

SOS Homecare Ltd

Willowmere

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

Willowmere is an extra care housing scheme that provides accommodation for up to 79 people in their own apartments. SOS Homecare Ltd, the registered provider, provides personal care to some of the people who live there. At the time of our inspection, 22 people were receiving personal care from SOS Homecare Ltd.

At the last inspection, the service was rated Good and, at this inspection, we found the service remained Good.

At our last inspection on 24 May 2015, we found a breach of Regulations of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This breach related to the lack of an effective complaints handling system at the service. The provider sent us an action plan setting out the improvements they intended to make. At this inspection, we found the provider had made improvements to the service.

People still felt safe living at the home, and the staff supporting them understood how to recognise and report abuse. The risks to people had been assessed, kept under review, and plans developed to manage these. Staffing levels at the service ensured people received a consistent and reliable service. People received support and assistance with their medicines from trained staff.

People still had confidence in the knowledge and skills of staff employed at Willowmere. Staff participated in a rolling programme of training designed to enable them to work safely and effectively. Some staff lacked understanding of people's rights under the Mental Capacity Act 2005, and the mental capacity assessments completed were not decision-specific or appropriately recorded. People had enough to eat and drink, and received the support they needed to collect or prepare their meals. Staff helped people to access healthcare services in the event they were unwell.

Staff approached their work with a kind and caring attitude, and took the time to get to know people well. People's involvement in care planning and other decision-making affecting them was encouraged. People were treated with dignity and respect by staff who understood the need to promote their rights.

People received care and support shaped around their individual needs and requirements. Staff understood the need to work in accordance with people's care plans. Most people knew how to raise complaints and concerns about their care, and felt comfortable doing so. People's complaints were recorded and responded to in line with the provider's complaints procedure.

Most people felt the home was well managed and found the registered manager approachable. Staff felt well supported by the registered manager, and were clear what was expected of them. The provider carried out quality assurance activities to monitor and improve the quality of the service people received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

Staff did not always have an appropriate understanding of what the Mental Capacity Act 2005 meant for their work with people. Mental capacity assessments were not appropriately completed or recorded. Staff received training and ongoing support to help them fulfil their duties. Staff helped people to access healthcare service when they were unwell.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was Responsive.

People received care and support that took into account their individual needs and requirements. Staff had the time to read, and followed, people's care plans to provide a consistent service. Most people knew how to complain to the provider, and felt comfortable doing so.

Is the service well-led?

Good ●

The service remains Good.

Willowmere

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 30 and 31 August 2017 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection visit, the provider completed a 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 used this information in the planning of our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection visit, we spoke with 11 people who used the service, one relative, two local GPs, a social worker and a continence nurse. We also spoke with the registered manager, the provider's quality manager, two senior care staff and three care staff. We looked at four people's care records, complaints records, medicines records, incident records, staff training records, three staff members' recruitment records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

All of the people we spoke with still felt safe living at Willowmere and in the company of the staff employed by the service. One person said, "Oh, gosh yes, I feel safe and I would know who to speak to if I didn't feel safe." Another person told us, "Just their (staff's) presence makes me feel safe."

The provider still had measures in place to protect people from avoidable harm and abuse. These included annual training for staff on how to recognise, respond to and report abuse. Staff told us they would report any concerns of this nature to senior care staff or the management team without delay. The provider had safeguarding procedures in place to ensure any actual or suspected abuse was notified to the appropriate external agencies, such as the local authority and police, and investigated.

The risks associated with people's care and support had been assessed and kept under review by the management team. Consideration had been given to important aspects of people's continuing safety, including their mobility and the safe use of mobility aids and equipment. The management team had put plans in place to manage the risks to people and keep them safe. Staff recognised the need to follow this guidance, and confirmed they were kept up to date with any changes in risk to people or themselves.

In the event people were involved in an accident or incident, staff recorded and reported these events. The registered manager and the provider's care governance team analysed these reports to identify patterns and trends and take preventive action to stop adverse events happening again. For example, following one person's fall, staff had advised their partner on the safe use of the individual's wheelchair.

Most people told us staff were generally punctual, quick to respond to any requests for assistance, and that they had not experienced any missed calls. One person explained, "They (staff) are generally on time. They have been late, but have always let me know." Another person said, "They (staff) are always bang on time." The service's required staffing levels were assessed based upon people's current care and support needs. All prospective staff underwent pre-employment checks to ensure they were suitable to work with people. These included an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

Where people required a level of support to manage or take their medicines, they told us staff provided the help they needed. One person told us, "They (staff) bring my tablets on time and watch me take them." We saw the provider had put in place systems and procedures designed to ensure people received their medicines safely and as prescribed. For example, staff involved in handling or administering people's medicines received appropriate training and underwent annual competency checks. However, hand-written entries on people's medicines administration records (MAR) were not always written in full, dated and signed by two trained members of staff. This does not reflect good practice, and increases the likelihood of medication errors. We discussed this with the registered manager, who assured us they would address this issue without delay.

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA. People told us staff respected their decisions and choices on a day-to-day basis. One person said, "Staff do listen. They accommodate you on another day if you don't want something done." Although they had completed mental capacity awareness training, we found some staff lacked understanding of what the MCA meant for their work with people. They were, for example, uncertain about the meaning of 'mental capacity' and the role of best-interests decision-making. In addition, the mental capacity assessments completed for people were not decision-specific or recorded in line with the requirements of the MCA. We discussed these issues with the registered manager. They assured us they would reassess the training and support staff required to help them understand the implications of the MCA. They also confirmed that, moving forward, mental capacity assessments would be correctly completed and recorded in accordance with the MCA.

People still had confidence in the skills and knowledge of staff at Willowmere. They told us staff understood the care and support they needed, and provided this on a consistent basis. One person said, "They (staff) give me plenty of help." Another person explained, "They (staff) could run this building on their own. They know what to do and they work together." The community professionals we spoke with also spoke positively about the skills of the staff team. A social care professional told us, "I have no concern regarding staff's competence."

New staff underwent the provider's induction training to help them understand and settle into their new job roles. Staff spoke positively about the provider's induction process, which included initial training, competency checks and the opportunity to work alongside more experienced staff. One staff member told us, "My induction was really helpful. Every day I learned something different." Another staff member said, "I was eased in quite slowly, which gave me a lot of time to learn."

Following induction, staff participated in a rolling training programme, based upon the provider's assessment of the knowledge and skills they needed to work safely and effectively. Staff were satisfied with the training provided. One staff member told us, "It (training) is good. Even though you've had so much training, you always learn something new." Another staff member described how their moving and handling training had given the confidence to make safe use of people's hoists and stand aids. Staff also attended four-monthly one-to-one meetings with the registered manager to identify any additional support or training they may need and receive constructive feedback on their work performance. Senior care staff also provided 24-hour on-call support to respond to any urgent requests for guidance and advice from staff.

People told us they had enough to eat and drink, and that they chose their meals. Where people needed a

degree of support from staff to prepare meals or collect these from the on-site restaurant, they said they had the help they needed. The registered manager explained there was no one currently living at Willowmere with complex needs or risks around eating and drinking. In the care files we looked at, we saw people's dietary and nutritional needs were routinely assessed and kept under review.

People told us staff prompted and helped them to seek professional medical advice or treatment when they were unwell. We saw evidence of this on the incident forms we looked at. One person explained, "If you tell them (staff) you are unwell, they will suggest you are seen by a GP." The healthcare professionals we spoke with told us they generally received appropriate referrals from staff at Willowmere, and that staff were helpful and accommodating during their visits to the service. In the care files we looked at, we saw information was recorded about people's medical history and long-term medical conditions to help staff understand their health needs.

Is the service caring?

Our findings

People still felt staff treated them in a kind and caring manner. One person said, "Most of the girls (staff) here are amazing. I have never had as much kindness in my life as I have here." Another person told us, "The carers are absolutely out of this world; they're fantastic! It's the caring, politeness and friendship. They give you that feeling you're secure. They're sort of like my family." A healthcare professional also commented on staff's willingness to the extra mile for people. The staff we spoke with knew the people they supported well, and discussed them with clear affection and respect.

People told us they could freely express their views to staff and were satisfied with the efforts made to involve them in care planning and other decisions affecting them. The provider and registered manager actively encouraged people to have their say. People were invited to annual care review meetings, and the provider's quality manager sought people's feedback during their internal quality audits. Monthly 'residents' surgeries' were also organised, where people could drop in and share any concerns or suggestions with the registered manager.

People told us staff still spoke to, and treated, them with dignity and respect. They felt confident staff protected their personal information, and felt staff were keen to promote their independence. One person explained, "They (staff) have come up with ideas on how to make me more mobile within the confines of a safe home." The staff we spoke with understood people's rights to privacy and dignity. They gave us examples of how they promoted these rights on a day-to-day basis. These included taking into account people's wishes and preferences, protecting their modesty during personal care and seeking to promote their independence. One staff member told us, "It's about giving them (people) choices, not taking their rights away from them and respecting their decisions."

Is the service responsive?

Our findings

At our last inspection, we found the provider did not have an effective complaints handling system in place, and that complaints about the service were not being consistently recorded. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, we found the provider was now meeting the requirements of Regulation 16. The provider had reviewed and improved upon their procedures for recording informal and formal complaints, to ensure more consistent record-keeping. As part of this, a separate log for recording any comments, suggestions and informal complaints, and the provider's response to these, had been introduced.

Most of the people we spoke with knew how to make a complaint about their care and support, and were confident their concerns would be resolved by the provider. One person told us, "They (provider) do take concerns seriously. They would be here straightaway to talk to me." Another person said, "I did raise concerns and they were sorted out to my satisfaction." People were provided with clear information about how to complain to the provider, and their understanding of the complaints procedure was periodically checked. We looked at recent complaints received by the service, and saw these had been investigated and responded to in line with this procedure. The provider also sought people's more general feedback on the service through the distribution and analysis of annual feedback surveys. We saw the feedback received shared with people and used to make improvements in the service.

People told us the care and support they received took into account their individual needs and requirements. One person said, "They (staff) do what you want when you want." Another person said, "When I asked for a walking frame, they (staff) were quick to arrange it." A social care professional praised staff's ability to pick up on, and adapt to, any changes in people's individual needs.

Most of the people we spoke with were aware of their care plans and confirmed these had been regularly reviewed. We saw people's care plans contained information about their personal background, known likes and dislikes and their preferred daily routines. Care plans also included an assessment of people's cultural and religious needs. Staff understood the importance of following people's care plans, and told us they had the time needed to read and refer back to these. One staff member explained, "You won't understand people until you've read the care plans. Everyone has particular needs."

Is the service well-led?

Our findings

During our inspection, we met with the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a good understanding of the duties and responsibilities associated with their post, including the need to submit statutory notifications in accordance with their registration with us. They confirmed they had the resources and support from the provider's operations director they needed to manage and improve the service.

Most people felt the service was well managed. They knew who the registered manager was, and felt confident about approaching them. One person told us, "Yes, I know the manager very well. I know how to get in touch." Another person said, "The manager is very accessible. Overall, I am very happy with the service." Three of the people we spoke were less comfortable about approaching the registered manager due, for example, to having had limited contact with them. We saw the registered manager had sent people a brief overview about themselves and their availability to encourage people to feel more at ease in approaching them.

Staff talked about their work at Willowmere with enthusiasm. They were clear what was expected of them, and felt they had the support they needed from the registered manager. One staff member told us, "[Registered manager] is always on hand. I can phone them anytime I need to. They're quite straightforward and I like that." Staff described the registered manager as "approachable", "organised", and had confidence in their ability to act on things. Staff understood the purpose of whistleblowing and felt able to challenge decisions taken by the registered manager, if they needed to. One member of staff said, "If I've not been happy about something, [registered manager] has normally been on side and has resolved it." Another member of staff commented that, during staff meetings, "We (staff) are allowed to say what we want to say."

The provider had developed a number of quality assurance activities to monitor and improve upon the quality of the service people received. These included quarterly audits by the provider's quality manager, which focused on key aspects of the service such staff recruitment and training and the standard of care records. In addition, feedback surveys were distributed to people and staff on an annual basis, and people's care notes and MAR sheets were audited on a monthly basis. Any incidents, accidents, complaints or safeguarding issues were monitored on an ongoing basis. The provider's quality assurance had led to improvements in the service, including a more robust and comprehensive approach towards assessing the risks to people. Monthly 'residents' surgeries' had also been introduced as a further means of encouraging people's feedback and involvement.