

Samorem Global Limited

Samorem Health Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Samorem Health Care is a domiciliary care agency, who were providing personal care to 3 people at the time of the inspection. Other people were also in receipt of support which we do not regulate.

People's experience of using this service: People, a relative and a person's advocate spoke positively about the staff who supported them and the registered manager. We were told that staff arrived on time and at times people were happy with. Staff worked their allotted times and were not rushed. People's representatives believed the people they cared about had a better quality of life because of the input of the staff and the registered manager.

An advocate said, "[Name of person's] health, their appearance, and the appearance of their home has actually improved. [Name of person] is happy now."

We found that when people were unwell or if there were potential concerns the registered manager took appropriate and quick action to respond to this. People received their medicines as prescribed.

Effective plans to support the service to continue in an emergency were not in place.

Staff recruitment checks were not always completed, and staff did not always have the knowledge about how to fully protect people from abuse.

Risk assessments were in place but did not fully explore the needs and risks which people faced. Care plans did not give detailed guidance to inform staff how to care for people in a safe way. People did not have meaningful reviews of their care.

Staff training, and knowledge was not tested by the management of the service to ensure it was effective. Staff did not receive regular checks on their practice. Training was not always tailored to people's needs.

People told us that they were happy with the support they received with their meals and drinks. A person's relative complimented the staff at supporting their relative to eat the cultural foods that they enjoyed and had eaten all their life.

Systems to check the quality of the service were not in place.

There were breaches in the Health and Social Care Act 2008.

Rating at last inspection: This is Samorem Health Care's first inspection.

Why we inspected: This was the first inspection based on when the service first registered with the Care Quality Commission.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure the necessary improvements are made. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Samorem Health Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by one Inspector.

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.

Service and service type:

Samorem Health Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to younger and older adults with long term conditions.

Notice of inspection:

We gave the service at least 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- We asked the local authorities who used this service for their views.
- We checked statutory notifications which the provider must send us by law.
- During the inspection we spoke with two people who used the service, a person's relative and another person's advocate.
- We also spoke with two members of staff; and the registered manager.
- We looked at three people's care records, and three staff recruitment files. We also looked at audits of medicines records and daily notes.

Is the service safe?

Our findings

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

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. Some regulations may or may not have been met.

Assessing risk, safety monitoring and management

- There was no effective emergency plan in place to enable the service to continue if there was a sudden reduction of staff or if the registered manager was unavailable. Considering that the service did not employ many staff and the registered manager completed a proportion of care visits, this was a potential risk to people receiving continuous care.
- The registered manager had completed risk assessments, but these did not explore all the risks which people faced. The accompanying care plans did not give step by step guidance for staff to follow to reduce the risks. Key information to support staff to promote people's safety was missing.
- People did not have meaningful environmental risk assessments to help identify risks in people's homes. This would benefit both people and staff.

Systems and processes to safeguard people from the risk of abuse

- Not all the staff we spoke with had a clear understanding of what abuse was and what they must do if they suspected someone was at risk of harm. Not all staff knew who they could report their concerns to outside of the service or why this was important.
- There were no systems in place to check staff's knowledge of the safeguarding procedures.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was not an effective system in place to ensure that staff had all the necessary checks before they were employed by the service. This placed people at risk of being cared for by staff that were not suitable.
- Not all staff had full employment checks with gaps in their employment explained.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did have a good understanding about what abuse could look like and what they must do about it.
- One person answered, "Safe yeah." To our question about if they felt safe with staff. Another person said, "Carers [staff] try and help me."

Learning lessons when things go wrong

- There were no systems in place to enable the registered manager to learn from mistakes.

Using medicines safely

- Medication Administration Records (MAR) had been completed in full. Staff were aware of the procedures to follow when administering medication. The registered manager carried out competency checks on staff to ensure they could administer medication in a safe manner.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training before they started to provide care to people. However, this was often a day's training covering multiple subjects. We were not confident that this was enough time for staff to understand and become knowledgeable in these subjects.
- The registered manager was not testing or checking the training delivered was effective. Staff who worked on the bank provided training certificates from training they had received from other services which they also worked for. Again, the registered manager did not know if this training was effective.
- The registered manager told us that they checked staff were competent by asking people how they were getting on with named members of staff. They were not completing competency assessments to see if staff were effective in their work. One member of staff had completed their training some months before they started working at the service. No checks were completed to ensure they were ready to start working with people and they had retrained and fully understood this training.

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

- People who had support with food and drinks told us they were happy with what staff produced for them. One person's relative told us that the member of staff knew how to prepare their relatives food, which was particular to their culture.
- Daily notes showed that people received support with eating and drinking. A variety of foods and drinks were given to people.
- A member of staff told us how they supported a person to purchase their food each week.

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

- We saw that there were systems in place to check people were well. One person had a condition which meant they were at risk of falling. The registered manager with this person's permission recorded when they identified bruising. However, there was no plan in place in consultation with the person, about what they should then do about this.
- We also saw recorded that when a person had fallen or when the registered manager suspected the person had fallen, what action they had taken. It was positive to see that the registered manager contacted health and social care professionals to share this information, to promote this person's health and mobility.
- The registered manager gave us other examples of when they had contacted professionals to raise concerns about the people they were supporting. For example, when they had concerns about a person choking, with the person's agreement they called the GP and asked for a referral for an eating assessment.

However, the advice from the assessment had not been added to the person's care plan. We spoke with the registered manager who provided support to this person. They told us what they must do to support this person to reduce their risk of choking and follow this advice, from this specialist team.

- We were told about how staff supported a person to complete exercises. This person also confirmed this happened.

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

- People had assessments in place. However, assessments were not holistic and care plans were not detailed. We were therefore not confident that staff's knowledge in this area was always complete.

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.
- Staff told us how they respected and helped people to make their own choices about the care they received. Staff had a good understanding about what mental capacity meant, and the importance of promoting choice for people.
- People were asked to sign consent for various elements of their care. When people gave permission for the service to share information with other organisations such as social services, the document seeking consent explained who these agencies are.
- The registered manager told us about when they had been involved in capacity assessments led by the local authority. However, they were not completing a capacity assessment with an evidenced rationale as part of their assessment of need. We were not confident that capacity was being considered as part of people's assessment.
- We checked whether the service was working within the principles of the MCA, and found it was.

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

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

- The people and relatives spoke well of the support they received from staff and the registered manager. People told us that staff were kind and caring.
- One person's relative told us, "Staff are fantastic, absolutely, I have seen this. [Name of relative] is happier than she has been for a long time." An advocate said, "There is always laughter (between person and member of staff)."
- People confirmed that staff respected their dignity and privacy. Staff gave us examples of how they promoted people's rights in this way and were very clear about the importance of this.
- People's daily notes showed that staff supported people in a respectful way.
- One person said, "Polite, very." When we asked how staff treated them and their home.
- Staff had a good understanding about discrimination and how to be sensitive to people's diverse needs. The registered manager said, "It's not about treating everyone the same, it's about treating people as individuals, and how we ourselves would want to be treated."

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

- The registered manager and staff told us how people led staff about how they wanted their care given.
- The registered manager was arranging to seek people's feedback in a more formal way in the future to ensure that they were meeting people's needs and preferences.

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- People's care records did not reflect that holistic person-centred assessments had taken place. They lacked detail about people's daily routines and their likes and dislikes. People's assessments and care plans did not fully inform staff about people's needs, risks and preferences.
- People did not have evidenced reviews of their care. The registered manager told us that they asked people about their views of the care which they received. However, this was often as they were delivering care. There was no formal process to review people's needs.
- Despite this, people told us that they received care on time, at times they were happy with, and staff stayed their allotted time. The people we spoke with said they were satisfied with how staff and the registered manager responded to their needs.
- A person said, "Very good, (support and care) works really well." One person's relative said, "We tried other care agencies, and they were ok, but this one really understands [Name of relative's] needs."

End of life care and support

- No one was in receipt of end of life care. However, the registered manager had not had any meaningful conversation about this with people as part of their ongoing assessments and reviews. Staff had not received training in this area and the registered manager had not sought advice about how to plan for this need.

Improving care quality in response to complaints or concerns

- There was a process of making a formal complaint. This also contained our contact details and the local authorities Ombudsman's.
- We saw a letter the registered manager had written to a person about an issue they had raised. It told the person what the registered manager had done about it to prevent it from happening again.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager who was also the legal representative of the provider was completing many tasks in relation to the provision of care and the management of the service. Robust systems were not in place to monitor the quality of the care provided.
- Staff competency and abilities were not checked. Training and staff knowledge was not tested to see if it was effective.
- There was no effective and full plan in place which staff, registered manager and the director were familiar with, to enable the service to function in an emergency.
- There were no systems to check that people received their care visits on time. Or if people were happy with the care provided.
- Audits were taking place with people's administration of medicines and daily notes. These were effective audits. However, there were shortfalls in people's assessments and care plans. There was no auditing process for these or attempts made to review them.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff and the management team had a good understanding about the importance of offering choice and promoting people's rights, in relation to the care they received. However, the service was not fully engaging with people to seek their views of the care they received.

Working in partnership with others

- The registered manager engaged with other professionals to support people. The registered manager also told us about networks they were developing to support the leadership of the service. However, further input was needed to support the service move forward.

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

- We found that there was a positive culture at the service. The registered manager was open to our feedback and assessment of the service. The registered manager told us that they were motivated to make improvements to support the service to develop.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe Care and Treatment</p> <p>The provider had not ensured that care and treatment was always provided in a safe way.</p> <p>Regulation 12 (1) and (2) (a) (c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Well Led.</p> <p>There was a lack of effective systems to ensure quality care was always provided. Regulation 17 (1) and (2) (a) (c) (e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (RA) Regulations 2014: Fit and proper persons employed.</p> <p>There was a lack of checks regarding persons employed at the service. Regulation 19 (1) and (2) (a) (3) (a)</p>

