

SOS Homecare Ltd

# Crewe - SOS Homecare Ltd

## Inspection report

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Date of inspection visit:  
24 November 2021

Date of publication:  
24 December 2021

## 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

### About the service

Crewe - SOS Homecare Ltd is a domiciliary care service providing personal care to 32 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People received a caring service and felt supported and valued as individuals. People told us they were treated with respect and staff upheld their dignity during care visits and were supported by staff who knew people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in developing their care plans which were person-centred. These were updated when people chose and when care needs changed.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely. The provider had developed detailed systems to manage risks relating to the COVID-19 pandemic.

The service was well-led, and staff felt well-supported by an open and honest culture. The registered manager had developed positive working relationships with other professionals and organisations to ensure positive outcomes were achieved for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 19 November 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection to provide the service with a CQC rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Crewe - SOS Homecare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 23 November 2021 and ended on 03 December 2021. We visited the office location on 24 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the human resources manager and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Staff also demonstrated that they understood how to respond to, record and report incidents and accidents safely.
- Accidents and incidents were appropriately reported to external agencies including the local authority safeguarding team. Records were reviewed on a regular basis by the registered manager to analyse trends and identify any lessons learnt.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.
- Risk assessments were also in place for people's home environments; indicating potential hazards to others. For example, risks associated with people smoking.
- Staff told us the care plans assisted them to provide safe care. One staff member described care plans as, "Detailed and informative. Tell us what we need to know."

Staffing and recruitment

- Recruitment procedures were safe. Checks were carried out on all staff before they started employment.
- People told us there were enough staff to meet their needs and that staff were reliable. Comments included, "They are always on time, can't think of any time they have been late. Very pleasant," and "If they will be more than 15 minutes they will let me know. They are very kind to me, very good."
- Staff explained there had been some shortages at times caused by the impact of the COVID-19 pandemic, however, one staff member commented, "I don't feel rushed, the management are very good at allowing travel time."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Detailed and accurate records were maintained.
- Medicines were only administered by staff who had the correct training to do so. Regular checks on the competency of staff to administer medicines were undertaken by the senior care team.
- People were able to describe the support they needed to take their medicines; and told us they were happy with the support. One family member commented, "[Staff] give medicines, quite happy. They know where it is kept and bring it in for [name]."

## Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. People confirmed staff wore appropriate personal protective equipment (PPE) during care visits. We were told, "[Staff] always wear masks and aprons, always on time, we know they have tests."
- Staff had also completed training and received regular guidance from the provider to ensure safe practices during the COVID-19 pandemic.
- Staff told us they had access to adequate supplies of PPE. One staff member said, "We always have PPE. I feel well informed and can contact [the registered manager]."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected best practice and professional guidance.

Staff support: induction, training, skills and experience

- Staff received the training they needed to support people effectively. One staff member told us, "Training is good to be fair. We do it once a year, quite informative. It's good to do it."
- People told us they felt staff were well-trained. Comments included, "You have the same [staff] so people know what they are doing. Seem trained well," and "they are very good."
- Staff received support through regular supervision and observations of their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people's nutritional needs and had clear information within care plans with regards to this. This included when a person needed to consider risks to their diet caused by medical conditions.
- People confirmed they were supported with their dietary needs and were provided with the assistance they needed to eat and drink. One person told us, "I get things ready so just needs heating up or make a sandwich."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Care plans reflected professional input and advice.
- People confirmed they were supported to access their GP and other health services. Comments included, "If [staff] think I need antibiotics they will send for doctor and I can get a prescription and it gets delivered," and "I have just had my booster jab [for COVID-19] which knocked me back a bit. They were there for me and asked if I need anything."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Capacity had been assessed; people had signed their care plans to confirm they agreed with the care they received.
- People also confirmed staff sought consent before providing personal care. We were told, "[Staff] help me with shower and getting dressed. They always seek consent and explain."
- Where people had put legal arrangements in place such as power of attorney, this was clearly documented in care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staffing was consistent which enabled relationships to be formed. One staff member told us, "We get to know people well. I have a good relationship with all my clients." One family member also said, "Oh yes [name] knows them all, they become part of the family."
- People told us they were well-treated and supported; and staff respected their privacy and dignity. Comments included, "Carers are brilliant, kind, efficient, can't do enough. They are wonderful" and "[New staff] always get taught right. Keep [name] covered, shut the door."
- People also told us they were supported to be independent and didn't feel rushed when receiving care. Comments includes, "They do encourage me to do what I can for myself" and "[Staff] encourage [name] to do what he can. The staff can see difference in him, he is very determined. Really, really good- fantastic job."
- Care plans identified peoples protected characteristics under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- Care plans demonstrated how people were involved in making decisions about their care.
- People confirmed they had been involved in developing their care plans. One person explained, "I am involved in everything I do. They always ask first. I have seen care plan. They review it from time to time. Either face-to-face or they will ring."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which reflected their needs and preferences. Care plans were person-centred. One person told us, "They seem to have the understanding and seem to put you first before anything else. They have the time for you. Not rushed."
- Care plans were clear and easy to follow; staff were kept informed of any changes. Care plans were stored in people's homes and reviewed on a regular basis.
- People's social and cultural interests were considered when developing care plans. For example, the registered manager told us, "We support one person each morning. At the weekend we amend visits to ensure [name] can get to church and ensure she has a nice outfit on as this is important to her."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were assessed and reflected within care plans.
- Information about the service was available in different formats so that people had access to information in a format they could understand.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints. This was made available to people through the service user guide.
- People confirmed they knew how to raise concerns and felt confident any issues would be addressed. One family member told us, "I would complain to [the registered manager], can't see that happening."

End of life care and support

- At the time of the inspection, nobody was being care for at the end of their life. However, training for staff was available and, where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the service was well-led and effectively managed. One family member told us, "I certainly would recommend. Don't think I could get better anywhere. At first it is a big thing having people coming in, they are now like family." A person receiving care added, "I think the world of [the registered manager]. She is a wonderful boss to the girls."
- Staff also felt well supported and spoke positively about the registered manager and about working for the provider. Comments includes, [The registered manager] is amazing and couldn't sing her praises high enough. She is so helpful and supportive" and "It is a good company to care for people. Its centred around the clients and what they need."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a robust framework of governance underpinning the service. Audits and other checks completed by the management team and the provider were effective in identifying and driving improvements.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. This included responsibilities under the duty of candour. Accurate records were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed that they were encouraged to offer feedback about the service through regular contact and quality reviews. One person told us "They do this with my daughter and she sorts this, have an interview over the phone."
- Staff were engaged, motivated and felt valued. Staff felt able to share their views and told us they were listened to.
- The registered manager worked closely with other agencies and professionals to ensure good outcomes were achieved for people.