

Somcare Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Somcare is a domiciliary care agency providing personal care to people living in their own homes in the community. At the time of the inspection five people were receiving 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

We have made a recommendation about the management of some medicines. Safe recruitment procedures were in place but not consistently followed as the provider had not sought all the required employment references for new staff. The provider addressed this immediately after the inspection.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Staff followed appropriate infection control practices to help prevent cross infection.

Staff were supported to provide effective care through induction, training, supervision and spot checks. People's needs were assessed to ensure these could be met. People were supported to maintain health and access healthcare services appropriately. People were also 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.

Staff were kind and respectful of people's wishes and preferences and provided support in a respectful manner. Staff respected people's dignity and provided day to day choices for people.

There was a complaints procedure in place and the provider responded to complaints appropriately.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. Relatives and staff reported the registered manager was approachable and promoted an open work environment.

Rating at last inspection

The last rating for this service was requires improvement (published 7 January 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Somcare Agency Limited on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Somcare Agency Limited

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

The 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 initially 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

Inspection activity started and ended on 7 November 2019 when we visited the office location.

What we did before the 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. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included three people's care records and medicines 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. We spoke with two relatives and three care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection on 13 November 2018, we found the provider did not have robust risk assessments or risk management plans. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to risk assessments.

- The provider had systems and processes in place to help keep people safe including improved person-centred risk management plans to reduce the risk of avoidable harm to people.
- We saw risk assessments and management plans associated with specific conditions such as pressure sores, moving and handling and falls.
- The provider reviewed and updated risk assessments and management plans six monthly or as required.

Using medicines safely

At the last inspection we found the provider was not always recording information on the medicines administration records (MARs) correctly. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- During the inspection we identified PRN (as required) medicines did not always have separate medicine protocol guidelines. However, the risk of not having separate guidelines was reduced by the general medicines protocols and the MAR charts having administration guidelines for staff.
- We found some staff were signing the MAR with only one initial instead of two. One person's MAR used the code 'T' but there was no explanation of what it meant. 'P' was also being recorded on the MAR to indicate the person had been prompted to take their medicines. We discussed the use of the term 'prompt' with registered manager. The registered manager said they would revise medicines administration and recording to reflect the National Institute for Health and Care Excellence (NICE) guidelines.
- We found no evidence that people had been harmed and the provider told us they would address the issues raised immediately.

We recommend the provider consider current guidance on PRN protocols and medicines recording, and take action to update their practice accordingly.

- The provider had a medicines policy and procedure in place.
- MARs recorded allergies, what the medicines looked like and how to administer them.
- The provider assessed staff competency to ensure they had the skills required to administer medicines safely.

Staffing and recruitment

- The provider had appropriate systems for the recruitment of staff. Their reference information stated, 'Please provide details of the two most recent employers within the care sector.' However, we found two examples where this had not been followed through.
- One staff member had references from a non-care employer and a friend but not the care agency they were working for at the time of their application. A second staff member was also working for another care agency at the time of their application to Somcare, but a reference was not obtained from that agency either. Additionally, one of the references was from another care agency they had worked for for three months but was not recorded on the application form.
- We discussed this with the managers who advised it was sometimes difficult to get references from previous employers. However, as there were only five people receiving a regulated activity and the registered manager provided regular care alongside staff, they had the opportunity to speak with people and closely monitor staff to ensure they were suitable in their role and to minimise the risks to people using the service.
- After the inspection the registered manager provided evidence they had contacted the previous care employers for employment references and told us they would make sure the employment references would always be sought in the future.
- New staff members undertook an induction, so they knew how to work safely and effectively at the service.
- Staff said they had enough time to travel between calls. Relatives told us staff arrived on time, stayed for the required amount of time and called if they were running late.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse.
- The provider had safeguarding adult policies and procedures in place. Staff had up to date safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and knew how to respond.
- The provider knew how to raise safeguarding concerns with the local authority where necessary and inform the CQC by sending statutory notifications. However, there had not been any safeguarding concerns since the last inspection.

Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. Staff were provided with protective equipment such as gloves and aprons to protect people from the risk of infection and cross contamination.

Learning lessons when things go wrong

- The provider had a policy for responding to accidents and incidents and forms for reporting such events were kept in people's homes so they could be recorded.
- At the time of the inspection, there had not been any safeguarding concerns, incidents or accidents that had required the provider to make changes to service delivery.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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.

At the 13 November 2018 inspection, we found there was a lack of understanding that capacity assessments should be decision specific and that the provider could complete a capacity assessment and make a best interests decision for the care they were providing. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The principles of the MCA were being followed.
- The provider had an MCA policy and staff received training on the principles of the Act.
- Where appropriate people signed care plans to indicate they consented to their care.
- Where the provider had assessed people did not have the capacity to make specific decisions, they ensured any decisions made on behalf of people had been made in their best interest and liaised with other relevant people to determine what care people required.
- Staff told us when they provided care, they explained to people what they were going to do. They asked what people wanted so care was provided to meet the person's needs on the day.

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

- The provider assessed people's needs prior to beginning a package of care, to confirm these needs could be met safely. These formed the basis of people's care plans. Assessed needs included personal care and mobility.
- People and their relatives, where appropriate, were involved in planning and reviewing their care.
- Protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans.

These included people's cultural and religious needs. The 'about me' section provided a social background for the person so staff had relevant information about the person and could provide care accordingly.

Staff support: induction, training, skills and experience

- Staff were supported to provide effective care through induction, training, supervision and spot checks.
- In addition to training the provider considered mandatory, new staff received an induction and training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.
- Staff said they felt supported by the manager and could approach them whenever they needed support. One staff member told us, "If you don't understand, ask and they will help. I can call them anytime."
- Senior staff undertook regular spot checks of staff while they were working in people's homes to monitor staff competency when delivering care to people.
- The registered manager or other senior staff accompanied care staff when a person required care from two staff. This meant the senior staff could observe and monitor staff's moving and handling practice.
- The provider held team meetings for staff which gave staff an opportunity to reflect on their practice and raise any issues.

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

- People were supported to have enough to eat and drink. The service did not prepare any meals but heated up food for them.
- Care plans included information about people's nutritional and dietary needs, their eating habits and preferences for being served and their likes and dislikes. This included any cultural preferences and helped to ensure people received food they liked, served in the way they chose.

Staff working with other agencies to provide consistent, effective, timely care

- Contact information for people involved in the person's care were included as part of the care plan.
- We saw evidence in people's records of staff working together with other professionals to achieve positive outcomes for people using the service. This included input from the speech and language team, district nurses, occupational therapists and social services.

Supporting people to live healthier lives, access healthcare services and support

- People using the service were supported to have appropriate access to health care services. People had care plans for supporting them with their individual health needs, for example diabetes and high cholesterol. Care plans included fact sheets on individual conditions which provided staff with relevant information about managing the conditions.
- Plans were reviewed and updated as required.
- People's weight was recorded as part of the initial assessment and if required, the provider continued to help them to monitor this.

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. At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Relatives of people using the service spoke positively about the care they received and said people were well treated and supported by staff. One relative said, "I always find them really good. The best carers we've had."
- The provider had an equality and diversity policy and staff respected people's cultural needs. One staff member said, "A client prays, so I give them time to pray and respect that."
- The provider promoted equality and diversity. People's cultural preferences for how they liked personal care was respected and people were given the choice of a male or female carer.
- Care plans included information on people's family history and social background.

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

- Care plans provided guidance to staff on how to support people in a way they chose. Relatives told us people were supported to be involved in making decisions about their care. They said, "[Carer] is absolutely respectful. And she does everything [person] asks her to."
- Care plans included information about people's preferences and choices and people were contacted either in person or by telephone to provide feedback about their care.
- Staff told us they asked how people wanted to be supported. Their comments included, "I ask people before I do [task] to see if they want to do [task] and I encourage them to get involved."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy, dignity and independence were protected when providing personal care.
- Care plans had guidelines for how to complete personal care tasks and noted what the person could do themselves so care staff could promote continued independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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 had improved since the last inspection and were person centred and detailed. They recorded people's needs and preferences and provided staff with guidelines regarding how to support people. For example, with their mobility needs and oral healthcare.
- Care plans were updated regularly or when people's needs changed. We saw the provider reviewed care plans to demonstrate to the local commissioning authority when people needed more care because their needs had changed.
- Family and social background information provided staff with context and areas of interest for the person.
- Staff were aware of people's needs and said they offered people choice. One staff member said, "I try to make sure I do the job in the care plan. I make sure I ask them first before I do anything and they're happy and they can talk to me about what they want."

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- Staff communicated with people in ways they understood. One person did not speak English and the provider had assigned staff who spoke their language to care for the person.
- Although not required by people using the service at the time of the inspection, the provider had easy read information in anticipation of people's future needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they wanted to raise a concern and the information was included in the service user handbook. One relative said, "We have a number and I phone the manager and she promptly follows it up. The company is very responsive and have come to visit twice."
- The provider addressed complaints appropriately in line with their complaints process. They undertook an investigation, recorded learning outcomes and responded to the complainant. There was also a compliance log to track trends analysis used to improve service delivery.

End of life care and support

- No one was being supported with end of life care at the time of the inspection. However, care plans included guidelines for staff about people's wishes and particular preferences for care at the end of their lives. Where people did not want to share this information, this was respected and the provider recorded a conversation was had about end of life wishes and the person's response.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

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

Continuous learning and improving care

At our last inspection the provider had not maintained systems to effectively monitor and improve service delivery. The provider did not have robust risk management plans in place to manage risks people faced. The provider's and staff's understanding of the MCA was not adequate and people's end of life care wishes were not recorded. They could not demonstrate how they had involved people or their relatives, when care plans were drawn up so these accurately reflected people's preferences, likes and dislikes. There was also a lack of audits. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we made a recommendation in Safe about medicines but the impact on people was minimal. All areas of concern identified at the last inspection had been improved upon. Therefore, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider undertook a number of checks and audits that included medicines, daily communication logs and staff files. There were also audits with action plans in place for complaints and safeguarding alerts. Audits contained action plans and lessons learned. The provider used colour coded data bases to monitor when tasks such as staff training and criminal records checks, were due to be renewed.
- The provider had employed an IT specialist who was helping to develop systems to monitor and improve the quality of the service. At the time of the inspection, they were in the process of implementing a new online system for communication logs that would record in real time. This meant people's changing needs could be updated immediately and staff could access up to date information about people's care needs and how best to support them. They were also implementing an electronic logging in and out system, so there was a clear record of what time staff arrived at people's homes and when they left.
- The registered manager had completed a leadership and management course since the last inspection and was attending registered manager network forums to discuss current themes in social care and share and learn best practice. They were also registered as a nurse and accessed on line information from organisations such as Skills for Care (an organisation that supports providers with training and development) to keep up to date with current guidance and good practice. They told us that after the last inspection they acknowledged working in the community was different to their previous work experiences and had begun making contact with other agencies and attending training specific to their registered

manager role. Consequently, they now have a clearer understanding of their role and have been able to make improvements to the service.

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

- Feedback we received from staff indicated the provider promoted an open culture and was available to people using the service and staff.
- Relatives spoke positively about the service and the care provided. Comments included, "These guys are brilliant. They notice things and tell me straight away. Very helpful advice."
- Care plans described people's wishes and preferences, so staff had guidelines for delivering personalised care.

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify.
- Relatives knew who the registered manager was and felt there was good communication.

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

- The registered manager and staff team understood their roles and had a clear management structure.
- There were a range of policies and procedures which linked to relevant legislation and guidance. These were regularly reviewed and updated.
- The registered manager had systems and procedures to monitor and assess the effectiveness of their service delivery. This included spot checks and phone calls to get feedback from people using the service.

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

- Relatives told us the provider regularly asked for their feedback. Their comments included, "[Manager visits] are very useful and I do like this company."
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- As the registered manager worked alongside the care workers, there were regular opportunities for people and staff to talk with the registered manager. Other feedback included discussions with people and their relatives during spot checks, care plan reviews, and telephone monitoring.
- At the time of the inspection, the service only provided a regulated service to five people. As the provider had not previously had any people using the service long term and as the registered manager saw people in their homes and got their feedback directly, they had not issued satisfaction surveys to people in the last year. However, the provider had developed these and planned to send them out in 2020 as the number of people using the service increased.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service. We saw a care plan where the registered manager's assessment of a person's needs differed from the local authority's initial assessment. As a result, the registered manager was able to provide evidence to increase the person's package of care to better meet their needs.

