

Sama Care Ltd

# Sama Care Ltd

## 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

Sama Care Ltd is a domiciliary care service registered to provide personal care to older people including those living with dementia; people with a sensory impairment, mental health needs or a physical disability; and younger adults. 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. At the time of the inspection 65 people were receiving personal care support.

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

People and their relatives told us they felt safe with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People were supported safely with medicines. People were protected from the risk of infection. People's accidents and incidents were recorded.

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's healthcare associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were assessed before they received a service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People and their relatives told us staff were caring and treated them with respect and dignity. People and their relatives told us they were very happy with the service. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, person centred and comprehensive. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People, relatives and staff told us the registered manager and the director were supportive. Staff told us they felt well supported by the service. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

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

### Rating at last inspection

The last rating for this service was Good. (Report published on 4 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sama Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 14 January 2020 and ended on 16 January 2020. We visited the office location on 14 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

#### During the inspection

We spoke with five people who used the service and 14 relatives. We also spoke with the director, the care

coordinator, the administrator, the external quality assurance consultant and six care workers. We reviewed six people's care records, five staff personnel files, staff training documents, and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and end of life care records. The registered manager was not available during the inspection. We spoke to the registered manager after the inspection.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- MAR records showed the service was not recording each person's medicines individually but instead as 'blister pack'. The National Institute for Health and Care Excellence (NICE) guidelines state, "Care workers must record the medicines support given to a person for each individual medicine on every occasion." We spoke to the director about how they recorded medicines. They advised us in October 2019 they had gone from recording individual medicines to recording all medicines under one heading as 'blister pack'. The director advised us they would immediately go back to recording individual medicines on the MAR records. We received confirmation after the inspection they had started to record medicines more accurately.
- People and their relatives told us medicines were managed safely. One relative said, "[Staff] give [relative] medication. [Relative] has dementia and they know how to manage her [medicines]." Another relative told us, "[Staff member] makes sure [relative] takes her medication."
- Staff had received medicine administration training and competency assessments. Staff were aware of their responsibility to record people's medicines accurately on medicine administration records (MAR).

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and their relatives told us they felt the service was safe. One person said, "I feel safe because I have the same two [staff]." A relative told us, "[Relative] is safe with [staff]. I know they keep an eye on [relative]."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would tell the office. The office will talk to the safeguarding team. They will make a report. You can go to social services, [and] the police. It is whistleblowing." Another staff member told us, "Need to tell the coordinator, [and] then tell [the director]. Then whistle blow if nothing done."

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as mental health, nutrition, medicines, skin integrity, moving and handling, falls, toileting and environment.
- Information was included in the records of people who were at risk due to specific health conditions, to enable staff to meet their needs safely. For example, one risk assessment for a person who was diagnosed as obese stated two staff were needed to move the person and described the sequence and the equipment to be used. Staff we spoke with knew how to reduce risks to keep people safe and the action to take in the event of a fall or injury.
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information before any care was given.

- Staff knew about people's individual risks in detail. One staff member said, "If you notice changes we tell the office. They wanted feedback from me around [person's] movement. It gives [the office] more insight what he can do. The risk assessment [was] amended."

#### Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were recorded on application forms.
- People and their relatives told us staff were punctual. One person said, "[Staff] are always on time." A relative told us, "[Staff] are on time and ring if going to be late."
- There were sufficient staff in place to meet people's needs safely. People, relatives and staff confirmed this. One staff member said, "[There are] enough staff. We have a rota calendar when [staff are on leave] so we know who is on leave. There is cover [arranged] before that leave is due. [The director] sends someone to shadow the job for two weeks before you go on leave." Another staff member told us, "If [we are] late or in traffic [the office will] call the [person] and let them know."

#### Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- The service had infection control policies in place. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control, and this contributed to keeping people safe.

#### Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted. For example, the provider had analysed the service was growing and needed a more robust way of monitoring call visits. As a result of the provider had introduced an electronic call monitoring system.



# 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 Good. At this inspection this key question has remained the same. 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

- Information was available in the office and in people's care records to guide staff.
- The service carried out an initial assessment of people's needs before the service began. Records demonstrated people who used the service and relatives were involved in this process. One relative said, "A lady came from the office and did an assessment and [relative] has a care plan."
- People and their relatives told us staff knew their needs and provided individualised care. One relative said, "[Staff] are good at the job. They know what to do. They look at the care plan."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records showed staff were working on completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff told us training was offered on a regular basis. Records confirmed this. A staff member said, "Training is every three months. It is very good."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "Supervision every 12 weeks. They review our work. How we are handling the clients. If any problems. They refresh our memory what we have learnt before." The service completed annual reviews with staff.

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

- People and their relatives told us staff supported them with their meals when needed. People who had support told us staff offered them choice and gave them the food and drink they wanted. One person said, "[Staff] ask me what I want [to eat]. They do everything for me."
- A relative told us, "[Staff] do breakfast, but other food the family [prepare]."
- Care plan's recorded people's dietary needs and food likes and dislikes.

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. A relative told us, "Sometimes [staff member] calls to see how [relative] is if she has not been well. [Staff member] notices things like she had a sore on her back. [Staff member] told us so we can tell the district nurses. The carers are very good at their job." Staff also supported people to attend health

professional appointments. A person said, "If I have a GP appointment or the ambulance, [staff member] says I have to be ready two hours before appointment time. They come early to make sure I am ready."

- Records showed the service worked with other agencies to promote people's health such as district nurses, occupational therapists and speech and language therapists.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People told us staff asked for their permission before providing support. One person said, "[Staff] ask me what I want." A relative told us, "[Staff member] asks if [relative] needs anything else."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member said, "I ask [people] permission if I can do [task]. We can't force the [person] if they don't want to do it." Another staff member commented, "I ask if I can wash [person's] back or help them remove their clothes. We have to be calm and gentle and explain what we are doing. We have to ask them."
- The registered manager and staff had a good understanding of MCA.
- Capacity and consent forms were completed when there was any question of a person's capacity to make important decisions.
- Records confirmed the service had requested information on Lasting Power of Attorney documents when people had appointed legal representatives to confirm they could act on the person's behalf should they be unable to make their own decisions.

# 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

- People and their relatives told us staff were caring and treated them well. One person said, "I am happy. I am satisfied and thankful for [staff member]." A relative commented, "[Staff] are perfect, so lovely so helpful. I have no problems." Another relative told us, "[Staff] are lovely people. [Staff member] is a good listener, a lovely person, he knows what he's doing and never lets us down. I have never seen [relative] happier." A third relative commented, "I could not imagine better [staff]. There is a lot to know about my [relative] who has dementia and mental and physical health problems. [Staff] are very patient. It's a very responsible job and they do a good job, are caring and dedicated."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "Sometimes my time is finished but we stay and let [person] talk. It's good to talk and listen. In the end we leave them smiling. I feel good to do that with the people who need to talk. That's why I'm there." Another staff member told us, "When [people] feel down I talk to them and encourage them. If they need a newspaper I will go to corner shop and bring it to [them]. I care for them as they are under my care. [Person's] friend passed away recently. I calmed her down and talked to her. She showed me a picture of her friend and I listened to her."
- Discussions with the staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "[LGBT people] are human beings. We don't judge their way of life. You have to respect it. We respect it. We welcome them." A staff member said, "In my heart it is my duty to respect any gender. I have to respect people no matter what they believe. I listen to them. I respect LGBT people because I am working with them." Another staff member told us, "We have no right to stereotype [LGBT people]. We care for everybody."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "I have a care plan. The agency has been to review, and they phone and talk to me." A relative told us, "Supervisor came to review level of care for [relative]. [Relative] has a care plan. They have

talked to me about it. We had a meeting."

#### Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. One relative said, "[Staff member] is very respectful and considerate." Another relative told us, "They treat [relative] with respect and are very professional. I have seen them with [relative]."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Keep personal stuff private. What happens stay in the [person's] house." Another staff member said, "When doing personal care close the [curtains]. Do not change [person's clothes] in front of the family."
- Care plans instructed staff how to encourage people's independence. For example, one care plan stated, "The carers must give [person] the flannel to wipe her face."
- Staff told us they maintained people's independence and people were asked about what they were able to do.

# 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 Good. At this inspection this key question has remained the same. 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

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences. For example, one care plan stated, "[Person] likes to choose her own clothes. The carers must leave the dirty items on the armchair and her [relative] will wash them."
- Care plans were regularly reviewed, and people were encouraged to contribute to reviews to help ensure their needs were accurately reflected.
- After each care visit staff completed daily notes to record the support provided and capture any changes in people's needs. Records confirmed this.
- The service was flexible and responded to people's needs. People and their relatives told us about how well the service responded if they needed additional help or changes to their visits. One person said; " Every few months they update [my care plan] and discuss any changes or medication."

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.

- Each person had their communication needs identified in their care plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff. For example, one person was sight impaired. The care plan stated the person would like a staff member to read their care plan to them and that they liked listening to audio books.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Everyone we spoke with felt comfortable to speak to the office staff and senior staff about any concerns. One person said, "If I had a complaint I have got the office number." Another person told us, "[Director] came to see how I am doing. She told me to contact her if I've got any complaints."
- The provider had a complaints policy and processes in place to record and investigate complaints.
- Records showed complaints were resolved as per the policy.

#### End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life wishes and palliative care needs.
- The director told us the service was not supporting anybody who was reaching the end of their life at the time of our 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.

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

- The service was providing person-centred care to people and this was evident from care records and from speaking with people who used the service and their relatives.
- The director had good oversight of the service and understood the needs of people they supported. They knew people and their needs well which helped ensure their needs were met by the staff team. The registered manager told us they were stepping down from the role. The director told us they were in the process to start applying for the position of replacing the current registered manager.
- People and their relatives were positive about the registered manager and the director. A relative commented, "The boss has been round to see if it's going well." Another relative said, "The owner comes to check and make sure I am happy with everything or if there is anything I want to change." A third relative told us, "The [director] is firm with staff. Staff know what is expected. [Director] is a good manager and staff respect her."
- People and relatives were complimentary about the running of the service. A relative told us, "I am so happy with this service." Another relative said, "I ring office and they are very nice [and] helpful. If I have any query the [director] deals with it. If [staff member] is going on holiday [director] phones me to say don't worry if you see someone new."
- Staff told us they enjoyed working for the service. One staff member said, "It's a nice company. If need anything or anything happens I can call. There is someone there as a standby and to get advice when I get stuck on something." Another staff member told us, "It is good communication and good team. It is very professional. Every time we have [a problem] they deal with it in a professional way."
- Staff spoke positively of the registered manager and the director. One staff member said, "[Registered manager] is professional and is respectful. He is very capable and listens and understands. [Director] is wonderful because she has patience and listens to us." Another staff member told us, "[Director] good manager [and] good support."

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and

quality of the service.

- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. The results from the most recent survey had been positive. Comments included, "I am happy with the service. I get a regular carer so I'm very happy. [Director] and [registered manager] are also very helpful. I really appreciate everything they do" and "Very happy with the service. I can always call [director]."
- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- Senior managers kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training.