

# SOS Homecare Ltd

# Beechmere

## Inspection report

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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

About the service: Beechmere is a domiciliary care service that was providing personal care to 50 people aged 65 and over at the time of the inspection. The service supports people living in their own apartments within a supported living complex.

People's experience of using this service: People were supported safely. The potential hazards that people faced during their support and from the wider environment was always taken into account. Medication administration was robust and person-centred. Staff always arrived on time and provided support within the agreed timescale. People felt safe with the staff team and trusted them.

People told us that staff were knowledgeable and knew what they were doing. Staff received the training they needed to perform their role and received supervision so that they could discuss work practice as well as professional development. Sufficient measures were in place to enable new staff to become familiar with and be prepared for their role. The nutritional needs of people were met. People were always asked to give their consent before support was given.

Without exception, people told us that they were supported in respectful and friendly way with staff respecting the fact that they were visiting a person's home. Support was provided in a patient and unhurried manner with an emphasis on maintaining people's privacy and dignity. The communication needs of people were taken into account with staff taking the time to ensure that people were able to express themselves and make their needs known.

Support was provided in a person-centred way. People who used the service were able to contribute and be in control of the ways in which they were supported. People did not have any complaints but felt confident that any issues would be listened to and acted upon.

People felt they received a well-run service. The registered manager was very familiar with the individual needs of people and was very visible and available to all people. The registered manager was seen as approachable and supportive to the staff team. The registered provider had robust quality assurance processes in place to measure the quality of support given. The views of people who used the service and their relatives were listened to. People told us that they felt involved, in control and were listened to. The registered provider worked closely with other agencies to ensure positive outcomes for people and to maximise their independence.

Rating at last inspection: The service was rated as requires good at our last inspection in August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains good overall.

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

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

## 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 remained Good.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remains Good.  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained Good.  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained Good.  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained Good.  
Details are in our Well led findings below.

Good ●

# Beechmere

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one adult social care inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own flats and specialist housing. It provides a service to mainly older adults.

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 48 hours' notice of the inspection visit to ensure that the registered manager would be available to assist us.

**Inspection site visit activity** started on 11 April 2019 and ended on 12 April 2019. We visited the office location on 11 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We talked to people who used the service and their relatives on the 12th April 2019.

**What we did:** Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and one relative.

We also spoke with the registered manager, operations director, deputy manager and three members of staff. We looked at six people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, five recruitment and a training matrix for all staff.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the types of abuse that could occur.
- Staff were aware of the systems in place for reporting any incidents of abuse.
- Staff were confident that their concerns would be appropriately reported to safeguarding authorities.
- Staff received training in identifying types of abuse.
- People who used the service felt safe with the staff team.
- They told us "I trust them [staff]" and "I feel safe in their [staff] hands".
- The registered provider held records outlining any safeguarding incidents and reported these back to the local authority safeguarding team as necessary.

Assessing risk, safety monitoring and management

- The risks faced by people during their support was appropriately assessed.
- Where people required support with manual handling; assessments were detailed and outlined the potential hazards faced by people.
- People had been fully involved in the devising of risk assessments and their views reflected in them. Further assessments were in place ensuring that people were safe when accessing the local community.
- Assessments reflected the risks present in their own homes.
- Robust arrangements were in place to ensure that people's own homes could be safely accessed and kept secure as staff left the building.

Staffing and recruitment

- Staff rotas indicated that there were sufficient staff employed to meet people's needs.
- Staff confirmed that there was always enough staff available and this view was reinforced by people who used the service.
- Recruitment of new staff was robust.
- New staff had their suitability to support vulnerable people checked through references, health checks and disclosure (DBS) checks.
- All new staff undertook an interview process which explored their values and personal qualities so that people could be appropriately supported.
- One newly recruited member of staff told us that their recruitment had been thorough and fair.

Using medicines safely

- People who received support with their medication told us "[staff] are very good with my medication", "I always get my tablets when I need them" and "They [staff] never miss my medication".

- The registered provider had a policy and procedure in place for the safe administration of medicines.
- Staff had their competency to administer medicines checked on a regular basis.
- Staff received training in medicines administration
- Details of the ordering, storage and administration of medicines were in place to ensure that people received the support they required consistently and safely.
- Care plans outlined the preferred way people wished to receive support with medicines.
- Robust systems were in place to check that medicines had been appropriately given.

#### Preventing and controlling infection

- People told us "[staff] always wear disposable gloves and aprons when they help me" and "they always keep my home clean and spotless".
- Staff received training in infection control to ensure that the spread of infection was minimised.
- Staff had access to sufficient stocks of personal protective equipment (PPE) such as gloves and aprons.

#### Learning lessons when things go wrong

- The registered provider had a system in place for recording accidents and incidents that adversely affected people who used the service.
- Records were appropriately completed with details of the incident and any factors that had led to them.
- Records indicated remedial steps to ensure that future reoccurrence of accidents could be minimised.



# 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

Good: 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

- Assessments were in place before people came to use a service from the registered provider. These included the views of the person and other key stakeholders in their care.
- The assessments outlined the main needs of the person in relation to their health and social care to enable the registered provider to determine how these needs could be met.
- Assessments had been translated into a plan of care outlining the support people required and the frequency of visits needed to meet the person's needs.

Staff support: induction, training, skills and experience

- Staff confirmed that they received the appropriate training to support people.
- The registered provider had effectively re-organised their training provision for staff to ensure that all staff were up to date with training and that it would be delivered in a timely manner.
- Staff received appropriate supervision for their role. This enabled their care practice and future training needs to be discussed and actioned to best support people.
- Other methods of supervising care practice were routinely used by the registered provider. These included spot-checks on staff practice enabling good aspects of practice to highlight and provide people who use the service with the opportunity to comment on their support.
- A structured induction process for new staff was in place. The registered provider aligned their induction process to the Care Certificate to ensure a good preparation for new staff to support people effectively. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in social care sectors.
- New staff undertook a period of shadowing existing staff to familiarise themselves with good practice. A probationary period was in place to enable new staff to become familiar with their role and for the registered provider to assess their suitability to support vulnerable people.
- People told us "they [staff] are very good" and "they [staff] know what they are doing".

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

- The nutritional needs of people were outlined in care plans.
- Health needs that impacted on people's nutrition were outlined in care plans and details of the support they needed were in place.
- People told us that when they needed support with food and drink; staff always provided them with choices and that the standard of food preparation was "very good".
- Staff received training in food hygiene, nutrition and fluids.
- Records of the food and drink people had were recorded enabling an assessment of their nutritional needs

to be made.

- People had access to local dining facilities close to their own home and they confirmed that staff would assist them to access these if they wished.

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

- Staff worked in collaboration with people's relatives, staff from other agencies, care managers and healthcare professionals involved in people's care.
- Staff had access to and followed guidance provided by health and social care professionals such as district nurses and doctors.
- The registered provider worked closely with healthcare professionals and other agencies to ensure that people's needs were met and facilitated contact with them when health needs changed.
- Daily records evidenced interventions by staff to ensure that changes in health could be identified and actioned as soon as possible.
- The registered provider worked closely with other agencies to ensure that people had access to the mobility aids they needed.

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 with appropriate legal authority.

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

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- The capacity of people to make decisions for themselves was assessed by the registered provider. A clear process was used to reach a decision on whether people had capacity to make decisions for themselves in aspects of their lives.
- People told us that staff always asked for their consent before they received support.
- Several documents were in place asking people for their consent with different aspects of their support.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The religious or cultural needs of people were recorded in care plans and other assessment information.
- People and their relatives had shared information about people's life history, likes, dislikes and preferences. Staff used this information to help them get to know people and engage with them in meaningful ways.
- Staff kept the confidential details of people secure and there was a confidentiality policy in place. People told us that they were confident that the staff team never discussed details of their support with other people.

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

- The communication needs of people were outlined in care plans and these indicated any considerations that staff needed to take in effectively communicating with people in order to gain their views.
- Some people had some difficulty in being understood verbally yet felt that staff took the time to ensure that they could express themselves.
- People's preferences in how they were communicated with was included within care plans.
- People told us that they were able to make decisions about the support they received.
- The right of people not to divulge information was respected.

Respecting and promoting people's privacy, dignity and independence

- People's comments included, "they [staff] respect me and treat me with kindness. They never hurry me and I feel what independence I have; they encourage me" and "they always respect my home".
- People told us the "care and attention" given to them by staff had resulted in them being more independent and healthier.
- Some people who used the service had pets. They told us that staff extended their care to their pets were looked after if people were not always able to part of their care package.
- Staff were able to outline practical measures they would take to ensure that people's privacy and dignity were upheld while they were supporting people with personal care.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People had access to advocacy services if they wished.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and included how people wished to be supported. They included detailed information on how people wished to be supported during key times of the day.
- People told us that they knew about their care plan and agreed with its contents.
- The individual preferences, likes and dislikes of people were recorded.
- Care plans were accompanied by daily records. These indicated the support given at any one time. Daily records indicated that people were supported for the agreed length of time and received support from consistent staff.
- While the service did not provide direct activities for people; people were assisted to access activities within the supported living complex. Staff told us that they were mindful of the risks to people from social isolation and encouraged people to make the most of social opportunities.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards. This is designed to ensure that people have equal opportunities in accessing information relevant to them.
- People told us that they were always offered choice by the staff team and felt in control of their lives.

Improving care quality in response to complaints or concerns

- People told us "I have no complaints at all" and "If I did have a concern; I know that the manager would listen to me and do something about it".
- A complaints procedure had been devised and was available to all those who used the service and their relatives.
- Where complaints had been made; these were recorded and there was evidence that they had been investigated and responded to in a timely manner.
- The complaints process always sought feedback from complainants as to whether their concerns had been handled appropriately.

End of life care and support

- No-one was receiving end of life support during our visit.
- The registered manager was aware of how changing health needs could mean that people would require end of life support and had measures ready to implement.
- Cards and letters had been received from relatives. These indicated that the service had supported both individuals who had reached the end of their lives in the past and had extended this support to relatives.
- The future wishes of people were recorded in the event of reaching the end of their lives. The opportunity to express these had been provided by the registered provider and those the decision of those choosing not to had been respected.

- Staff received training in bereavement and how relatives could be supported in the event of a loved one.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager adopted a person-centred approach to the service provided with an emphasis on good outcomes for people and a good quality of support.
- Both staff and people who used the service spoke highly of the registered manager. They said "[the manager] is always available and never stops to make sure that the support I get is good", "[the manager] sees me every day and is so friendly and caring" and "our manager is approachable and supportive and that goes for all the managers". The registered manager and deputy manager demonstrated a good and detailed understanding of the needs of individuals they supported. People told us "it is a well-run service".
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs effectively. It was clear that staff knew people well and put the person-centred values into practice.
- Staff felt motivated about their roles and commented that the registered manager had created a strong element of teamwork within the service which in turn had had a positive effect on the support provided to people.
- People commented that the service was very reliable, supported them in line with their needs and ensured they were "as independent as possible".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider always informed us of those events that adversely affected the people who used the service or the smooth operation of the service.
- The registered provider had informed people of the current rating of the service and had made our last inspection report available to them. This demonstrated a transparent approach by the registered provider.
- Staff understood their roles and responsibilities and demonstrated that they were enthusiastic about the work they did.
- A clear management structure was in place which ensured that the service was well led and organised in meeting the needs of people
- The staff team communicated effectively with each other to ensure that support was provided in an effective and timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they were involved in commenting on the support they received on a regular basis.

- People's views were asked for on a daily basis when they were given support and these comments were recorded.
- People were asked for their views during more formal periodic audits on all aspects of the support they received.
- People were able to express their views on individual members of staff during spot-checks to monitor individual staff performance.
- People told us that their views were always listened to and acted upon.

#### Continuous learning and improving care

- Robust quality assurance systems were in place and used effectively to monitor key aspects of the service.
- Audits and checks were completed on a regular basis by the registered manager and staff to identify areas of improvement. Clear action plans were created, and tasks were allocated to appropriate staff to complete.
- Representatives of the registered provider maintained a presence within the service and provided direct support to the management team.
- Periodic audits of the whole service were undertaken and were completed in line with the requirements of CQC's regulations. They included the significant involvement of people who used the service including their views on the support they received. Any issues identified were subject to a plan of action and had been actioned.
- Communication between managers and staff was effective in identifying the changing needs of people.
- Staff meetings were held on a regular basis and supervision enabled key areas of practice to be discussed.

#### Working in partnership with others

- The registered provider had links with other professionals such as social workers, occupational therapists, district nurses and doctors.
- Records demonstrated contact and discussions held between the staff and other professionals when appropriate.
- Ongoing involvement of other professionals such as district nurses were recorded to ensure that people's needs were met.
- A relative gave an example of how the registered manager had worked closely with another agency to enable their relation to receive the equipment they needed to live an independent life.