

Soma Healthcare Limited

Soma Healthcare Ltd (West London)

Inspection report

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Date of inspection visit:
21 January 2016

Date of publication:
11 February 2016

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

This inspection took place at the agency's office on 21 January 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This was the first inspection since registering with Care Quality Commission (CQC) on 14 August 2015.

Soma Healthcare Ltd (West London) provides personal care to approximately 11 people who need assistance in their own homes.

The provider, Soma Healthcare Limited has appointed a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and supported by staff in their homes. Staff were reliable and did not miss visits; staff stayed their allotted time. Staff helped keep people safe because they knew their responsibility to report abuse in a timely manner.

We saw that medicines were well managed and staff had received appropriate training as part of their induction.

People were supported by regular staff who understood their care needs. This made them feel safe and reassured. They knew who to expect on each visit and the staff group was stable so people received consistent care from staff who knew them well.

People praised the caring attitude of staff. People told us the care workers were "very good...they would do anything for me". Our conversations with staff confirmed they had a caring and compassionate manner.

The registered manager was committed to providing flexible care, which was responsive to people's changing needs. There was good communication with health and social care professionals.

Staff knew when to report concerns and changes to people's health and well-being, which was also a topic covered in team meetings. People were confident staff would support them to contact health professionals, if needed.

Staff told us they had the right skills to deliver safe and good quality care. This was because they were supported by an induction and training programme, which was supplemented by supervision and team meetings.

A number of effective methods were used to assess the quality and safety of the service provided. The service was well-led by a registered manager who provided a strong positive role. This meant staff were well supported.

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. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults' procedures.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good 

The service was effective. Staff had the skills and knowledge to meet people's needs and received regular training, supervision and appraisal.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were asked for their consent before they received any care or support.

Is the service caring?

Good 

The service was caring. Staff were respectful of people's privacy and dignity.

People who used the service were involved in making decisions about their care and the support they received.

People were encouraged to maintain their independence.

Is the service responsive?

Good 

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

Staff supported people to access the community and reduce the risk of them becoming socially isolated.

People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

The service was well led. Relatives and people using the service said that there was a positive and open culture. They felt able to discuss any issues that may arise with the registered manager and the care workers.

Regular audits of service delivery and reviews of policies had been carried out; this ensured the quality of the service was closely monitored.

Good ●

Soma Healthcare Ltd (West London)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including statutory notifications and enquiries.

We looked at records, which included five people's care records, four staff recruitment records, policies and procedures, training records, risk assessments, and documents relating to the management of the service.

We spoke with four people who used the service, one relative, five care workers, one care coordinator and the registered manager.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care workers who supported them in their homes. Their comments included, "I had the same carer for a while and I feel safe with her", "The carers support me to stay in my own home and they protect me from harm. There are sufficient carers and they have the correct training to deal with me," "I feel safe with the carers entering my home."

A safeguarding policy was in place and care workers we spoke with were knowledgeable about signs of potential abuse and their responsibility to report this. They had completed training in safeguarding adults and could tell us what they would do if they suspected that a person was being abused. A policy on handling people's money was in place and this described the responsibilities of staff to ensure people were protected.

We looked at the care records of four people who used the service and found all records contained relevant risk assessments. The care records showed that staff were given guidance on the risks to be aware of when delivering care and how best to maintain people's personal safety. These risk assessments included assessments of the environment, mobility and infection prevention and control. We found that risk assessments had been regularly reviewed and updated to ensure that they were still relevant to people's needs. This meant that the service had up to date information about risk and how to minimise this.

Policies were in place relating to the safety and welfare of employees including lone-working and responding to serious incidents. At the time of our inspection there were 11 care workers employed by the service plus administration support staff and a care coordinator. The registered manager told us that they found it a challenge to recruit experienced care workers in the area, which had resulted in not accepting referrals due to not being able to fulfil the contract. The registered manager said "It has been difficult to recruit new staff, but we will not accept any referrals if we are not able to provide care workers." This meant that the service made sure that they had sufficient numbers of suitable staff to keep people safe and to meet their needs.

We spoke with staff and people who used the service who said there were enough staff with the right skills, knowledge and experience to meet people's needs.

We looked at the recruitment records for four members of staff. Each contained two or three references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provided information about any criminal convictions a person may have had. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This showed that recruitment procedures helped to keep people safe.

People told us that their carers or relatives were responsible for giving them medicines, telling us that care workers reminded them of taking their medicines. We saw that care records were always completed with regard to medicines and people told us that this gave them 'peace of mind'. One relative told us, "They remind my relative to take their medications, and we've never had a problem with it - it works very well indeed."

People had an individual medicine assessment which considered the level of support required from staff. Information was readily available on the medicines prescribed, dosage, what the medicine was for and where medicines were stored within the home. Further information was also recorded on the risk associated if the person did not receive support with prompting to take their medicines. Staff demonstrated competence in administering medicines and training schedules confirmed all staff had received medicine administration training.

Is the service effective?

Our findings

We spoke with people who used the service and they told us staff always asked them for their consent before providing support. People and relatives said they thought staff were competent and well trained to meet their or their family member's individual needs. Comments included, "I am satisfied with my care and the carers ask me always before carrying out any task for me and they give me choice of what needs doing". "The carers are all alright, they help me get dressed and have the right skills for doing this. They listen to what I have to say and ask me before and after tasks" and "They [care staff] are like friends. I mostly have the same carers who have the correct skills for my needs; they listen to me and ask my consent before carrying out tasks. I am very happy with my carers and the help to support my independence."

All of the care workers we spoke with said that the training provided by the agency was 'very good.' Comments included, "The training definitely gave me what I needed to do the job" and "We are supported to complete any training that would be beneficial to us and the care we give, the manager is really good at getting us through training." Training records showed induction training was provided that covered mandatory subjects such as health and safety, and also included subjects such as care in supporting people living with dementia, person centred planning and end of life care. New care workers were given a comprehensive induction to prepare them for their roles. The induction was completed over five days and was followed by a period of shadowing experienced workers.

Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding people, infection control, moving and handling and the safe administration of medicines. We found a system was in place to identify further training needs and refresher training was due so that staff skills were maintained. We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they regularly received supervision and said the registered manager and other staff in supervisory roles were very supportive. Records showed that staff were provided with supervision on a regular basis. So far none of the care workers had received an appraisal due to not having worked at agency for more than a year.

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. None of the people were assessed as lacking capacity and all people who used the service lived with or had a relative near-by in case decisions had to be made. Care workers were clear about how to obtain consent and practice examples given included asking people for their permission to support them to have a shower, a cup of tea or their lunch.

Some people who used the service received some support with their hydration or nutrition. People told us that "My son buys the food and the carer warms it up for me, brings me the food and does the washing up, that is the way I want it." I tell the carer what I want to eat and they prepare the meal for me." One relative told us "We purchase the food and leave the carer a note of what to prepare for meals." We saw in care plans that information was provided of people's likes and dislikes. In one of the care plans we saw that the person's dietary needs due to health issues were clearly recorded. One care worker told us "I always make sure that something to drink is easy to reach before I leave."

Part of the person's care plan was a record of the person's medical history and what particular support the person required. All people who used the service had family carers who were dealing with the day to day care and arranged all health care appointments for people who used the service. However one care worker gave us an example of a situation where the person asked the care worker to arrange a doctor's appointment, which the care worker did and recorded in the person's daily records.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring and their privacy and dignity was respected. Comments about staff included, "The carers are very kind and have the right skills for the job. They listen to me and are very considerate", "I am treated with dignity and respect" and "I have the same carer who visit me. They are friendly and listen to me they also respect my dignity and privacy. They centre the care around me".

Care plans were written in a person centred way, containing details about the person and their lives including the name they liked to be called, their social activities and interests and how and when staff should access their home. People told us that they had regular care workers that knew them well. People told us that when their regular support staff were not working they generally knew who would be visiting. One care worker told us how a person they supported always said how happy she was to see her, because they were the regular member of support staff who visited the person.

Care workers were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity

Care workers spoken with said that they had a regular schedule which meant they could get to know the people they supported, their preferences and needs so that these could be supported.

We looked at the weekly schedule for three care workers and saw that the care was well planned. Weekly schedules also included a brief pen picture of the person, which was good practice. Care workers said that this was very good in particular for new people using the service.

Discussions with care workers showed they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. Care workers were aware of people's likes and dislikes and their life stories. People we talked with and their relatives told us they had been involved in decisions about care planning and had taken part in any discussion in regards to their changing needs. We checked four people's care plans and saw that they had been updated and the person or their relative had been involved in this review.

People's personal information was safely stored in a lockable cabinet in the agency's office. Records relating to people's care were kept in the person's home. One person said "The folder they make notes in is in my bedroom, I am not worried that anybody else can see it." The care worker spoken with told us "I will always make sure that the door is closed when I support the person and cover them up with a towel when we go from the bathroom into their bedroom." People who used the service gave similar positive examples of how their privacy and dignity was maintained.

Is the service responsive?

Our findings

People said the support provided by Soma Healthcare Ltd (West London) was reliable and they had been involved in planning their care so that the support provided matched their needs. People said the care coordinator from the service had visited them to assess their needs and write a care plan. Relatives told us they had been involved in writing their relative's care plan with them so that their opinions were considered.

People and their relatives said, "I have a book in the house that is signed when the carers come in and go out. I am not sure what a care plan is," "I have a care plan, I am not going out as much but this is written into my care plan," "I more or less have a core team of carers, new members of the team are usually introduced to me. I do not get a rota of carers who are coming into my home. I have a care plan," "I have a care plan and was involved in it and the carers read the notes" and "We have regular carers and we are informed if new ones are coming, they record their visits."

People's care plans contained a detailed and person-centred assessment of their needs which had been carried out prior to receiving care. People's preferences were documented and there was contact information for other health professionals involved in the person's care such as GP, social workers, and district nurses.

The care plans contained information about people's health so that staff could provide appropriate support. People we spoke with said they had a care plan and a regular set of care workers that they knew and were happy with. They told us care workers provided care and support that was responsive to their needs. Staff were usually punctual and if they were going to be late they would ring or text.

We checked four people's care plans. Care plans contained clear guidance for staff on what type of support the person needed and how this should be delivered. Care plans we looked at presented a clear picture of the person and contained sections for health and mobility, communication needs, medication and additional information that the person wanted staff to know.

We saw that people's assessments contained information detailing the preferred times of calls and whether people preferred male or female staff to provide support. No one we spoke with told us that these were not adhered to. The registered manager told us that care plans were reviewed at least annually, however the agency was only operating since August 2015 and therefore none of the care plans have had a full review. However we saw that the provider had responded to changing needs and updated care plans as and when required.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. People knew how to raise concerns and we saw evidence that concerns had been dealt with effectively. We saw information on how to make a complaint was provided to people in the service user guide or within the care plan kept at the person's home.

We asked for the complaints record and found there was one on-going complaint. We reviewed three historical complaints made last year. In each instance the provider's procedure, including timescales for investigation and response was followed. The service had given people written responses sensitive to the nature of their complaints and the outcomes. This showed us that complaints were taken seriously and responded to appropriately.

Is the service well-led?

Our findings

People who used the service told us that they had spoken to office staff including the registered manager regularly. One relative told us "We see or speak with the manager at least once a week." Care workers told us "The manager is very helpful. I can ring him whenever there is something I want to discuss with him."

Staff said that the registered manager was open and accessible to discuss professional and personal issues. Staff told us that it was made clear to them the standard of work expected and they had received training in how to treat people with dignity and respect. Staff said that meetings were held regularly, we looked at minutes of these meetings which confirmed this. We saw that issues relating to quality of care, staffing, policies and procedures and performance were discussed during staff meetings.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.

A person told us, "Someone from the office visits us to check on the carers and ask me on the care they provide." Another person said "They phone sometimes to ask our opinion and they visited me recently to look at my care plan. We are very happy with the service." The provider used an external company the British Standard Institute (BSI) to undertake annual quality monitoring and assessment. The registered manager told us that the service was due a visit by the BSI assessor in May 2016. We viewed quarterly spot-checks had been carried out, during which care workers had been observed in providing care and people who used the service were consulted about their care worker and if they had any concerns. Care workers told us "The care coordinator visits clients unannounced to check on us."

We saw in care plans that they had been reviewed if people's needs had changed people who used the service or their representatives were involved in this process. We saw that complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service. Staff told us that they would record any incidences and would always talk with the registered manager about the incident to see if they could make any improvements. However, staff we spoke with told us that since the person started there had been no incident. This showed that the service had systems in place to learn from incidents and adverse events.

There was a positive culture in the service. The management team provided strong leadership and led by example. Office staff regularly went out and provided hands on care. All staff confirmed they enjoyed working for Soma Healthcare Ltd (West London) and felt the organisation was open, honest and transparent. One care worker told us, "We work as a team and always help one another out." Staff demonstrated enthusiasm and spoke with compassion for the people they supported.