

SOS RECRUITMENT GROUP LIMITED

SOS Care Services

Inspection report

Suites 1-2 First Floor, Centre House
Court Parade, Aldridge
Walsall
WS9 8LT

Tel: 07393996689

Date of inspection visit:
20 January 2022
21 January 2022
25 January 2022

Date of publication:
10 February 2022

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

SOS Care Services is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection five children were receiving a service and were in receipt of the regulated activity of personal care.

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

Staff had received training in safeguarding and knew the actions to take to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. People's medicines were managed safely. Staff followed infection control guidance and had access to personal protective equipment.

Staff received induction training and the provider carried out competency checks to assess whether staff were working in line with best practice.

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 supported by kind and caring staff who knew them well. People's individual needs were respected and staff supported people with dignity and respect.

People's care and support was planned in partnership with them and risk assessments were regularly updated.

The provider carried out regular audits of the service to oversee the quality of the care provided. Staff had regular supervisions and competency checks to ensure they were providing care in line with best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 15 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead

used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

SOS Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

People currently using the service were children and young adults and we therefore sought feedback from

their parents about their experience of the care provided. We spoke with three parents and five members of staff including the nominated individual, registered manager, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was carried out on 19, 20, 21 and 25 January.

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 of 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

- Relatives told us people were safe at SOS Care Services. One relative said, "I have no concerns when [name of person] is out with [name of staff]. They keep me informed."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current support needs.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People received their care calls on time. One relative said, "They [staff] turn up on time."
- People received support from regular staff and this enabled them to build a relationship with them. One relative told us, "Consistency is good. They [staff] are very understanding of [name of person's] needs."

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

- The provider had infection control policies and procedures in place.
- Staff had received training in how to prevent and control infection. Staff told us personal protective equipment (PPE) such as masks, aprons and gloves was readily available to them.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Learning lessons when things go wrong

- The provider had not had any accidents or incidents since the service started, however, they had a system in place to analyse any accidents or incidents and explained how they would look to see what had gone wrong and how they could improve. The provider told us how they use role play and reflective practice to

improve outcomes for people.

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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by regular staff who had the skills and knowledge to do so effectively. One relative told us, "[Name of person] has the same staff each week. They listen to [name of person]. They put her at ease."
- Staff received induction training to give them the skills and knowledge to support people safely. A relative told us, "Care staff are well trained."
- Staff completed specialist training to support people's individual care needs.

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

- People were supported to eat a healthy balanced diet and where people had specific dietary requirements, staff were aware of their needs.

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

- The provider worked with other agencies and health professionals in order to meet people's specific needs.
- The provider told us how they were working with one person and their school to improve their experience of school life.

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 MCA 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.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. The provider told us how they supported one person to write their own care plan as they liked their support in a certain way.
- Staff told us how they always asked for consent before supporting someone. They told us, "We always ask for consent. We ask are you happy for us to support you? You can tell from their body language, if they are anxious or agitated, we wait awhile and come back to them."

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

- People were cared for by kind and caring staff. One relative told us, "They [care staff] are awesome, the best ever. They are amazing and personally very helpful to me."
- Staff went above and beyond to support people's individual needs. For example, staff supported one person when they were in hospital. Staff created a 'hospital cinema' by using the person's tablet and sensory items.
- Staff we spoke with also told us how caring the provider was. One member of staff told us, "It is one of the best companies I have worked for in 10 years. They are really caring and they have been fantastic."
- The provider told us, "[Name of registered manager] has a real understanding of people with complex needs, I learn from them every day. I want people to thrive. We work in collaboration with all families, as a team."
- The provider had an employee assistance programme which gave support to staff such as counselling if they wished to access it.

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

- The registered manager kept in regular contact with all people using the service to obtain their feedback on the care provided.
- People were involved in care planning and their views and wishes respected.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A staff member explained how they make sure they don't talk over people when they are providing care and ensure they include them in the activity. They also told us, "We make sure we don't talk about them [people using the service] to other people."
- The provider encouraged people's independence. The registered manager told us how they had encouraged one person to develop two hand co-ordination and they were now able to wash shampoo out of their hair themselves.

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

- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and detailed people's cultural needs. They contained detailed information about people's individual support needs and what outcomes they would like to achieve.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the Accessible Information Standard and told us how they supported people with their individual communication needs, for example, producing some documentation in easy read format.
- People had communication passports which clearly documented how people preferred to be communicated with.

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 were supported to take part in social activities. Activities were tailored to meet people's individual likes and interests, for example, one young person was supported to go ice skating and trampolining. Risk assessments were in place where people took part in these activities. A relative told us, "They [person and staff] go out and do fun things together. [Name of staff] is looking after [name of person] well."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and relatives knew who to speak to if they had any concerns. A relative told us, "If I had a complaint, I would contact the head office." None of the relatives we spoke with had ever had cause to complain.

End of life care and support

- There was no-one receiving end of life support during the inspection.

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

- Relatives we spoke with talked positively about the provider. One relative said, "They [the provider] are really, really good. [Name of registered manager] is amazing. I have recommended them [the provider] to other families and I wouldn't do that if I didn't think they were good."
- Staff also spoke positively about the provider. One staff member told us, "They [the provider] are really supportive. [Name of registered manager] and [name of nominated individual] are fantastic. I have never felt so happy in a workplace."
- Staff told us how approachable the registered manager was. One member of staff said, "I feel I can talk to [Name of registered manager] about any problems. I feel they care about us [staff] and not just the work. I am happy working with them."

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

- The registered manager understood the duty of candour. They told us, "Be open and transparent with the people you care for and CQC. If anything goes wrong, we talk about it. We encourage people to talk to us."

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

- We saw regular audits were carried out in order to oversee the quality of the service.
- Competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.
- The provider had an on-call system to support both people and staff out of normal office hours if needed.
- The provider told us in information we received prior to the inspection, they had a Covid-19 contingency plan. This had enabled them to support people safely throughout Covid-19.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider carried out surveys to gain people's feedback of the service and drive forward improvements.
- The provider had a workforce development strategy in place to ensure they took on the right staff with the skills and knowledge to support people and also to look at how to develop staff's individual careers and

personal goals. Staff we spoke with confirmed they were supported in their own personal development. A staff member told us, "I am planning on doing NVQ's (National Vocational Qualifications). This is the first job where I am enjoying both the work and the people who work at the company. Everyone is a team. I love this job."

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.