

Somcare Agency Limited

# Somcare Agency Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Somcare Agency Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection, 130 people were using the service. The majority of people were older adults.

Not everyone who used the service received personal care. 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

People received personalised care which met their needs and reflected their preferences. They were offered choices about how they wished to be cared for. The agency provided care workers who spoke people's preferred languages. People had been consulted about their care plans and gave regular feedback. Plans had been reviewed and updated when people's needs changed.

The provider offered a reablement service for people leaving hospital and following operations or accidents. This was a time limited package of care designed to support people to relearn skills and increase independence. Feedback about this aspect of the service was positive, with people pleased to be given the opportunities to gain independence whilst feeling supported and safe.

People received their medicines in a safe way and as prescribed. The staff had training to make sure they understood how to safely manage medicines. Use of medicines and other risks, such as those associated with people's health conditions, eating and drinking, falls and moving safely around their homes, had been assessed, monitored and planned for.

The agency worked closely with other health and social care professionals to make sure people's needs were regularly reviewed and they received the right care and support.

There were enough staff to keep people safe and meet their needs. They arrived on time for care visits and were not rushed. The provider had systems to help make sure only suitable staff were recruited, and they trained and supported staff to make sure they knew how to care for people.

The registered manager knew the service well. They worked closely with external consultants to operate effective systems and processes to monitor and improve the quality of the service. They asked stakeholders for feedback. They investigated and responded to adverse events, such as complaints and they kept clear, accurate and up to date records.

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

### Rating at last inspection

The last rating for this service was good (published 14 December 2019)

### Why we inspected

This was a planned inspection based on the previous rating. We were also alerted to a number of concerns which we had received over the last year. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns we had received. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Somcare Agency Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Somcare Agency Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by one inspector. Telephone calls to people using the service and their relatives were conducted by an Expert by Experience. 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

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

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

#### Notice of inspection

We initially gave the provider 24 hours' notice of our inspection which was due to take place on 16 March 2021. However, office staff were told to isolate because they were unwell, and we had to postpone our site visit. We did not arrange a new date with them. We gave the provider another 24 hours' notice before the revised site visit date.

This was because we wanted to make sure the registered manager or their representatives would be available for us to meet.

Inspection activity started on 15 March 2021 (when we made phone calls to people using the service) and ended on 23 March 2021. We visited the office location on 23 March 2021.

#### What we did before inspection

We looked at all the information we held about the provider, including the last inspection report. We contacted people using the service and their relatives by telephone. We spoke with six people who used the service and the relatives of 15 other people. We contacted the local authority commissioners and social workers who the provider had named as key contacts. We received feedback from four external professionals.

#### During the inspection

We met the registered manager, other senior staff on duty and external consultants who provided the agency with support. We looked at the care records for five people who used the service. We also looked at staff training, recruitment and support records for five members of staff, medicines records, records of complaints, safeguarding investigations and quality monitoring. We received feedback from 20 care workers.

#### After the inspection

We continued to review information.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to keep people safe from abuse. People and their relatives told us they felt safe using the service. They said the staff were kind and respectful when giving them support. They were able to report any concerns to the management team and felt these would be addressed.
- There were procedures for safeguarding adults from abuse and whistle blowing. The staff received training in these and took part in discussions with managers about how to recognise and report abuse. There were several examples, where staff had identified concerns about people's well-being and an indication they may have been abused by friends or family members. They had reported these to the registered manager, who had discussed concerns with the appropriate external authorities to make sure they were investigated, and people were protected.
- The provider had worked with the local safeguarding authorities and commissioners to investigate allegations of abuse and learn from these to improve the service for people.
- The care workers supported some people with shopping. There were appropriate systems for making sure money was handled safely. Staff used cash only for transactions, providing receipts and a breakdown of how they had spent people's money. This information was checked and audited by managers. People and their relatives who were supported with shopping told us this was helpful and they did not have any concerns about the way it was managed.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being had been assessed, planned for, and monitored. There were detailed risk assessments which identified any risks relating to people's physical or mental health, skin, continence, nutrition and moving safely. There were also assessments of people's home environments and equipment they used.
- The assessments clearly showed what the risks were, existing measures which helped reduce these and any further action needed by the agency's staff, or others, to reduce the risks further. The assessments were regularly reviewed. People using the service, or their representatives, had been involved in creating these and had agreed to management plans to reduce risk.
- In addition to the personalised assessments and plans, each person's care file included fact sheets about known medical conditions and other risks. These detailed warning signs staff should be aware of and how to respond to different situations. For example, there were fact sheets about common accidents for older people, how to prevent them and what to do if they happened. There were also fact sheets about ways to prevent falls and relating to specific healthcare conditions. The information was provided in an easy to understand format. This meant, staff had a range of information they could access at people's homes, to help them in understanding people's needs and supporting them.

## Staffing and recruitment

- There were enough suitable staff to care for people and meet their needs. People using the service and their relatives told us care workers usually arrived on time, stayed for the agreed length of time and did not rush them.
- The provider had a good amount of staff employed and could take on new packages of care without a detrimental impact on the existing care. The staff were allocated to work in small geographical areas to minimise travel time between people's homes. They told us they had enough time for travel and the care calls. The registered manager had supported some staff by providing lifts when they did not have cars and either they, or the people they were caring for, were concerned about staff using public transport.
- There were suitable systems for recruiting new staff, which included formal interviews and checks on their identity, performance in other roles (references), eligibility to work in the United Kingdom and any criminal record checks. There was evidence of these recruitment processes in staff files. All staff completed a range of training before they started working with people, they shadowed experienced workers and the managers assessed their competencies and skills. This was recorded and where concerns were raised, staff were provided with additional support and training if needed. There were regular spot checks, observing staff caring for people, and individual supervision meetings, so their suitability and skills were being monitored on a continuous basis.

## Using medicines safely

- People received their medicines in a safe way and as prescribed. There were procedures to make sure staff knew how to manage medicines correctly and regular training for the staff. The provider also undertook assessments of staff competencies at handling medicines and observed this during regular spot checks.
- The staff had assessed the risks relating to each person's medicines. Where people were able to and wanted to, they continued to manage their own medicines, or their families did. For those who required support from staff, they had signed consent for this. There were records to show what medicines each person was prescribed, as well as how and when they needed these.
- The staff completed administration records to show when they had administered medicines, and any concerns relating to this. They also completed charts to show when and where prescribed creams had been applied. The management team audited these records at least monthly so they could identify and respond to any errors or problems. The managers liaised with prescribing doctors and pharmacists when needed to discuss people's medicines if something changed or needed to be changed.

## Preventing and controlling infection

- The provider had systems for preventing and controlling infection. They had procedures regarding infection control, hand hygiene, wearing of personal protective equipment (PPE) and relating to COVID-19. These had been regularly reviewed and updated. Information was provided for staff in easy to read and understand formats, including fact sheets and pictorial guides.
- People using the service and their relatives confirmed staff wore PPE, washed their hands, and followed good infection control procedures. The provider also carried out monitoring spot checks where they observed staff to make sure they did this correctly.
- Staff told us they had enough PPE and there were no restrictions on this. They said they had enough information and support during the pandemic. The managers had organised for medical professionals who spoke the same first languages as staff to provide information sessions and reassurances about the COVID-19 vaccine, because some staff were nervous about this and had been given misinformation from other sources. The registered manager told us these sessions had worked well and staff were starting to have the vaccine, which would offer protection for them and the people they were caring for.
- The provider undertook regular COVID-19 testing of all staff. They had appropriate systems for dealing with any positive results or symptoms, which included staff isolating and using the trace and track systems.



### Learning lessons when things go wrong

- The provider had systems for learning when things went wrong to improve the service. They had regular meetings with the staff, both individually and in small groups (via video call). During these they discussed the service and where improvements could be made.
- Complaints, accidents, incidents and safeguarding alerts were recorded, investigated and the registered manager considered what could be learnt from these.
- There was good communication with other professionals to discuss things that had gone wrong and if changes needed to be made to the service. The provider had been proactive in highlighting where people's needs were not being met and requesting reviews of their care, changes in equipment or staffing when they had identified this as a need.

# 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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in a personalised way which reflected their choices. Some of the comments from people using the service and their relatives included, "I have had an excellent service since the start", "They have built up a rapport with [person] and encourage [them] to be as independent as [they] are able", "The carers really seem to understand [person's] needs" and "The carers are really sympathetic and understanding of [person's] condition. They understand dementia and the impact it has had on [person] and the family. I know the carers are here and have time for me as well as [person]."
- The provider worked with the local authority commissioners and healthcare teams to provide reablement support. This was short term care for people leaving hospital or following a period of illness or an accident. The aims of the care included supporting people to relearn skills and become more independent. People we spoke with confirmed the staff were good at this role. The provider had also received positive feedback from people showing their appreciation for support to regain their independence.
- Care plans were clear, gave detailed information about people's needs and choices and included additional guidance for staff about specific healthcare conditions and needs. The plans were created with people using the service and were regularly reviewed and updated. The provider made changes to people's planned care when there was an identified need and had liaised with other professionals to make sure they were aware of these changes.
- The provider was responsive to feedback from people using the service. During our inspection one person told us about aspects of their care they were not happy with. When we told the registered manager, they arranged for the person's care to be reviewed immediately and asked the person what they wanted changed. They were able to implement this change during our inspection.
- Staff recorded how they cared for people in communication logs. These showed that care plans were being followed and people's needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People using the service and relatives told us the agency arranged for care workers who spoke the same language as people to care for them. One relative told us, "The best thing is [care worker] speaks the same language, my [relative] doesn't speak any English at all so this is good." The registered manager told us they had been able to match care workers with all people who spoke a variety of different languages and also who knew people's culture, religion and traditions.

- Some people had sensory impairments. There was clear information about what these were and any support people might need to help them understand. One care worker had learnt some basic sign language to help them communicate with a person. They also used pictures and signs to support communication.
- The staff had completed communication care plans for each person, detailing how they communicated and their preferences.
- The provider was able to produce documents in different languages and formats to make them accessible to people, and also provided training and guidance for staff in their first language to help make sure they understood the information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation where possible. The provider had recorded about people's interests, past lives and what was important to them within care plans and assessments. This helped the staff to understand and know about the person, so they could engage in conversation about things which were important to them. Some people confirmed they enjoyed this and getting to know the staff. The registered manager explained that people had told them how important the social contact with staff had been, particularly during the COVID-19 pandemic when some people had been isolated from families and friends.
- People's religious and cultural needs were respected, with staff from the same culture often providing care. We received feedback from relatives telling us how important this had been for some people.

End of life care and support

- The provider sometimes cared for people at the end of their lives. They worked closely with healthcare teams to make sure people received the care and treatment they needed. The provider had recorded plans to show people's preferences for this time. They also had a record to show whether someone had chosen not to be resuscitated so the staff knew to respect this wish.
- The staff received training so they could understand about end of life care and bereavement.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for learning from complaints and making improvements to the service as a result of these. People using the service and their relatives knew who to speak with and how to make a complaint.
- The provider had recorded complaints they had received and how they responded to these. We saw they had carried out investigations into these and made improvements and changes to the service. They had also apologised to the complainant and given them feedback about their findings.

# 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 stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive person-centred culture. People using the service and their relatives told us this. Some of their comments included, "Somcare is an extremely professional company and we cannot fault it", "The carers are respectful, well trained and knowledgeable about [person's] condition", "The carers are just so lovely and they really care about [person] and what [they] need, [they are] treated with the utmost respect at all times" and "The carers never rush and they have built up a good rapport with [person]." People using the service and their relatives told us they would recommend the service.
- The staff also spoke positively about working for the provider. Some of their comments included, "[I am] treated like a family – it is a good environment to work in", "It makes me happy" and "They are helpful and friendly."
- People's needs were recorded in person-centred care plans. The registered manager had a good knowledge of people's individual needs and the agency was responsive when people's needs changed and when they reported concerns. The agency provided people with a range of information including guidance about how they supported diverse needs and supporting people who were LGBT+ (Lesbian, Gay, Bisexual and Transgender). Staff undertook training in equality and diversity to help them understand how to care for people with different needs in a non-judgemental way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures which included dealing with complaints, safeguarding and duty of candour. The staff were aware of these and their responsibilities.
- The provider had been open and honest with people when things went wrong, explaining how they had investigated concerns and apologising.

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

- The registered manager was a nurse and an experienced qualified manager. They were supported by a team of senior staff and an external consultant. People using the service, their relatives and staff spoke positively about the registered manager.
- The external consultant told us, "[Registered manager] goes the extra mile, it is amazing what [they do], following up everything and very client focussed."
- The registered manager undertook a range of training to keep themselves updated with changes in

legislation and good practice. Staff received regular training updates and the provider had sourced healthcare professionals who spoke staff's first languages to provide information and guidance to them in a way they could understand and felt comfortable in.

- The registered manager, or senior staff, met regularly with all staff to discuss their practice and make sure they had the information they needed to understand their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with stakeholders to keep them informed and ask for their views. People using the service and their relatives confirmed this with comments which included, "The manager rings regularly to see if everything is ok for us and to see if they can do anything differently."
- The provider asked people to complete surveys about their experiences. We viewed 17 recent surveys and saw they were positive. The provider also made phone calls to people using the service at least once a month, and more often for most people. Records of these calls showed people were happy and felt they received a good service with comments such as, "They are wonderful", "They are doing a good job and I am in good hands", "They have given me the best carer" and "My carer is amazing."

Continuous learning and improving care

- The provider had systems for continuously learning and improving the service. They undertook regular monitoring calls to ask people for their feedback, offered staff supervision and carried out spot checks to observe staff providing care. They also audited all medicines records and communication logs to make sure these were completed correctly and people had received care as planned.
- The staff participated in a range of training to help improve their knowledge and skills.
- The provider worked with an external consultant to review how they managed the service and had introduced updated paperwork and guidance for staff to help make sure they offered a quality service.
- The provider kept a record of cards and compliments they had received. These showed people using the service and their relatives felt there was good quality care.

Working in partnership with others

- The provider worked closely with other professionals and organisations. They kept a record to show when they had alerted doctors and social workers about concerns and when people's needs changed.
- The professionals who gave us feedback told us they felt the provider worked well with them. Their comments included, "I have found [registered manager] to be very approachable and happy to assist", "They are prompt and efficient", "When there are problems they try to remedy the situation immediately" and "They are very accommodating and flexible in difficult situations."