

Soma Healthcare Limited

Soma Healthcare Ltd (West London)

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

Soma Healthcare Ltd (West London) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. During our inspection the agency provided personal care to 12 people.

At the last inspection on 21 January 2016, the service was rated Good.

At this inspection we found the service remained Good.

Systems, processes and practice ensured that people who used the service were safeguarded from abuse. Risk in relation to personal care was minimised, personal and environmental risk factors were assessed and risk management plans were formulated together with people who used the service or relatives. The registered provider followed safe recruitment practices, which ensured only staff suitable to work with vulnerable people were employed. The agency does not administer medicines to people who used the service. However, in some instances care workers will prompt people who used the service to take their medicines. Appropriate policies and procedures and staff training ensured that this was done safely. Care workers had access to appropriate protective equipment to minimise the risk of spreading infections. The agency recorded and documented incidents and accidents and took actions to minimise the risk of similar events from reoccurring.

Detailed needs assessments were carried out to ensure the agency could meet people's needs. Care workers received support and training to make sure they had the skill, knowledge and experience to deliver personal care effectively. Where people required support with their meals, this had been recorded and documented in their care records. The agency had good relationships with external professionals such as social workers and would advocate on people's behalf if their needs were not met. Equipment was assessed as part of the assessment process and if equipment was not suitable action was taken to provide the correct one. 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 told us care workers treated them with dignity, kindness and respect. People and their relatives were involved in making decisions about the care they received.

Care was planned in a person-centred way and regular reviews of care plans ensured that people's changing needs were met. People who used the service were encouraged to raise concerns, which were investigated and responded to appropriately. The agency did not provide end of life care.

A new manager had recently commenced employment and the application to be registered with the Care Quality Commission (CQC) had been sent to the CQC. During the time of the registered manager's absence the agency was managed by an experienced care coordinator with support from the head of care services. Care workers and people told us that the management was supportive and listened to concerns or

suggestions made. Effective quality monitoring ensured care was assessed and improvements to the quality of care were made.

Further information is in the detailed findings below

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

Soma Healthcare Ltd (West London)

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 11 January 2018 and was announced.

We gave the service 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.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service, one relative, one care worker, the senior care coordinator, the new manager and the head of care services.

We looked at four care plans, three staff employment and training records and other records relevant to the management of the agency.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "[Care workers name] is excellent she keeps me safe and will always ask if I am comfortable." Care workers had received Level 3 accredited safeguarding training, which included child protection as well as adult protection. Level 3 safeguarding was more detailed and accredited by a regulatory body. The director of care told us that this has raised the awareness of care workers and they would report minor issues which may not be necessarily safeguarding related issues now, which did not happen in the past.

Care workers told us that all people who used the service had various risk assessments and risk management plans at their home. We viewed records at the office and saw that risk assessments were detailed and management plans were relevant to people who used the service, to maintain their safety without compromising their human rights.

The provider followed safe recruitment practices. People who used the service spoke highly about care workers. For example, one person told us, "I am looked after by staff from the agency and I am amazed by their professionalism." The new manager told us that the agency was planning to recruit more care workers which would allow them to take on more care packages in the future.

The agency did not administer medicines. This was confirmed by one person who told us, "[Care workers name] will remind in the morning and evening that I have to take my tablets." We saw that all staff had received medicines training and people's daily notes included information that care workers had prompted them to take their medicines.

One care worker told us, "I can go to the office and pick up gloves, aprons, covers for shoes and disinfectant gel, they never run out." People who used the service told us, "My carer always washes her hands." Care workers had received infection control training. This ensured the risk of spreading infections was minimised.

The care coordinator told us that they would always follow up accidents and incidents and gave us an example of a person who required specific equipment and specialist assessment following an accident. This meant accidents and incidents were followed up and lessons to minimise such incidents and accidents were learned.

Is the service effective?

Our findings

People who used the service told us that care workers were experienced and skilled. One person told us, "I don't know what training they [care workers] have, but they definitely know what they are doing." Another person told us, "I was surprised how skilful the carers are."

New prospective care packages were initially assessed based on the information provided by the local authority. This was then followed up by a visit from either the senior care coordinator or manager by a visit to the person's home and a comprehensive needs assessment. Once the agency had established they were able to meet the person's needs and sufficient care workers were available to support the person a care plan was developed together with the person or relative to ensure people's wishes were taken into account and care was provided based on the individual needs of the person.

Care workers told us that they had access to regular training. New care workers and care workers new to the care sector received an induction based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Care workers confirmed that they met with their supervisor regularly to discuss individual clients, their performance and their development. They told us that they found supervisions very useful. Records viewed confirmed that care workers had three supervisions and a yearly appraisal.

Care records showed that some people required support with the preparation of their meals and purchasing the ingredients. One person told us, "[Care workers name] is very good, we go shopping once a week and she helps me to cook and the things I find difficult to do, like peeling stuff." Any information in regards to people's dietary needs had been well recorded in peoples care plans.

People's relatives were responsible to follow up and arrange health appointment for people who used the service. However, we saw in people's care folders that the agency supported people and their relatives to advocate if people's needs had changed and further clinical intervention or equipment was required. This meant the agency ensured that people's health care needs were taken care of.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People who used the service told us that they were able to make their own decisions. For example, one person told us, "I go shopping with [person's name] and she helps me to push the trolley and carries the bags, but I do the shopping."

Is the service caring?

Our findings

We asked people who used the service about the relationship they had with their care workers. One person told us, "My carer is very conscientious and caring." We asked the person what this meant and the person told us, "She will always spend the time chatting to me and always ask me how I am and if I need anything else." Another person told us, "I couldn't give my carer more praise, she is very nice, caring and so diligent." Another person told us, "My carer is fantastic; she goes the extra mile and will do anything I ask her to do."

Every person and relative we spoke with was very positive about the care workers and care coordinator. This was backed up by compliments and e-mails we were shown at the office. People praised staff attitude, kindness and compassion towards them and highlighted the flexible approach from the office. For example, people told us if they need extra hours or have to change the visit due to appointments this had never been a problem.

Care workers told us that they would always involve people in their care to ensure people maintained their independence. An example of this was one spot check undertaken in one person's home. The care coordinator expressed their concerns that the care worker was doing everything for the person. We saw that this had been discussed with the care worker to improve their performance and involve the person more in their care.

Care workers told us that they would close the windows and doors when they supported people with their personal care and people who used the service confirmed their dignity and privacy was maintained.

Is the service responsive?

Our findings

People who used the service told us that they were satisfied with the care they received. One person told us, "[Care co-ordinator name] calls me regularly and visits me to discuss my care." One relative said, "We are very happy with the care, as a matter of fact we will have a review meeting soon together with 'Soma' and social service to review the care package for my relative."

We viewed care plans and care records for four people. We saw that the care plans were detailed and reflected the assessed needs of the person. Care plans had been reviewed and updated on an annual basis. However, if the needs of the people had changed the review was carried out earlier. Care workers told us that they would talk to the office if the person's needs had changed, for example if a person was getting less independent and the care worker had to stay longer. We saw in one care plan that this was raised with the funding authority and the care package was currently under review.

The agency had received two complaints since our last inspection. We saw that these complaints had been taken seriously and action taken in response. One of the complaints was about a missed visit. We saw that the agency responded to the complainant, investigated the concern and met with the care worker in question. In addition to this, we saw that it was also discussed during a care workers meeting to remind staff of the impact and the process to be followed. These meant complaints were responded and lessons had been learned.

The agency did not provide end of life care.

Is the service well-led?

Our findings

One relative told us, "[Care coordinators name] is great, she always gets in touch with us and we can call her when we want to discuss something. We are very happy with Soma and would recommend them to friends and family."

The registered manager left in April 2017 and a new manager started. The new manager sent their application to be registered to the Care Quality Commission. 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 new manager told us that he wanted the agency to grow and take on more care packages. However, he said, to do this the agency required more care workers. He gave us examples of various recruitment options he was planning of 2018.

The service carried out quarterly quality assurance visits at people's homes to reflect on the past quarter and discuss with people any areas of improvement. They also carried out regular spot checks to assess if care workers arrived on time wore appropriate clothing and observed the care carried. This ensured that quality of care had been monitored and assessed regularly and improvements to the quality of care were made if required.

The director of care advised us that the organisation was currently piloting an electronic care planning system in their other location and told us if the trial was successful it would be rolled out in all locations managed by the registered provider. The new system should make care planning easier, more transparent and more engaging for people who use the service and their relatives.

Care workers met quarterly to discuss issues such as safeguarding, Health and Safety, reporting and recording of incidences, training, and infection control. To ensure that as many care workers as possible attended the meeting was arranged for two days, which almost achieved a full participation of all care workers employed. People who used the service had regular opportunities to comment on their care received and the new manager told us that he was planning to arrange a more formal survey during 2018.