never try to persuade clients, we ask and might make a suggestion, but it is always up to them" and, "If we have any concerns about a client's ability to be safe we contact their relative, explain what has happened and then decide what we should do." However, decisions to keep people safe had been taken without a mental capacity assessment or the involvement of the local authority and decisions had been made based on the advice and agreement of relatives. There was no evidence that best interest meetings with the person, their relative's health and social care professionals and staff had taken place to ensure decisions were the least restrictive for the person and followed current guidance. The registered manager said they would contact their training provider and arrange MCA training as soon as possible.

An induction training programme was in place for new staff which included 'shadowing' a supervisor for several visits to people they supported. This included observations of how new staff communicated with people, their understanding of each person's needs and an assessment of their ability to provide support. The registered manager was aware of the care certificate, which is a set of standards that health and social care workers adhere to in their daily working life; but had not signed new staff up to start this as they had been advised that they had previous experience and did not need to do it. However, one new staff had not worked in the care sector for several years and had no previous experience in supporting people living in their own home. The registered manager said they would review induction training for new staff and assured us new staff would not provide personal care on their own until they had completed the induction programme and had been assessed as competent.

A training programme was in place and records showed staff had attended relevant training. They told us they had the knowledge and skills to carry out their role and provide the support people needed. One person told us, "Yes they know me very well. They are all good." The registered manager said all staff completed the relevant training needed to support people and staff told us they were confident they

understood people's needs. Staff said, "I have been working at the agency for years and have the same clients, they know me really well and I know them." "We have to do all the training and there are regular updates. I have done safeguarding, medication, moving and handling and infection control." "I did dementia awareness training with a previous job" and, "No I haven't done dementia training, but I think it is being arranged." Regular spot checks were carried out by the supervisors to ensure that people's needs were met. They told us these visits enabled them to discuss the support provided with people and observe staff, to ensure it was appropriate and what people needed. Staff said the supervision was at least every three months. One told us, "We are observed while at work and when we leave the home we have a chat about what the supervisor noticed. I haven't had any problems with it. I think it is a good idea to make sure we are looking after clients properly." The registered manager said the appraisal and supervision programme was being reviewed so that one to one meetings could be arranged when the supervisors had completed supervision and mentoring training.

Where required people were supported by staff to go shopping, to buy food and drink of their choice and prepare meals, snacks and drinks, to meet their nutritional needs. People told us, "Yes they get my lunch ready for me. All is ok." "My carer gets my lunch ready, there has never been a problem" and, "Yes they get food ready for me, usually they prepare something for my lunch and leave it for me." Staff said they had a good understanding of people's dietary needs and there was information in the care plans for them to follow, which included breakfast, lunch and tea visits as required. Staff told us the visits had been arranged well to ensure they checked people had enough to eat and drink. One said, "We make sure they always have a drink nearby and we ask them what they want for each meal, some like the same sandwich every day, while others like something different. Depends on them really." Care staff had received training in food safety and were aware of safe food handling practices.

People were supported to maintain good health and attend appointments as required. People and relatives said most appointments were coordinated by them and the staff, so that staff knew if a visit to their home was not required or if people needed assistance to attend an appointment. People told us, "Yes they come with me for GP's appointments and sometimes to the hospital" and, "They take me down to the clinic." Staff monitored people's health during their visits and recorded their observations. If people's needs changed they contacted the office, the relatives and health and social care professionals depending on the person's specific needs. A relative said staff contacted them if there were any changes; kept them up to date and recorded these in the care records.

Is the service caring?

Our findings

People told us they were treated with kindness and respect in their day-to-day care and were very satisfied with the support they received. They liked the staff and looked forward to their visits. People said, "I am very pleased with them, they are very thorough." "Yes they are friendly, they sometimes sit and chat if they have time" and, "Yes the carers are all very nice." A relative said, "They definitely provide the support my relative needs." Staff told us they worked really well together as a team with the same aims and outlook for the support provided. They said they looked forward to going to work. "I love it." "I enjoy the work" and, "I have been working for the agency for years and I look forward to seeing people and helping them every day."

Staff had a good understanding of the services provided and the importance of promoting and supporting people to be independent and maintain their life skills; such as personal care and food preparation as much as possible. Staff said they provided care that protected people's dignity and privacy. People agreed with this and told us, "Absolutely, they help me to shower and dress and are very respectful." "They are very respectful and caring ladies" and, "They help me shower and always respect my privacy."

People had been involved in developing their care plan and there were regular checks, through phone calls and visits to ensure people had the support they needed and wanted. People told us, "They are more than caring. They are wonderful, lovely ladies and they help me with my hair and make-up which is important to me" and, "Oh definitely, I am very pleased with them, they are very thorough." Staff said they knew each person's individual needs as they had known them so long. They told us, "I think common sense is very important and I always think how would I like to be supported, or a relative, when I look after clients" and, "We have looked after some clients for years, we get to know if something is not right or if they need extra support, which is always arranged."

Care records were stored securely. Care staff were aware of the importance of maintaining confidentiality, they had been given the providers procedure and had signed to agree they had read and understood it. People had received information about confidentiality in the provider's statement of purpose, which had been given to them and their relatives when the service started. Staff demonstrated a good understanding of maintaining records and verbal information about people confidentially and were clear they would not discuss a person's support needs with anyone not involved in providing care.

The registered manager was aware that advocacy services were available if people needed additional support to make decisions about the care they received.

Is the service responsive?

Our findings

People said staff listened to them and responded to their needs and concerns. Staff were clearly knowledgeable about people's preferences and interests, as well as their health care and support needs. Staff said they provided care that was specific to each person. A relative told us they had just received a new support plan from the local authority and staff would be visiting their family member to update the care plan and make any changes if required. People were aware of the complaints procedure. One told us, "Yes, but never needed to."

People told us they had a care plan and that this had been reviewed. Those we looked at had been signed by the person who received support, or their relatives, to show that they had been reviewed and agreed. People said, "Yes I have one and they reviewed it when I came out of hospital" and, "It is in the book." There was a thorough formal process to review people's care plans and the support provided. Feedback was sought during regular telephone checks. People were asked to comment on the staff, their timing and communication and if they had any issues. This was supported by regular monitoring visits and spot checks to observe staff and ensure support was appropriate. Monitoring visits, spot checks and telephone calls with relatives were used instead of phone calls to people if they were unable to use the phone, due to hearing loss, or would not be able to answer questions. Staff said there were regular checks. They told us, "We have spot checks and there are monitoring visits; they can happen at any time, which is fine. We work really well together and expect to have our work checked so that clients are safe" and, "The care plans are reviewed when we put the new MAR in each month and if we notice their needs change." Records showed that telephone checks, spot checks and monitoring visits were carried out regularly and that people were happy with the support they received.

People said they had been supported to be independent and continue to live how they chose. They told us, "They help me with shopping, to buy clothes sometimes and do laundry" and, "They do my shopping for me." Staff said they often picked up shopping for people on their way to the visits. One staff told us, "We know when we visit if they are out of milk or bread, or they tell us if they want something else. I am happy to do it."

A complaints procedure was in place and people knew how to raise concerns. They told us, "Yes I would know how, but never had to." "I would have no problem ringing the office." "Yes I would talk to my social worker if I was worried about anything" and, "We would have no problem complaining if need be." The registered manager and staff said there had been no complaints since the last inspection. A relative told us there had been a concern about one of the staff, "Some time ago, a personality thing really and they sorted it out by just changing the staff. To be fair they are very good." We looked at the complaints folder, the procedure was in place with details of how promptly the provider would respond and details of other bodies to contact if they were not satisfied, such as the local authority.

Is the service well-led?

Our findings

People told us the support provided was what they wanted and needed; they felt included and listened to and said the service was very well managed. One person said, "The office staff are exceedingly good." Feedback had been sought using satisfaction questionnaires and people were very positive about all aspects of the service. One person told us there was nothing they could improve and, "I insisted I stay with them when others were moved to another agency." Another person told us, "No, they are an excellent service and I am pleased to be with them." However, despite the positive comments there were areas that needed to improve.

The registered manager registered with CQC in January 2016, when the office moved to its current location and the agency registered as a new service. SOS Home Service had provided domiciliary care support for people living in their own homes, in the Hastings and Bexhill areas of East Sussex, for 30 years. Staff told us although the service is classed as new with CQC they have continued to support the same people, some for over 20 years.

The registered manager told us the move to the new office and the changes in office staff had meant they had not kept up to date with changes in regulations and they agreed their quality assurance and monitoring systems had not been as effective as they should be. There were systems in place to monitor some aspects of the services provided. For example, assessment of risk and the maintenance of mobility aids used by staff to assist people in their homes and, the on going checks to ensure people received the support they wanted. However, we found that some of the information in the care records kept in the office was not up to date and staff had not attended the training required in line with current legislation. Such as MCA training and appropriate induction training. The registered manager said these were areas that needed to improve and they would take action immediately to address them and update the service in line with regulations.

Staff said they had not had staff meetings for some time; although they were in regular contact with the office and management, they felt they would be useful to keep up to date with any changes. The registered manager said they were planning to introduce staff meetings when the supervisors had been in post for longer and had completed additional training in assessing and supervising staff.

The registered manager told us they had not yet sent out the satisfaction questionnaire to people, their relatives and health professionals as the office move had delayed this. People told us they had received them and staff also asked them if they had any problems regularly. We looked at the results of the last survey in 2015; the comments were very positive and included, "I am very satisfied with my carer. I get on really well, I couldn't do without her." "All carers I have are doing a good job." "All your ladies are helpful, kind, friendly and most obliging. I look forward to their visits." "Thank you for friendly and a great support; could not get better anywhere" and, "Please keep doing what you are doing, it is just right."

The provider had a clear set of values in place, which were understood and followed by staff and available for people to read in the providers service users guide. These had been given to people when their service

started. The vision and values for the service was, 'To provide personal and practical care to people in their own homes and to assist service users to achieve and maintain their independence. To have their values, beliefs and chosen lifestyle respected at all times and for their thoughts, opinions and attitudes to be respected and considered and to be listened to'. The provider clearly identified the staff role, 'The care workers role is primarily to assist and support you while you do all the things you are able to do yourself. Every encouragement will be given to enable you to maintain and promote you to live as independently as possible. Whilst doing this your care worker will respect your privacy and dignity ensuring they provide you with the care you need without undue interference'. One staff member told us, "We provide the support that has been agreed that people need, but we respect their choices and we make sure they are as independent as they can be." Staff said supervisors were approachable; they knew the service well and would respond to any issues raised with them. One staff member told us, "We can ring them up or pop into the office at any time, they are always available." Another told us, "It is really well organised, we all know what we are doing and I think we all work really well as a team."

Staff said there was an open culture at the service with clear lines of communication and accountability. Feedback from people and staff was that they felt comfortable raising issues and providing comments on the care provided in the service. Staff told us they co-ordinated with other agencies if necessary. One person needed additional support in the evening and SOS Home Care were unable to provide this support, so another domiciliary care agency provided this and they worked together to ensure the person had the support they needed. A relative said the registered manager was open and honest and had been, "Up front about this." Their family member was keen to keep the same staff for support during the day and they told us, "It works well as SOS do the main care support."

The registered manager was aware that they were required to keep CQC up to date through notifications of any changes that might affect the service provision and these had been sent in when required.