Samano Care Services Ltd

Samano Care Brook Road

Inspection report

128 Brook Road
Oldbury
West Midlands
B68 8AE

Date of inspection visit:
16 January 2017

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23 February 2017

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

Our inspection was announced and took place on 16 January 2017.

Prior to November 2015 the provider was operating under a different company and service name. In November 2015 the provider re-registered with a new service name at this office location. This was our first inspection of the service since it had been re-registered.

The provider is registered to provide support and personal care to adults. People who used the service generally received long term support. However, a local authority had recently given the provider a two month contract to provide short term care packages to people to prevent the need for hospital admission or to enable a timely discharge from hospital. All care and support was provided to people in their own homes within the community. On the day 12 people received a service.

We had been made aware that the local authority had some concerns about the service. These related to missed care and support calls.

A number of missed calls had occurred that had the potential to place people at risk due to them not having the care and support that they had been assessed as requiring. Medicine management recording systems were not always followed by staff to confirm that people had taken their medicines as they had been prescribed by their doctor.

People we spoke with told us that the quality of service was good. Staff felt that they were well supported by the management team. However, we found that there was inadequate monitoring of some aspects of the service. Methods to gain the views of people were in place but these were not always effective to address any issues raised.

A manager was registered with us as is required by law. 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'. The registered manager was also the registered provider. 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 provider had processes in place that staff were aware of and knew that they should follow to prevent people being placed at the risk of abuse. Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and minimise any potential risk of accident and injury. Staffing levels ensured that people received a service from staff who they were familiar with, knew of their individual circumstances, and could meet their needs.

Processes were followed to ensure that new staff received induction training and the support they needed when they started work. Training that was required to meet people's needs and to keep them safe had been

delivered to staff. People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered. Staff understood that people have the right to refuse care and that care and support must be delivered with their best interests in mind. Staff supported people to prepare drinks and meals when this was required.

People were cared for and supported by staff who were kind and caring. Staff supported people to undertake daily tasks and retain their independence.

The service had responded to people's needs. Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Missed calls had occurred that had the potential to place people at risk due to them not having the care and support that they had been assessed as requiring.

Medicine recording systems had not been followed by staff to demonstrate that people had taken their medicines as they had been prescribed by their doctor.

Staff knew that they should follow the provider's procedures to decrease the risk of harm to people.

Staffing levels were adequate to meet people's needs and to keep them safe.

Is the service effective?

Good

The service was effective.

People received care and support that they were happy with.

Staff ensured that people gave consent before providing support and received care in line with their best interests.

Staff liaised and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

We had not been notified as is required by law about the omissions of care due to missed calls.

The service was not always adequately monitored to prevent people potentially being placed at risk of unsafe care.

Methods to gain the views of people were in place but these were not always effective.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed

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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.

Our inspection was announced and took place on 16 January 2017. It was carried out by one inspector.'48 hours' notice of the inspection was given because we needed to ensure that the provider would be available to answer any questions we had or provide the information that we needed.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with four people who used the service and two relatives. To get a wider view of people's and relative's views we looked at three provider feedback forms that had been completed by people and/or their relatives. We also spoke with four staff, a senior staff member the care co-ordinator and the registered manager. We looked at two people's care records, two people's medicine records and staff recruitment, training and supervision records. We looked at systems that supported the provider to monitor the quality and management of the service.

Requires Improvement

Is the service safe?

Our findings

Staff told us that the Medicine Administration Records [MAR] should be completed each time to reflect the medicines the staff had supported people to take. However, some staff had not followed the provider's medicine procedure. They had not fully completed a number of MAR this included a MAR for a person who required long term antibiotics to prevent infection. Furthermore, for one person the number of tablets that they required could change regularly based on the results of blood tests. The staff had not always recorded how many tablets the person had taken. This evidence highlighted that medicine recording was not always safe and did not confirm that people were supported with their medicines as they had been prescribed. We saw that previous audits had identified that MAR had not always been fully completed and the issue was raised with staff in a meeting. However, we found that since that meeting there had been other incidences when the MAR had not been fully completed.

Some daily notes that staff had written highlighted that one person had been prescribed a thickening agent to add to their drinks. This was because they had been assessed as being at risk of choking. This was not in the person's care plan and records did not always confirm that the thickening agent had been added. When we asked staff about this the majority knew that the person required the thickening agent. However, one staff was unsure. This meant that not all staff knew that the thickening agent should be added to the person's drinks and there was a potential risk that the thickening agent may not be used and the person could choke.

A person told us, "The staff help me with my tablets. They never forget". Other people told us that they managed their own medicines and that is what they wanted to do but staff reminded them to take their tablets. A staff member said, "I have had medicine training". Other staff we spoke with and records that we looked at confirmed the training. Staff told us that they had been observed supporting people with their medicines and this was confirmed by the registered manager.

A person told us, "The staff have never missed my call". Another person told us, "Sometimes the staff are late if they have had to deal with an emergency but they always turn up". However, we had been made aware by the local authority that since November 2016 there had been five occasions when staff had not attended care calls to deliver the care or support that people had been assessed by health or social care professionals as requiring. On one occasion a staff member had, "Forgotten" that they needed to make the call. We did not identify that people had suffered any significant direct harm due to the missed calls. However, as care calls were planned to support people to mobilise, eat, drink and take their medicines the potential of risk due to omissions of support was evident. This meant that the provider had not provided a service that was consistently safe. The registered manager told us that in the near future they were having an information technology system installed. The staff would have to 'log in' on the system when they arrived and left calls. If they did not attend then a message would automatically be sent to a manager to alert them of this. This could prevent future missed care calls.

A person told us, "I think that there are enough staff". A relative said, "I don't think there is a staff shortage". A care staff member said, "The only problem is when staff phone in sick. When they do though the managers

step in and do the calls". The registered manager confirmed this. They told us that when staff were off sick this was covered within the staff team or by the managers.

Care staff we spoke with told us that they felt that they had enough time to travel to and from care calls and undertake the tasks required for people. The registered manager told us that there were two staff vacancies and that they had recruited but were waiting for the pre-employment checks to be completed. They showed us records to evidence this. This showed that action had been taken to provide sufficient staff to meet people's needs.

A person told us, "No abuse or unkindness. It is the opposite. The staff are friendly and helpful". A relative said, "I'm not aware of any abuse or bad treatment". A staff member said, "No, nothing like abuse. If there was I would do what we [the staff] have been told to do report it". Another staff member told us, "If there were any concerns of abuse I would report to the manager. If the manager was involved I would go to you, [Care Quality Commission], social services or the police. Staff told us and records confirmed that the staff had received safeguarding training. This highlighted that staff would report any concerns about abuse if there was a need.

A person said, "I feel safe. The staff support me so I don't fall". Another person told us, "I feel safe with the staff they help me so that I do not hurt myself". A relative said, "I think they [person's name] are safe". Staff told us and records confirmed that risk assessments. These included mobility assessments, those involving daily living activities, the risk of skin damage and people's home environment. Staff we spoke with were aware of people's risks and what they should do to reduce them. Staff we spoke with gave us an account of the actions they would take in the event of finding someone unwell or injured. They told us that they would summon appropriate medical assistance and would inform their manager. This showed that the provider had measures in place to enhance aspects of people safety.

A staff member told us, "All my checks were carried out before I could start work". The registered manager confirmed the processes that were followed before new staff would be allowed to start work. Records that we looked at highlighted that for new staff references were obtained, staff health status and a check with the Disclosure and Barring Service (DBS) had been undertaken. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. These systems would minimise the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

A person told us, "The staff give me the right care". Another person said, "I am happy with what the staff do for me". A relative said, "The service was good. I am not aware of any concerns". A staff member said, "We provide a good service. People seem happy with their care". Other staff we spoke with also felt that the service provided overall was good.

A staff member told us, "When I started work I had induction training". The registered manager told us about induction training that included an overview to gain knowledge of the provider and organisation, training, and the shadowing of experienced staff. The registered manager told us that the Care Certificate had been used for induction of new care staff and we saw that a staff member had been completing the Care Certificate booklet. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member said, "I have done lots of training. All that I need". Another staff member told us, "I must say the training available is good. One manager does a lot of training for us". This manager told us that they had qualifications to allow them to train the staff in health and safety and moving and handling. Records that we looked at confirmed that staff had received training to enable them to provide safe care.

A staff member said, "There is always a manager on call if we [the staff] need assistance". Other staff confirmed that there was always a manager 'on-call' who they could ring for guidance and support. A staff member said, "I have one to one meetings with a manager". We found that staff had received some formal supervision sessions or at times 'group supervision' with their peers.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided in people's homes must be made to the Court of Protection.

A person said, "I make choices and staff do as I ask". Another person told us, "The staff always ask my permission". We saw that assessments had been undertaken to determine people's capacity. Where it was identified that people had limited capacity staff involved external social care professionals and families to make decisions. Staff told us that the majority of people who used the service had capacity and were able to make decisions independently. Staff we spoke with confirmed that they encouraged people to make their own decisions and that they would not deliver care and support without a person's agreement. This demonstrated that staff were aware that they should enable people to make choices and give consent to their care and support.

A person told us, "I ring the doctor myself if I need one". Another person said, "They [family member's name] get the doctor for me". Staff we spoke with and records that we looked at highlighted that they worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support to people where this was required. This included GP's, the dietician, occupational therapists, physiotherapists and speech and language therapists.

A person said, "I make my own meals and drinks". Another person told us, "The staff ask me what I would like to eat and drink". The majority of people were able to provide their own drinks and meals independently or their families did this for them. Staff told us that people had their shopping delivered or this was done by relatives. Staff also told us that on a daily basis they encouraged people choose their meals and drinks as they preferred. Staff we spoke with gave us a good account of dietary needs that could include those relating to religion or culture and the type of food products people may like or would wish to refrain from. Staff knew that it was important that people drank sufficient amounts to prevent dehydration and urine infection, or have a special diet or food consistency for conditions such as diabetes, difficulty in swallowing and the risk of choking.

Good

Is the service caring?

Our findings

A person told us, "The staff are nice. Helpful and friendly". Another person said, "The staff are kind". A relative said, "The staff are kind". A staff member said, "I think that the staff are all caring". Other staff we spoke with described their colleagues as kind and caring.

A person told us, "The staff are always polite". Another person said, "They [the staff] are respectful". A relative said, "The staff are professional and polite". We heard office staff speaking with people and other staff over the phone, they were polite and friendly. We saw that the preferred name for each person had been determined and recorded. We noted that staff referred to people by their preferred name in the daily records they made. This highlighted that staff showed people respect. Staff we spoke with gave an account of how they ensured people's dignity and privacy in everyday practice. They gave examples of covering people when providing care and giving people privacy when they used the toilet.

A person said, "I don't really need too much help. I like to do what I can". Another person told us, "The staff just help when I cannot do a certain task". A staff member told us, "We try to get people to do what they can. It is important they keep their skills". Other staff we spoke with also told us that they encouraged people to retain their independence.

A person told us, "I get my clothes ready. I dress myself". Another person, "I wear the clothes I want to". A staff member said, "We [staff] always encourage people to choose what they want to wear. People know how they want to look and we help them".

The majority of people lived with, or had support from, relatives and friends to help them make decisions and choices. However, we saw that information was made available that gave contact details for advocacy services if a person wished to have that input. An advocate could be used for people who may have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person said, "I was asked lots of questions to see how I needed my care done". Another person said, "The staff asked questions and did a file about me. It's here in my house". The registered manager told us that all people were assessed before their service commenced to make sure that their needs could be met. Records we looked at confirmed this and also confirmed that the registered manager had an assessment of need and a care plan from people's funding authority. These assessments would determine if the service would be suitable to meet people's needs.

A person said, "Someone comes and has a meeting with me to ask if everything is going OK". A relative said, "The care is reviewed and we [the family] are involved". Records that we looked at confirmed that needs and risks were reviewed and where needed care plans were updated with the involvement of people and where needed their family. Staff we spoke with knew about people's needs and preferences.

A person said, "I usually have the girls [female staff] sometimes I have a man. I don't mind". A staff member said, "We do have some male staff and if a person wants to be cared for by a male that happens". Records that we looked at highlighted that people had been asked about their personal religious needs and if they needed support to meet these.

A person said, "I have not complained as I have not had the need". Another person told us, "I have no complaints if I did I would be happy to tell the office". We saw that a complaints procedure was included in the information pack that had been given to people when they started to receive a service. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. Complaints documentation highlighted that one recent complaint had been made. The registered manager told us that a meeting was to be held with the person and their family to discuss and try and resolve the issue.

Requires Improvement

Is the service well-led?

Our findings

We had been made aware by the local authority that care calls had been missed since November 2016 to start of January 2017. The provider told us that the missed calls [that can be deemed as an omission of care] had been referred to the local authority safeguarding team. However, we had not been notified of these. It is a legal requirement that we are notified of all safeguarding issues.

Although the missed calls had been logged and some action taken, adequate action had not been taken to prevent the January 2017 incident. That meant that there was potential that people could be at risk of poor health due to not having their care. We found that information regarding a person's risk of choking had not been transferred to their new care plan following a review of their support. This meant that staff may not be aware that the person had the risk. A manager had written on a medicine record in red to highlight specific instructions to staff of how they should record tablets given. We saw that staff had not always adhered to the instructions, and although those records had been audited, the person undertaking the audit had not identified this. This did not demonstrate good governance practices. We found that other audits had been undertaken regarding staff recruitment and records. We found that these had been carried out diligently. We checked staff files and found that they contained the information that was required.

The provider used feedback forms for people and their relatives to complete to give their views on the service. However, there were a few comments that required further exploration. However, when we asked what had been done to look into and resolve the issues we were told that no action could be taken as it was not known who had made the comments [as no name was on the form]. This meant that the system for obtaining feedback on the service would not enable the provider to discuss with people areas that required improvement. A manager told us, "In future we are going to use a code on each feedback form so we know who has completed it so that we can discuss issues raised with the person.

A person told us, "The service was very good. Much better than the last one". Another person said, "I am satisfied with the service I get". Other people and their relatives were complimentary about the service. Staff we spoke with told us that the service was good.

A person said, "I am happy to ring the office if I need to". Staff told us that their managers were good and the service was generally well organised. The provider had a leadership structure that people and staff understood. There was a registered manager in post as is required by law who was supported by a manager and a care co-ordinator.

A staff member told us, "We have staff meetings where we can raise issues and hear about new ways of working". The provider had recently changed company name and location. We saw documents to confirm that staff were given information and assurances before the changes were made. This demonstrated that the provider was open and transparent to staff.

A staff member said, "Whistle blowing is when you report a concern". Other staff we spoke with understood the reason for whistle blowing and confirmed that they would feel comfortable to report any concerns about

bad practice or other issues. A written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred.