

Soma Healthcare Limited

Soma Healthcare (East London)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Soma Healthcare (East London) is a domiciliary care service that provides care and support to 75 people living in their own houses or flats in the community. 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

Medicines were not managed safely. There was a lack of oversight of medicines management, and we could not be assured that people were receiving their medicines as prescribed.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for staff to ensure that people were safe. However, there were some instances, where guidance was not detailed enough.

There were appropriate numbers of suitably skilled staff available to meet people's needs. However, we received some feedback about instances of staff lateness and timekeeping issues at the weekends.

The majority of people spoke positively about the service. They said they felt safe and their needs were being met. Care and support was personalised to people's individual needs.

The provider had systems in place to record and respond to accidents and incidents in a timely manner. Any lessons learnt were used as opportunities to improve the quality of service.

Staff followed appropriate infection control practices.

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively.

People were supported to maintain good health and were supported to access healthcare services when needed.

People were encouraged to eat healthy food for their wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity and independence was promoted. People told us staff were kind and caring.

There were procedures in place to respond to complaints. The provider had investigated and responded

promptly to any concerns received.

There were systems in place to assess and monitor the quality of the service provided.

The provider worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection (and update)

The last rating for this service was Good (published 22 December 2016). Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating Good to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Soma Healthcare (East London)

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

This inspection was completed by an inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Soma Healthcare (East London) is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection activity started on 13 June 2019 and ended on 18 June 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with sixteen people who used the service and four relatives to gain their views about the service. We spoke with five members of staff, a care coordinator, care manager, the registered manager and chief executive officer.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records.

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 been rated requires improvement. This meant people were not always safe and protected from avoidable harm. Not all legal requirements were being met.

Using medicines safely

- Medicines were not managed safely. There were no records to show people had received their medicines as prescribed, which left people at risk of potential harm. Some people using the service were at particular risk, for example one person was unable to remember when to take their medicines and was at risk of overdosing, another person was prone to forgetting to take their medicines as they can become confused. The service has 20 people who require support with their medicines.
- Care plans recorded whether or not people required support with their medicines. However, there was no information detailing the medicines people were prescribed and records showing that people had taken their medication. Care workers only completed daily logs with general statements such as 'prompted medicines', 'water for pills' and 'gave [person] afternoon tablet.'
- In some instances, the daily logs showed there was a difference in times when care workers attended calls, so we cannot be assured whether medicines that may be 'time specific' were being given on time.
- There were no effective audits in place to ensure people had taken their medicines or were being managed safely. Daily logs were only checked to review that medicines were prompted, and a log audit stated there was 'evidence of regular recording.' Records indicated that medicines were looked at during spot checks. We reviewed a sample of spot check forms between May and June. Not all the forms indicated medicines were checked. On two spot checks forms, it only stated care workers prompted from dosette box' and 'All medication was in dosette box.' However no further information as to what this meant.
- The provider told us that their policy was to only prompt and not administer medicines. However without clear and accurate records we cannot be assured that people were receiving their medicines as prescribed.

The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed they will take action including the implementation of medicines administration records, refresher medicines training for care workers and detailed monitoring and auditing of medicines. We will follow this up at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and care workers had completed safeguarding adults training.
- Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A care worker told us "We can call the manager, social services, CQC or the Police. There

are different types of abuse such as physical, sexual or emotional abuse."

- Where there were concerns of abuse, the registered manager had notified relevant healthcare professionals, including the local authority safeguarding team and CQC.
- People told us they felt safe using the service. They told us "Very safe. [Care worker is] so good....and makes sure I'm safe, we trust her" and "I've had carers for about one year now. There is one lady during the week and one at the weekend and I always feel safe with them."

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe in areas such as bathing or showering, mobility, choking, moving and handling and finances. A relative told us "The carers are all very careful. [Person] uses a walker with two wheels, so they have to be quite slow with them".
- However, some guidance did lack detail on how to minimise the risk. We highlighted this during the inspection with the registered manager and office staff, they told us they would review this and ensure risk assessments included more detailed information.
- Care workers understood where people required support to reduce the risk of avoidable harm. They told us, "You have to be cautious and be aware of anything that may cause harm, trips, falls or an accident" and "You have to check the hoist is fully charged and working properly and always have two people when using the hoist."

Staffing and recruitment

- The majority of people told us their care workers turned up on time and there was consistency with their care workers. A person told us, "Yes, everyday [care worker] comes on time" if she's ever going to be late "she will ring me." Another person told us, "Never late. My carer is very conscious and very very thorough."
- However, we received some feedback about instances of lateness and timekeeping issues at the weekends. For example, two people told us "The carers are near enough on time. They've been late a couple of times" and "To be honest, they're all over the place at the weekend." Relatives also expressed concerns about timekeeping. A relative told us, "Timing is very difficult. [Person] has a call at 9.30 but I'm seeing that they [care workers] are coming as late as 11 or 12. It's crept up and it's an issue." Another relative told us "It is worse at weekends. They don't call to tell me if they are going to be late. And it is not good for [person's] medication."
- The provider had an electronic system in place to monitor staffing levels and timekeeping. However, they acknowledged the current system was limited in how effective it was with monitoring timekeeping. The registered manager told us they were in the process of implementing a new electronic monitoring system which would help manage and monitor calls more effectively.
- Care workers told us they received details about their shifts on time and they had regular people they supported and cared for.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed

Preventing and controlling infection

- The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.
- People using the service and their relatives told us care workers always wore protective clothing when providing them with personal care.

Learning lessons when things go wrong

- The provider had an electronic system in place to record and respond to accidents and incidents in a timely

manner. The system had triggers to ensure action was taken which included notification to relevant healthcare professionals and CQC.

- The system enabled accidents and incidents and complaints to be analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to care workers in staff meetings and training sessions to embed good practice.

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 been rated good. This meant that 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. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider seeks guidance and support from a reputable source to ensure that consent is sought in line with the principles of the Mental Capacity Act 2005 (MCA). The provider had made improvements.

- Care plans had been signed by relatives with no documentation confirming they had the legal authorisation to do so. During this inspection, records showed where a person lacked the capacity to make decisions about their care, a power of attorney was in place. Where people had capacity to make their own decisions, records showed the service obtained their consent about their care and support. A person told us " [Care workers] are polite and respectful. They will not do anything before asking me. They will also encourage me in a good way, they are mindful."
- The registered manager was knowledgeable of the requirements of the MCA. They told us if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives, healthcare professionals and a power of attorney where required.
- Care workers understood the principles of the MCA and asked people's consent before providing care. A care worker told us "I always get their consent, you can't just impose things on them, you have to ask their permission first."

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to carry out their roles effectively. A person told us, "Yeah [care worker] does. She's very good." A relative told us "Care worker does understand the care that [person] needs. She tells [person] before she does anything, like 'I'm going to do this. She has a conversation with [person]."
- Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark

that has been set for the induction standard for people working in care.

- Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid. Care workers spoke positively about the training and the trainer in particular. They told us "Training is good. If you need something specific, that you want to learn, or you are not sure about, they will include it in the training session. The trainer is very good, attentive and informative "and "The trainer is very good. We are always learning, and he makes sure we understand everything."
- Care workers also received supervision and appraisals. A care worker told us "We have supervisions every 3 months. They ask if I'm okay, if we are happy. If I am not happy, I always tell them. They do listen."
- Care workers competency was assessed by spot checks. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was followed up by the service.

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

- Assessments were carried before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care. A person told us, "They did do, they also carry out an assessment every year."
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

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

- People were supported to eat and drink based on their individual preferences. People's care plans contained guidance on how to manage identified areas where they were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
- People spoke positively about the support they received with their food and drink. A person told us, "[Care workers] help me cook. I can't cook for myself. The carer gives me choice." Another person told us, "They make me tea, coffee, and they make my ready meals for me. I get a choice of what to eat."

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

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as social workers, occupational therapists and GPs to deliver effective and timely care. For example, for one person, a care worker noted the person was having difficulty with their mobility and the mobility aids they were using. The provider contacted an occupational therapist to reassess the person's needs and the correct mobility equipment was ordered to enable the person to transfer safely.

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 that 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 spoke positively about the care they received and told us care workers were kind and caring. One person told us, "Overall very nice, very pleased good communication and good listeners, very kind and compassionate." Another person told us "They come three times a day, I couldn't do without them." Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. One person told us, "They are very kind and they interact with me, they talk with me and show interest. They do care." One relative told us, "Our carer is very kind and compassionate. They have lovely chats. It's a very open relationship".
- People's equality and diversity needs were detailed in their care plans and accommodated for. We received positive feedback from a person from the LGBT+ community who told us their needs were met and respected. They told us "... the carers respect it, they don't treat me different."
- Care workers had a good understanding of equality and diversity. They told us, "You need to respect people as an individual" and "Treat people the same. We are all one."

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

- Records showed people and their relatives were involved in decisions about their care. A person told us, "Yes they asked me what I needed" and "I was very involved in it."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person told us, "Yes always, for example, if I have a visitor the carer will leave the room, so I can talk to them and also whenever I'm getting dressed they make sure I'm not exposed."
- Care workers were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. They told us "I always tell them what I'm doing and I'm talking about things like the weather to make them feel comfortable and keep them dignified as much as possible" and "You have to be diplomatic and get them to trust you and don't betray that trust."
- People were supported with their independence and encouraged to do as much as they could for themselves. One relative told us, "She [care worker] encourages [person] to do things for themselves, like 'put your arms in there, lift your arms up etc' so [person] does help when they can."
- Care workers understood the importance of promoting people's independence. A care worker told us "I

had one person who would not wash. So, I had to encourage them another way and told them, how about we get two towels and at least wash your face. The person was happy with that and said, 'yes I could that' and they had a wash' and "We encourage them to do what they can. When they are independent, they are happy."

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. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the service they received which met their needs and preferences. A person told us "Everything really they do well, they consider my feelings, they never do a thing wrong in my eyes. They are good and do what I ask them to do." Another person told us, "They tend to my care which is the best thing and they are doing the job very well."

- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.

- People were supported to go into the community and participate in activities that interested them and kept them stimulated. One person told us, " [Care workers] know I'm a bit independent and the staff know if I'm keen or not keen to go out or do any activities." One relative told us "Because my relative does not communicate the carer sings songs and my relative likes that."

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.

- The registered manager told us that no-one required information that needed to be tailored to people's individual needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints which also referred to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately.

- Records showed complaints had been investigated and responded to promptly by the service manager. People told us, "I have no complaints at all, I'm getting all the best care I need" and "They do everything well, they look after me and communicate with me. I [have] got no concerns or complaints."

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of

life wishes were met.

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 rated requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The provider completed a number of audits including areas such as record keeping, recruitment, medicines and a Performance Quality Assurance Risk Register was also in place to assess and monitor the quality of the service. However, these had not identified the issues regarding medicines that we identified at this inspection.
- After the inspection the provider sent us information regarding the improvements they planned to make regarding the management of medicines. We will follow this up at our next inspection.
- There was a registered manager in post who knew of their responsibility with regard to the Health and Social Care Act 2014 work and had notified the CQC of any significant events at the service.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service.
- Strategic development meetings were held by senior management meeting to review areas such as strategic goals, values, actions plans and resource allocation.

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

- The provider obtained feedback from people and relatives about the service via 'Views of Others' questionnaires. Feedback from surveys were analysed to ensure they improved the service where needed. For example, one person was not happy with the times of their calls, the rota was adjusted, and the timings were changed as requested by the person.
- Records showed the provider was inspected by the local authority monitoring team and working with the local authority to make improvements where needed. Feedback from the local authority showed the service had promptly responded and were receptive to continual improvement and learning.
- The service promoted an inclusive and open culture. Management staff recognised care workers contributions on the way the service was delivered. Care workers told us "We can express our opinions and we work together and "They ensure staff are equipped to their job and they listen to your suggestions."
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us, "Yes we have team meetings. They also send text messages or emails with updates, so we know what's going on in the company" and "Yes we are free to speak."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- The service had good links with other resources and organisations in the local community to support people's needs.

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>The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines.</p>