SOS Homecare Ltd

St Helens - SOS Homecare Ltd

Inspection report

8 Waterside Court
St Helens Technology Centre
St Helens
Merseyside
WA9 1UA

Tel: 01744757564

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12 July 2018

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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

This inspection took place inspection on 29 June 2018 and the 3 and 12 July 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living within the St Helens area. At the time of this inspection 80 people were using the service. Seven of these people were in receipt of support from a specific staff team of staff who provided one to one support for long periods through the day and night.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was 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.

This was the first inspection at this service.

People were supported to have choice in their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. We saw that policies and guidance were available to staff in relation to the Mental Capacity Act.

People told us that the staff were caring, supportive and respectful. Staff received regular support and training to keep up to date with best practice.

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People felt safe using the service. Policies and procedures were in place in relation to safeguarding people from abuse. People's care planning documents considered risks to people and plans were in place to minimise these risks.

Safe recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

People had access to and were aware of the services complaints procedure. A system was in place to manage and monitor complaints about the service.

People told us that staff asked them if they were ok and happy with the service. In addition, reviews took place to help ensure that people received the care and support they required.

Information was made accessible to people by documents being produced in different formats which included the use of different font sizes and pictures.

People were supported with their eating and drinking needs when needed. Specific guidance was available to staff in relation to people's dietary needs.

Where required, people were supported by staff to monitor their specific health conditions.

People told us their privacy and dignity was protected and promoted. Confidential information was stored appropriately to maintain people's privacy.

Accidents and incidents were recorded and reviewed by the registered manager to evidence any trends or patterns that may occur.

Systems and audits were in place to regularly check that people were receiving the care and support they required.

Policies and procedures were in place to offer guidance and direction in best practice to staff delivering the service.

Systems were in place to ensure that people received their medicines safely.

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.

Procedures were in place to protect people from harm.

Systems were in place to support people to take their medicines safely.

Safe recruitment procedures were in place.

Systems were in place for the management of accidents and incidents.

Is the service effective?

Good

The service was effective.

People's rights were respected under the Mental Capacity Act.

People were supported by staff who received training for their role.

People's dietary needs were planned for.

People's needs were fully assessed prior to using the service.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

Positive relationships had been formed between staff and the people they supported.

Accessible information was available to people.

Is the service responsive?

Good

The service was responsive.

People received the care and support they required and were

happy with the service.

People's care and support needs were reviewed on a regular basis.

People knew who to speak to if they were unhappy about the service they received.

Is the service well-led?

Good

A registered manager was in post.

Policies and procedures were in place to promote safe care and support.

The registered provider promoted an emphasis on ensuring that people's equality, diversity and human rights were promoted.

The registered manager undertook audits to identify areas for improvement and development.

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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 over a three day period. Visits took place on the 29 June and the 3 and 12 July 2018. The visits on all days were announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that people would be available to speak to us.

This inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of people using services.

During the inspection we looked at a selection of records and documents that related to the running of the service. We looked at records that included assessments of risk and care planning documents for five people, medicines records, complaints management as well as policies and procedures. We looked at the recruitment records for five recently recruited staff member and staff rotas. In addition, we spoke with seven people who used the services and nine family members of people who used the service.

We spoke with and spent time with nine staff members, the registered manager and a director of the service.

Prior to the inspection we assessed all of the information we held about the service. This included information sent to us by the registered provider. We contacted the local authority commissioning team who told us they had no concerns about the service. Before this inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe care and support to people and what plans they had in place to continue

to make improvements to the service.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included "They [Staff] are good. They make sure that I'm alright on my feet", "Yes, I do [think the service is safe]. They know what they're doing, get on with what they're supposed to do. Get me up out of bed, wash me, sometimes wash and dry my hair. Bring me downstairs and put me in to chair."

Family members also said positive things about the safety of the service. Their comments included "Very safe, no issues at all. Majority of staff can't do enough. Mum very happy". One family member told us that staff checked that the water they were using was not too hot or too cold.

Policies and procedures were in place in relation to safeguarding people from abuse. A copy of these procedures were accessible to staff. In addition, the service user guide available to people also contained information that related to dealing with abuse and harassment. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe from exploitation. For example, procedures were in place in relation to staff receiving gifts and gratuities and a key holding policy. Clear guidance was in place for use in the event of staff not being able to locate a person who may be vulnerable within the community. Staff demonstrated a good understanding of what action they needed to take in the event of a person being abused or if they suspected that abuse was taking place. At the time of this inspection no safeguarding concerns had been raised.

Systems were in place that ensured people received their medicines when they needed them. Staff undertook training before they started administering medicines to people. Following the training staff had to be deemed competent to administer people's medicines prior to carrying out this role. Training records confirmed that where required, staff had undertaken this training.

People's care planning documents contained information about any medicines that they required support with, the times of administration and the dosage. Medication administration record (MAR) would be completed by staff at the times medicines were administered. People's medicines and records were checked on a regular basis by senior staff to ensure that people received their medicines as they should. Family members told us that their relatives received their medicines when they should and that MARs and care records were completed by the staff team when medication was administered. Their comments included "They give it [Medicine] on time and stay with [Relative] until she takes it. They sign MAR sheet. Also seen one [Staff] check, they check up on each other" "Only give blister packs with [Relative] name on". Family members told us that staff always check if a relative needs a specific medicine and if not required they will not give it.

Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. To identify, record and reduce the level of risk, a risk assessment form was completed. This form gave the opportunity to record areas of risk that related to a person's physical, emotional or environmental care needs and formed part of a person's care planning process. Staff responsible for carrying out risk assessments had received training for this role. During the inspection we

identified that the risk assessment form graded individual risks as low, medium or high. However, there was no guidance available to determine what constituted a risk being low, medium or high. We discussed this with the registered manager who took immediate action to change the way in which identified risks were graded. These changes minimised levels of risk being open to the interpretation of the member of staff carrying out the risk assessment.

Recruitment procedures were in place that ensured only suitable applicants were employed by the service. All applicants were required to complete an application form, attend a face to face interview and references were sought to confirm they were of good character. In addition, a check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people.

Sufficient staff were employed to meet people needs. Rotas were developed weekly on an electronic system. The system was designed to ensure that staff were scheduled to attend only one person's address within a set timescale. This helped ensure that calls to people were well planned for. Once the rotas had been completed they were emailed to staff. Wherever possible, people received care and support from a regular staff team with the continuity of staff only being changed due to holidays, sickness and staff days off. People and their family members told us that staff were generally on time for their visits. Their comments included "Yes, always on time" and "Yes, always on time. Only once not on time, problem with previous call, someone rang from office." People told us that staff always stayed for the amount of time they should. A family member told us that they felt it would be beneficial for their relative to have a rota to show who would be visiting them. They felt that this would reduce their relative's anxieties. We discussed this with the registered manager who stated that they would ensure that this information was supplied in the future.

Procedures were in place to protect the health and safety of all. A system was in place for reporting accidents and incidents. The details of any incidents were fully recorded and reviewed on a regular basis by the registered manager. Following an incident, if required action was taken to prevent a further occurrence of the situation.

The registered provider had procedures in place for the safe management and prevention of infection control. Staff had access to personal protective equipment (PPE) which included disposable gloves and aprons. People told us that staff always wore their uniform and asked them if they wanted to use PPE depending on what care task they were undertaking.

Good

Is the service effective?

Our findings

People told us that staff offered and respected choices in relation to meal preparation. People's comments included "They ask me what I want" and "Always asking if I want a cup of tea or if there is anything else they can do."

People and their family members told us that prior to using the service a member of staff had visited them either at their home or in hospital and assessed their needs and wishes. One family member explained that staff had met with them and their relative, explained what the service did and what people using the service should expect. Information relating to this assessment was gathered by the service. The purpose of the assessment was to ensure that the service was fully aware of the person's needs and wishes and that the service were able to meet these needs. People's needs were assessed in areas which included physical and psychological care, eating and drinking, mobility and safety. Information gained from the assessment process was used to develop people's care planning documents. This ensured staff were aware of what and how people's care and support was to be delivered. In the event of a person's needs changing, further assessments took place to ensure that staff were aware of any changes to the support people required.

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.

In community based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). At the time of this inspection three people accessing the service had an order under the Court of Protection. The registered manager demonstrated a clear understanding of the Mental Capacity Act and a policy and procedure was in place for staff to access at all times. In addition, staff had received training in the subject of the Mental Capacity Act.

When required, a mental capacity assessment was completed as part of the care planning process. This assessment gave the opportunity to assess if a person had the mental capacity to make specific decisions affecting their living needs and chosen lifestyle. When a person was identified as not having the mental capacity to make specific decisions, a record of people and other organisations involved in the individuals' decision making was recorded. For example, if a family member had been appointed as Power of Attorney for the person or if the Court of Protection was involved in decision making on behalf of a person. This meant that the service were aware of individuals' authorised to act on behalf of people using the service.

People's assessed needs that related to food and drinks were recorded in their care plans. Where required, information included ensuring that food in people's fridges and cupboards remained suitable for eating. In addition, people's specific dietary needs were recorded. For example, in relation to a person with diabetes and what foods were to be offered and when. We saw that when required clear instructions about how

people's foods were prepared for specific dietary needs were recorded. For example, one person required a specific amount of carbohydrate at mealtimes to promote their safe management of diabetes. To ensure that people's dietary needs were monitored in line with medical advice, detailed records of people's meals were maintained.

When required, people's health was regularly monitored in accordance with medical advice. For example, for the management of a person's diabetes they were supported by the staff to regularly check their blood glucose levels. Clear instructions were recorded as to what actions needed to be taken by staff, if there was a change in a person's blood glucose levels to prevent hypoglycaemia and hyperglycaemia occurring.

The registered provider employed trainers to provide training for staff throughout the organisation. All newly recruited staff received an induction into their role prior to carrying out visits to people alone. Staff confirmed that they had received an induction into their role and during this inspection, a number of newly recruited staff were receiving their induction training. The majority of training was delivered in a large training room. The room was equipped with moving and handling equipment to facilitate practical training.

Staff had access to a continuous programme of essential training for their role. Following their induction staff undertook annual refresher training in manual handling, medication, safeguarding and the principles of care. In addition, every two years staff undertook refresher training in dementia, food hygiene, infection control and health and safety. Staff that supported people with specific needs and health conditions received further training for their role from trained nurses. This training included diabetes and the use of specific feeding systems designed for people who are unable to eat and drink via their mouth.

People and their family members told us that they felt staff were trained for their role. Comments from family members included "[Name, condition] has no specific label. From what I've seen how they interact and support, yes [Staff] are trained", usual staff "Yes, new staff now and again have to be shown everything causing annoyance to [Relative]. Mum always has regular four [Staff], without the carers [Staff] she would be in a care home." People using the service told us "Certainly" staff are trained and "Yes, they do a refresher course."

Staff told us that they received regular supervision from a senior member of staff. They felt that they were well supported in their role by the senior staff and always had access to and the support of the registered manager. In addition, staff meetings took place to keep staff up to date with any changes in practice and within the service.

Good

Is the service caring?

Our findings

People and their family members told us that they felt the service they received from staff was caring and compassionate in their approach. Their comments included "Very much so. No matter what [Relative] wants they do. Having a good laugh, chat I've seen a difference in [Relative]. Tell if [Relative} is having a good day. Carers fill book in. Helping her a heck of a lot", "They are, very nice. Surprised when suggested in hospital [Homecare], didn't know how [Relative] would take to people coming in and out. She likes all of them, very nice" and "Seem to be [Caring], not seen anything different. Very kind and polite, do their job well."

Further comments were made about how staff communicated positively and formed relationships with the people they supported. These comments included "One [Staff] from the beginning formed a bond. [Relative] feels very comfortable. If I was unhappy in the care from SOS I would find other provider, seen no reason to move. I'm happy and [Relative] is happy", "Very much so. They don't belittle [Relative]. Speak like me and you are speaking now", "Always kind, courteous and chatty. Make me feel part of the conversation" and "Just the way they speak to [Relative] and listen to her. Even when she says the same thing [Staff] let her say it, don't finish her sentences. [Relative] tells same story and they listen like its first time heard it." This family member went on to say, "Think having people around [Relative] makes her more aware, it's good, what she needs, stimulation and conversation."

People and their family members told us that they felt the service was flexible to their needs whenever possible. One person told us that the service always made changes to their calls to accommodate hospital appointments they needed to attend. A family member told us that following a bereavement the service offered to vary the calls to a relative on a temporary basis. This enabled the family to make the arrangements they needed to make. They told us "They were thinking about me, even though I'm not the client."

Positive comments were received from people and their family members as to how staff respected their privacy and dignity whilst delivering personal care and support. Comments included "Quite gentle with [Relative]." When asked what they do, we were told "Wait in the kitchen while he eats [To give privacy] and use a towel to preserve modesty during washing" and "[When bathing] sits on stool, give him a towel. [Staff ask] are you alright? Do you want me to do that or yourself? Couldn't be nicer." People also commented that staff closed their curtains to protect their privacy whilst delivering personal care and one family member told us "If [Relative] goes to the bathroom [Staff] stand on the landing. [Relative] doesn't like you standing there waiting; they've grasped that."

People's care planning documents informed staff of people's religious needs and wishes. For example, specific dietary needs for people were recorded to ensure that staff were aware of individuals' cultural observations. This helped ensure that people could be confident that their cultural and religious needs were supported and respected by staff.

To help ensure that people received their care and support as they wished care planning documents contained people's likes, wishes and preferences. For example, people's preferred gender of staff was

recorded. In addition, other information such as "Doesn't like loud noises or queues" and "Doesn't like people to sit crossed legs or crossed feet." Having this information enabled staff to minimise the risk of a person becoming anxious in specific situations.

Staff were able to demonstrate alternative forms of communication people used. For example, one person, if struggling to make their needs known verbally, used a pen and paper to communicate with the staff. For another person their staff team were in the process of learning basic sign language with the support of a speech and language therapist. Care plans and risk assessments for some people contained pictorial information to communicate the content. The majority of written information was available in standard and large print. However, the registered manager told us that in the event of a person requiring an alternative form of communication this would be made available.

Policies and procedures were in place to offer guidance and direction to staff in relation to equality and diversity. In addition, staff had received information from the registered provider relating to awareness of people's rights.

As part of the assessment process people were given a copy of the providers service user guide. The guide contained information as to what services could be offered to people and what level of service a person should expect. For example, information was available in relation to the services aims and values, finances, security, support with medicines, dealing with abuse and harassment, diversity and equal opportunities, confidentiality and customer satisfaction. People and their family members told us that they had received a copy of the service user guide.

Good

Is the service responsive?

Our findings

People told us that they had a care plan and that they were involved in the planning of their care and support. People told us that they had regular reviews of their care and support. Family member's comments included "Yeah [Asked for feedback] every so often, four/six weeks. Phone call to ask how it's going, like a mini review" and "Regular Q&A phone call. How do you rate this? What changes? Every couple of months. Think it gives the opportunity for dialogue."

Each person had a care plan that identified their needs and wishes. The care planning process gave the opportunity to record people's physical, medical, psychological, cultural and personal care needs and how these needs were to be met. Information important to a person was recorded. For example, one person's care plan stated "I would like staff to greet me on arrival. I will be in my bed in the living room. I would like staff to ask me if I slept well." Another person's care plan stated "[Relative] can get in the bath herself but would like staff to observe her doing this as she has fell in the past."

People's care planning documents were reviewed and updated on a regular basis by senior staff to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. Any risks identified during the care planning process were assessed and wherever possible minimised.

Records of all visits to people were maintained in individual log books. Once a month people's log books and medicines records were collected from people's home and returned to the office. Once at the office a team leader analysed the records to ensure that people had received the care and support they required. Any areas of concern or improvement identified in this auditing process were addressed.

People and their family members told us that staff had a flexible approach when visiting people and would always do something differently if asked. People's comments included "Yes, they're very accommodating", "Sure, they would [Do something differently]. All very friendly and nice", "They're very good, pretty flexible they deal with what's there" and "Yes, [Staff] always say what do you want doing, is there anything else before they go." In addition to staff being flexible people told us that office staff would always help change things if needed. They told us "Just get in touch with the office and change it" and you "Just have to ring and ask."

A number of people were in receipt of support with personal care, daily living and accessing the community. These people were supported by a set team of staff. This enabled people to plan their days and activities with their staff team.

People told us that senior staff regularly got in contact with them to ask how the service was working for them, if there were any changes needed and if people were happy with the support they received. These regular checks gave the registered provider the opportunity to measure the quality of the service being delivered and to ensure people were in receipt of the service they needed. Records of this contact were maintained and any actions identified were addressed.

The registered manager demonstrated how the service had developed how it managed complaints. They explained that there was now an emphasis on ensuring all minor concerns raised were recorded along with formal complaints made to the service. A system was in place to record all complaints which included the source of the complaint, the date received and the outcome of the complaint. In addition, whenever a complaint was made feedback was given to the staff team and when areas of improvement were identified, spot checks were made to observe staff practice. Feedback for improvements was shared with the staff team. The registered manager had further developed a complaints register to enable any concerns or complaints to be monitored and to identify any further learning for the service. At the time of the inspection no formal complaints had been received by the service.

People told us that they knew how to raise a concern or complaint about the service they received. People felt confident that their concerns would be listened to. People who had raised concerns previously told us, I "Got response quickly, had answer within an hour if complained. Always been happy [with reply]." One family member explained that due to their relative's needs, two staff visited. After raising concerns, the service now send someone that knows [Relative] to every visit as they found it awkward if they have to explain their needs to new staff.

Good

Is the service well-led?

Our findings

People and their family members told us positive comments about the service they received. Their comments included "Always punctual, pleasant, always knock before come in to [Relative]. [Staff] make certain [Relative] is supported. Really pleased with service", "Whenever had an issue/gripe or needed something different done, [The service] done their best to do that", "Whatever done, been done extremely well. Very satisfied. Suits us fine." and "What they do seems to be spot on."

A registered manager was in post who registered with the Care Quality Commission in May 2018. People and staff spoke positively about the registered manager describing them as approachable and effective. The registered manager operated an 'open door' policy to enable staff and people using the service to access them. We saw during this inspection that staff regularly rang the office for advice and support.

There was a clear management structure and line of accountability within the service. The registered manager had overall responsibility and was supported by a team of senior staff. Senior managers from the registered provider, SOS Homecare Ltd were accessible to the registered manager at all times for advice and support. To enable staff to have access to advice and support at all times an on-call rota was in place. A senior member of staff was available to be contacted between 5pm and 9am and at weekends.

Regular audits of records were carried out by senior staff to ensure that all records were up to date and accurate. Care plans and records audits included the monitoring of staff records, medicines management, arrival times at visits and food and drinks that people had been offered and served. An auditing form was in use to record the outcome of the checks made. Where an area of improvement had been identified, the action, timescale and who was responsible for the actions were recorded. Senior staff responsible for carrying out these audits were able to demonstrate actions that had been taken when areas of improvement had been identified. For example, where a medication error had been identified this had resulted in staff receiving further training and having their competency in administering medicines rechecked.

Policies and procedures were in place and available to all staff within the service both electronically and in paper format at the office. These documents gave staff guidance and direction for their role. The registered provider had recently reviewed their policies and procedures and recording documents to ensure that they were compliant with new General Data Protection Regulation (GDPR) introduced in May 2018. This regulation was introduced to protect people's information and privacy.

In addition to supervision and training made available to staff the service displayed different topics on as monthly basis to offer information and promote discussion between the staff team whilst visiting the office. Recent topics had included hot weather awareness and people's rights under GDPR.

The registered provider demonstrated a keen emphasis in ensuring that people's equality, diversity and human rights (EDHR) were promoted and planned for and in working with other agencies to ensure that people's needs were met. This involved a director of the organisation who was working with other agencies on the development of services for specific groups within the community. In addition, where it was identified

that a person required the support from staff of a specific gender, a multi-disciplinary decision had been made in in relation to this decision. This involved the service liaising with the local authority to determine the best ways in which to plan the person's care.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. For example, paper records were stored securely. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

The registered manager demonstrated a good awareness of the regulations and had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.