

Sarmey Healthcare Limited

Sarmey Healthcare

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults.

Sarmey Healthcare Limited provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge and medication support. At the time of our inspection there were 13 people receiving personal care.

This inspection took place on the 5 and 15 March 2018 and was announced. We had previously inspected this service in February 2016, at that inspection the service was rated 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

The service had 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff who were employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were suitable arrangements for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's

consent before providing personal care.

Staff provided quality care and support in a caring and meaningful way and people were very positive about the staff that cared for them. People were given choices about their day-to-day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received one to one supervision that gave them an opportunity to share ideas, and exchange information. The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains safe.	Good ●
Is the service effective? This service remains effective.	Good ●
Is the service caring? This service remains caring.	Good ●
Is the service responsive? This service remains responsive.	Good ●
Is the service well-led? This service remains well-led.	Good ●

Sarmey Healthcare

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 checked 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 comprehensive inspection took place on the 5 and 15 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available meet with us. We visited the office on the first day to review care records and policies and procedures and made phone calls to people and their relatives on the second day.

One inspector undertook the inspection.

Prior to the inspection, the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we considered this when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events, which the provider is required to send us by law.

As part of the inspection, we spoke with two people using the service and four relatives. In addition, we spoke with four staff that included the nominated individual, the registered manager, a senior carer and a care and support worker. We looked at six records relating to the personal care support of people and two staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff and arrangements for managing complaints.

Is the service safe?

Our findings

People continued to receive safe support from the service and felt safe when staff were in their home. One relative told us, "The staff are very capable and know what they are doing. They make sure [relative] feels safe and is safe. I know I can go out and feel assured [relative] is receiving safe care." Staff understood the signs of abuse and how to report any concerns. One told us, "I would report anything I was worried about and I know [name of manager] would make sure it was dealt with." There was guidance for staff in relation to whistleblowing and safeguarding procedures in the staff handbook. Staff carried identity cards so people could check who they were when they came to provide care and support. Records showed the manager reported safeguarding concerns as required to the relevant agencies including the local authority and CQC.

People had risk assessments so staff had the information they needed to keep people safe. They were detailed, individualised and up to date. Risk assessments covered all the potential risks present for people and the environments they were receiving support in, including the home and community. For example, if people needed support with their personal care or mobility staff had instructions to follow on how to assist them safely. Risk assessments were updated when care plans were reviewed or when people's needs changed.

Staffing numbers continued to be sufficient to meet people's needs. One person told us, "The carers are very reliable. A very good service." Staff told us they were able to support the same people consistently, and rotas we saw confirmed this. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Some people told us staff supported them with their medicines. A relative said, "The carers help [relative] with their tablets. They are given on time every day." People had medicines risk assessments to ensure staff were aware of any issues concerning people's medication, for example allergies and side effects. Staff were trained in medicines administration and underwent a competency assessment for medication before they were allowed to give out medicines. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines had been carried out to ensure any errors could be rectified and dealt with in a timely manner.

Staff had completed training in health and safety. This ensured they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people safely.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems or

emergencies, and discuss any learning points and actions required. We saw that actions were taken to make any necessary improvements.

Is the service effective?

Our findings

People's needs were assessed to achieve positive outcomes and to ensure their peoples care and support was delivered in line with current guidance. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place, for example, the assessments included a summary of people's cultural and religious needs so staff could be aware of these as soon as people began using the service. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

People said the staff were well trained and knowledgeable. A relative told us, "The staff know how to give [relative] the care they need. They get it just right." Staff told us they were well supported when they first started working at the service and had completed an induction covering relevant care issues such as food hygiene and health and safety. One staff member said, "Right from the start we have been well supported by the manager and they are always there to offer help. New staff are able to shadow more experienced staff to learn how to do the job." Training records confirmed that staff had received an induction and had on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance and records we looked at confirmed this. One staff member commented, "We get lots of support. I have been able to stand on my own two feet and feel I have gained the confidence I needed to do my job well."

Staff supported people to eat and drink enough to meet their dietary needs. One relative told us, "[Relative] gets the meals they like and the carers make sure [relative] has plenty of drinks." Staff were aware of their responsibilities to report someone who may be at risk of not eating or drinking enough. A staff member said, "I would report any worries I had to [name of manager] straight away. We might need to make sure the person sees a doctor." Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes and dislikes.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health professionals such as occupational therapists and doctors. Staff recorded detailed information regarding people's health requirements. The service had worked with people discharged home from hospital to receive end of life care. It was evident that the registered manager had organised this support well and worked effectively with other agencies to make sure that people's support met their needs.

People told us staff would be available to support them with their healthcare needs if that support was required and the registered manager confirmed this. They told us, "We can arrange for staff to support people to attend appointments if their family members are unable to do this. Staff monitored people's health and well-being and took action when necessary."

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Is the service caring?

Our findings

People told us they were well supported and well cared for. One said, "My carers are lovely. They are so kind and always do that little bit extra for me." A relative commented, "We have fallen on our feet finding Sarmey. They are gentle with [relative] and look after me as well. They have become like my new family."

Compliments had been received from people and relatives who had used the service. One read, "You helped me more than I can ever say, getting me through a difficult transition. You all provided care with such dignity and compassion which has made my life so much easier." Another read, "Please, please, express my thanks to [name of two staff members] who were amazing and I am so grateful that you came into our lives."

Staff knew people and their family members well and understood the best way to provide care for each person. One staff member told us, "We care for the same people regularly and really get to know them; what they like and don't like and how they prefer things to be done." People were involved in their own care as much as they were able to be, and relatives were involved when required. A relative told us, "I am fully involved in everything about [relatives] care. We say what we need and they ensure the care is right."

Staff understood the importance of promoting equality and diversity. Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support. People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed support to make decisions or if they thought, they were being discriminated against under the Equality Act.

Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. Relatives we spoke with confirmed that staff were respectful of people's dignity. Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans included each person's routines, preferences, likes and dislikes, for example, recording the foods people liked and we saw recorded a particular brand of soup that a person most enjoyed.

The registered manager told us that the service was kept small to enable a high quality, person centred and responsive service, that fully understood each person's needs. One relative commented, "We like to do things in a certain way. The staff understand that and support [relative] how they want. " Staff told us they were able to work with the same people and this had enabled them to really get to know their how they preferred their care to be delivered.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the service was knowledgeable about accessible information and able to produce information in different ways if required to.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. A complaints recording system and complaints policy were in place which showed that information could be recorded in detail and actions formulated. No complaints had been made at the time of the inspection.

No end of life care was being delivered at the time of our inspection. However, systems were in place to record people's wishes and provide this care if required.

Is the service well-led?

Our findings

A registered manager was in post. 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.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "I love my job. Sarmey has given me skills and confidence to do a god job and provide quality care. I owe it all to [registered manager]. Another staff member said, "It's a close team and we all work together well. The manager is very supportive and the best manager I have worked with."

Comments returned via satisfaction surveys included, 'Five star' and 'I cannot really put into words how fantastic the team at Sarmey are. They were knowledgeable, efficient, caring, courteous and kind to my [relative]. They treated [relative] with respect, and valued and welcomed input and contribution from us. They made an impossible situation possible and I cannot thank them enough.'

People and the staff, were able to have their voices heard and were engaged and involved in the development of the service. One relative told us, "We can talk to any of the staff or [name of manager]. They always listen and take on board what we say." The staff we spoke with all felt that they were able to put forward their ideas about how the service was run and the care people received. One staff member said, "If I have any worries or notice changes with someone, I will call the manager and they will deal with it straight away. Nothing is ever left."

Relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities and they had a good insight into the needs of people using the service. People said the registered manager was very approachable and always available at any time.

The registered manager conducted monthly quality checks that looked at all areas of the service to monitor quality and pick up any faults. We saw that this system was effective and any problems were identified and acted upon in a timely manner. Feedback was gained from people and relatives via a questionnaire, and results were analysed and acted upon by management.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is

information about important events that the service is required to send us by law in a timely way.