

Soma Healthcare Limited

Soma Healthcare 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

About the service

Soma Healthcare (West London) is a domiciliary care service that provides care and support to people living in their own houses or flats in the community. At the time of our inspection, seven people were using the service. 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

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed before they started using the service. Staff were supported through induction, training, regular supervision and annual appraisals. 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 were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

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

People and relatives spoke positively about the service and said they felt safe. People received person centred care which met their needs and preferences. The service had a complaints procedure in place. No one at the service was receiving end of life care.

There were systems in place to monitor the quality and safety of the service. The service worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account to drive improvements.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 13 February 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

Soma Healthcare West 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

The inspection team on site consisted of one inspector. After the site visit, an expert by experience made telephone calls to people and relatives. 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 (West London) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 3 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service and three relatives about their experience of the care provided. We spoke with a care staff, the registered manager and Director of Care. We reviewed a range of records. These included five people's care records, staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe using the service. A person told us "I feel safe, I've been with them for a while." A relative told us "We have no problems with the company at all, they are brilliant. We have a key safe too. [Person] is safe, completely."
- There were systems in place to protect people from the risk of abuse. There were safeguarding and whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.
- The registered manager and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and identified. Risk assessments contained guidance for staff to ensure people were safe in areas such as mobility, choking and moving and handling. A relative told us "It's good, we've been with them for a few years now... They send two carers four times a day. They use hoists to move [person], they are very competent."
- Risk assessments also covered potential hazards in people's homes and fire safety. Records showed that referrals had been made to the local fire service to visit people who had been assessed as needing support in the event of a fire. The director of care told us that in addition to this, they were also in the process of arranging fire safety training with the local fire service for staff.

Staffing and recruitment

- There were enough staff to deployed to meet people's needs. The provider had an electronic system in place to review and monitor staffing levels and timekeeping to ensure that staff attended calls on time and that there were no missed calls.
- People and relatives told us care workers were on time and stayed the full duration of their visits. A person told us, "They [staff] arrive on time and let me know if they're going to be late. They never rush me." A relative told us "They mostly arrive on time and let me know if they aren't running to time. They have never let us down."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before care workers were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their

medicines as prescribed.

- Medicines checks were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.
- People and relatives spoke positively about the support they received with their medicines. A person told us "They're [staff] very nice. They supervise me taking my medication each day."

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and staff had received training and were aware of safe infection control practices.
- People and their relatives told us staff always wore personal protective equipment (PPE) when providing them with personal care. A person told us "They [staff] wear their PPE too." Another person told us "They [staff] always wear their masks."

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred. The registered manager told us there had been no accidents and incidents since the last inspection.
- The registered manager told us that any lessons learnt would be used to improve the quality of service and relayed to staff 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 relative told us, "They [staff] did an initial assessment but adapt and change things as [person] needs it."
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively. A relative told us "They're all well trained and some go above and beyond in caring for [person]." Another relative told us "They are good at their jobs."
- 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, infection control, moving and handling and first aid and received formal supervision and appraisals to monitor and review staff performance and development.

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

- People were supported to eat, and drink based on their individual preferences and needs. Where people required support with eating and drinking, this was recorded in their care records. People's care plans also contained guidance on how to manage identified areas where they were at potential risk of poor nutrition and/or if they had swallowing difficulties.

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, district nurses, GPs and pharmacies to deliver effective and timely care.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the requirements of the MCA. A person told us, "They [staff] always ok things with me, they always ask before doing things and are polite and respectful." Another person told us "They ask my permission to do things and follow my lead as to what we do each time."
- The registered manager was knowledgeable of the requirements of the MCA and aware that 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.

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 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 and relatives spoke positively about the care they received and told us care workers were kind and caring and positive relationships had developed between them. A person told us "I have a particularly good rapport with one carer, but the rest are really good too. They are caring and attentive." A relative told us "They spend quality time with [person], they don't rush us at all. They are kind and compassionate and take [person] out twice a week."
- People's equality and diversity needs were detailed in their care plans and were supported where needed.

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, "They encourage me to make my own choices. My care plan is amended as required."
- 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's privacy and dignity was respected, and independence promoted. Care workers were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing people with personal care.

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 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 spoke positively about the service they received which met their needs and preferences. A person told us "I have been with them for two years now, they are very good." Another person said, "They [staff] make sure my care is right for me. I have a care plan."

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 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 their 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

- The registered manager told us no complaints had been received about the service since the last inspection. A person told us "I have no complaints. If I did, I'm confident they'd [staff/manager] sort things out. They're helpful and considerate, they keep in touch and I cannot think of any improvements that could be implemented."
- Procedures were in place 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.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, if people required this support 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 remained 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; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service. Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.
- There was a system in place to assess and monitor the quality of the service. The registered manager and provider completed audits and checks covering areas such as care documentation, staffing, timekeeping and medicines. Where issues were identified, action was taken to improve on the quality of the service where needed.
- People and relatives spoke positively about the service. A relative told us "I have the manager's number and we are in contact regularly, not with any problems. I am confident that they listen to us and help with any small concerns. We are very happy with them."

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 surveys, records showed positive feedback about the service had been received. Feedback received was analysed to drive improvements.
- Regular 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.

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 such as the district nurses and GPs.