Soma Healthcare Limited

Soma Healthcare (East London)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 13, 14 and 18 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was their first inspection under this registration with the Care Quality Commission.

Soma Healthcare (East London) is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing personal care and support to 145 people in the London Borough of Tower Hamlets and in Essex. All of the people using the service were funded by the local authority.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had a medicines policy in place where care workers were only allowed to prompt people's medicines. People who required assistance with the administration of their medicines received support from relatives or health care professionals. Staff had completed basic training in medicines and knew what to do if they had any concerns.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. Staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

The provider had a robust staff recruitment process and staff underwent the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

People's risks were managed and care plans contained appropriate risk assessments which were updated when people's needs changed. Where necessary, guidance was in place to enable staff to support people safely.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided personal care. However, the service did not always ensure where appropriate, that documentation was in place for representatives to sign people's care plans to agree with the care to be provided.

Care workers received an induction training programme to support them in meeting people's needs

effectively and were introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently.

Care workers told us they notified the care team and people's relatives if they had any concerns about people's health and we saw evidence of this in people's care records. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, district nurses and social services.

Care workers were aware of people's dietary needs and food preferences and this was highlighted in people's care records.

People were actively involved in making decisions about their care. People told us that staff respected their privacy and dignity and promoted their independence.

People and their relatives told us care workers were kind and caring and knew how to provide the care and support they required. Care workers understood the importance of getting to know the people they supported and showed concern for people's health and welfare.

The provider made sure people were involved in how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes, with health and social care professionals being updated on people's current condition.

There were monitoring systems in place to allow people and their relatives the opportunity to feedback about the care and treatment they received. People and their relatives knew how to make a complaint and were confident their concerns would be listened to and dealt with.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through communication with people and care workers, supervision and a programme of other checks and audits of the service.

The service promoted an open and honest culture. People who used the service and their relatives were confident in the management team. Staff felt well supported by the registered manager and the care team and were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

We made one recommendation in relation to staff ensuring consent was sought in line with the principles of the Mental Capacity Act 2005 (MCA).

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.

Medicines were prompted and recorded by staff who had received relevant medicines training.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Staff were confident that any concerns they brought up would be dealt with appropriately.

Risk assessments were in place to identify areas of risk and to reduce the likelihood of people coming to harm. Guidance had been sought from health care professionals to support staff in their roles.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) but the registered manager didn't always ensure people using the service or an appropriate representative signed their care plans to consent to the care they received.

Care workers completed an induction and received training to support them to meet people's needs, including a regular programme of supervision.

Some people were supported to have a balanced diet, which took into account their preferences as well as their medical needs.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, district nurses and social services.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Relatives and health and social care professionals were kept informed about people's health and well-being and where appropriate were actively involved in decisions about people's care and support.

Is the service responsive?

Good

The service was responsive.

Care plans were discussed and designed to meet people's individual needs and staff knew how people liked to be supported.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Good

The service was well-led.

There were audits and quality monitoring systems in place to monitor the quality of the service and identify any concerns. Where gaps were found, evidence was provided to show actions had been carried out.

People and their relatives told us that the service was well managed and had confidence in the registered manager and care team.

Staff spoke highly of the support they received from management which enabled them to carry out their responsibilities.

Soma Healthcare (East 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.

The inspection took place on the 13, 14 and 18 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The provider knew we would be coming back the following days.

The inspection team consisted of two inspectors and included two experts by experience who were responsible for contacting people during and after the inspection to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The experts by experience had experiences as a family carer of people who have learning disabilities and/or behaviour that is considered to be challenging, older people with frailty and associated health problems and older people who use regulated services.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding adults team and commissioning team. We used their comments to support our planning of the inspection.

We spoke with 26 people using the service, nine relatives and 15 staff members. This included the registered manager, the chief executive, the care service operator, three care coordinators, the trainer and eight care workers. We looked at 15 people's care plans, eight staff recruitment files, staff training files, staff supervision

records and audits and records related to the management of the service.

Following the inspection we contacted eight health and social care professionals who worked with people using the service for their views and heard back from two of them.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving care and had no concerns with how they were treated. Comments included, "I feel safe when they are helping me with personal care", "I feel safe as I've had the same carer for three years, she's excellent" and "My care is definitely safe. My carer does not leave my side for a moment. She will stop what she is doing when I'm moving around and makes sure I don't fall." Relatives were confident that their family members were well looked after and did not have any concerns. One relative described how their family member had a condition that made them nervous around people and could have blackouts. They added, "This has never happened with the carer. I'm very happy to leave my [family member] alone with her as I know that they are safe." Another relative said, "It is definitely safe. My [family member] is supported from their chair, onto a wheelchair and into the bathroom. I'm happy with them."

Some people were supported with their medicines as part of the overall care package they received. The registered manager explained to us that it was their policy to only prompt people with their medicines from a dossett box. Care workers did not assist or administer medicines and if people needed this support, it would be the responsibility of relatives or healthcare professionals. We saw records within care plans which highlighted who supported people with their medicines and also if people were able to self-administer their own medicines. One care worker said, "We are not involved with people's medicines but we make sure they take them. If they don't, we can't force them and we record it and report it to the office." Care workers had received training in medicines during their induction and records we saw confirmed this, with training being reviewed every two years. The care service operator told us they stressed to all the care workers that if they had any concerns with people's medicines they had to call the office straight away and also record it in the daily log book. This would then be recorded in people's electronic file. Care workers knew to call the office if they had any concerns and also told us they were regularly reminded about the importance of recording and reporting any concerns about people's medicines.

We looked through a sample of daily logs and care workers recorded that they prompted people's medicines and signed the daily log sheet confirming this, in line with the provider's medicines policy. We saw information in the daily logs and care records for three people that stated that care workers supported them with applying topical creams but there was no information within their care plan as to what cream was to be used. We spoke to the registered manager about this who acknowledged that these care plans needed to be updated to highlight this information.

The eight staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of criminal records checks and photographic proof of identity and proof of address. The provider asked for two references and people could not start work until they had been verified and signed off by the registered manager. Referees were able to comment on areas such as loyalty, attendance, reliability and punctuality and we saw positive feedback in all the references we viewed. The registered manager was aware when people's Disclosure and Barring Service (DBS) checks needed to be reviewed and records showed the provider asked for updated documents to complete the renewal process. We saw records where one applicant who had no previous experience was booked onto

the induction programme and then given a second interview to see if they were suitable.

Staff had received appropriate training in safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered during the induction programme and then refreshed every two years. It was discussed regularly at care worker meetings and supervision sessions. The provider had adult abuse awareness leaflets available for care workers, with details of who to contact in the local authority if they had concerns. They also produced an adult abuse newsletter, for people and staff, with information about safeguarding and signposting to other websites. We saw that safeguarding incidents were properly dealt with and disciplinary procedures followed through. Comments from care workers included, "I am confident that they will always take immediate action" and "If anything is not safe, we call the office. They always respond and I'm confident about raising issues."

There were sufficient care workers employed to meet people's needs. At the time of our inspection there were 61 care workers employed in the service. A care coordinator told us that they had a 15 minute window policy and this was explained to people during the initial assessment and the local authority were aware of it. If care workers were running late they needed to inform the office to let them know so they could contact people about the delay. Most people we spoke with told us that they were happy as their care workers were reliable and arrived on time. Comments included, "My carers are punctual. If they get held up they do let me know", "They always turn up and are generally on time" and "They are never late, I'm really happy with the girls." We looked through a sample of rotas and saw that there was minimal distance between visits and that people, where possible, were given regular care workers. One person told us that they were really happy because they had had the same care worker for a long period of time. If care workers were going on holiday, the provider would notify people and let them know about the change. Care workers told us that they were given schedules so they were able to get to visits on time. One care worker said, "All of my clients are in the same area and it is easy for me to walk between each person." Care workers confirmed that they visited the office on a weekly basis and would be able to bring up any issues with their schedules then.

Two people told us that there could be issues with care workers at the weekend. One person, who spoke very positively about their regular care worker said they were not happy with the unreliability of some of the weekend care workers and had to contact the office to ask them to change them. We spoke to a care coordinator about this who told us that they would make contact with the person to find out further information.

The registered manager told us that their out of hours service was from 5pm until 9am during the week and all of the weekend, and was covered by the care team on a rota basis. We looked at the last four weeks of the out of hours reports and saw where contact had been made, actions had been followed up. The care service operator told us that the care team would go through the report on a Monday morning and highlight any further actions that needed to be addressed. Care workers spoke positively about this and said they felt supported as they could make contact at any time if they needed advice and they would always get a response.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by a member of the care team. This identified any potential risks associated with providing their care and support. Their risk assessment covered areas of risk which included people's mobility, personal care and hygiene, nutrition, financial support, medicines and skin integrity. They also carried out a health and safety assessment on the person's home, with the initial visit confirming if their premises were suitable for care to be carried out. If not, the provider made contact with the local authority to arrange a deep clean before providing a service.

The assessment covered security, fire safety and appliances. For one person, we saw records that showed their fire alarm was not working and that staff had made contact with the family and local authority to request a new one.

Once completed, risks that had been identified for the person and the care worker were highlighted, action that needed to be taken was recorded, which contained information about the level of support that was required. It included practical guidance for care workers about how to manage risks to people. Care workers we spoke with were able to tell us about individual risks to people's health and well-being and how they were to be managed. For example, one person had limited mobility and required support during transfers. Guidance was given for care workers on safe moving and handling procedures, along with information about the mobility aids used. One care worker said, "We had the training and there are detailed notes and information about the hoist. I feel confident using it." Another person was at risk of choking due to swallowing difficulties. There was detailed guidance in place from a speech and language therapist (SALT) about feeding techniques and oral care. It was recommended for care workers to brush the person's teeth after every meal and we saw this recorded in their daily logs.

We saw in some people's records where double handed care was required that the local authority had reduced the visit to one care worker. We spoke to the care team about this who showed us correspondence with the health and social care professionals highlighting their concerns and requesting a reassessment. Risk assessments were updated every year or sooner if there were any significant changes to a person's needs. We did see one persons' risk assessment had not been updated when their needs had changed and this was acknowledged by the registered manager. They told us they would update it straight away.

Requires Improvement

Is the service effective?

Our findings

People told us they were well supported by their care workers and that they had the right level of skill, understanding and experience to meet their needs. Comments included, "My carer is very thorough. She knows her job and is very good at it and hardworking", "They are definitely knowledgeable and experienced. They put me at ease and I wouldn't change them for the world" and "They never come in without asking what kind of night I've had." One relative said, "They do know that they are doing. They have been in the job a long time."

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and the care team had a good knowledge of their responsibilities under the legislation and we saw records where health and social care professionals had carried out mental capacity assessments. However we found two people's care plans had been signed by relatives with no documentation in place confirming they had the legal authorisation to do so or whether a mental capacity assessment had taken place. We also saw records in another person's file that a relative had requested all changes in care had to be approved by them as their family member was no longer able to communicate their needs. The care plan was unclear whether the person's cognitive functioning had declined or if the relative had the legal authorisation to sign on their behalf, as it had not been kept under review. We discussed these issues with the registered manager who agreed that improvement was needed. We recommend that the provider seeks guidance and support from a reputable source to ensure that consent is sought in line with the principles of the Mental Capacity Act 2005 (MCA).

People we spoke with confirmed that care workers asked them for their consent before providing care. One person said, "She always explains what she is going to do." Another person said, "The carers ask how I want things done and always respect my choices." We saw that it was discussed during the induction and care workers told us they always asked people if they were happy for them to carry out their tasks. One care worker said, "I always ask people if it is OK what I'm going to do and if they are happy with it. I always give them the choice." We saw that care workers were given training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which was refreshed every two years.

Staff had to complete a five day induction training programme when they first started employment with the service. This programme covered a range of policies and procedures to highlight the role of the care worker. We looked at their induction timetable which included subject areas such as safeguarding adults, dealing with accidents and injuries, health and safety, values of being a care worker, moving and handling, medicines and supporting with people with specific needs, such as people living with dementia or those at risk of pressure sores. New staff were expected to complete The Care Certificate as the main part of their induction programme. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff were given 12 weeks to complete it. Staff also had the

opportunity to sign up for vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. We saw examples of units that had been completed and signed off by the assessor. Care workers had a three month probation period while office staff had a six month period. End of probation forms were in place which highlighted what had gone well, what improvements could be made and training needs.

Training was also provided as part of the induction which was in the form of theory based sessions, practical assessments and videos. Staff were given mandatory training in basic life support, risk assessment awareness, moving and handling, infection control, food hygiene with hydration, health and safety, lone working and dignity in care which was refreshed on an annual basis. Staff also received training which was specific to people's individual needs. Training was given to care workers on diabetes awareness, skin care and prevention of pressure sores and dementia awareness. The registered manager told us that they worked closely with health and social care professionals, such as speech and language therapists to obtain guidance on supporting people with eating. The trainer showed us a copy of their training matrix and training courses were scheduled for 35 weeks of the year to ensure all care workers kept up to date with their training. Non mandatory training was refreshed every two years but we saw records where it had been reviewed sooner if a recommendation had been made by the care team.

Care workers spoke positively about the trainer and the content and quality of the training given. We saw a sample of attendance records with feedback forms from training that care workers had attended, all of which gave positive ratings and comments. One care worker said, "The training is excellent. The trainer is very knowledgeable and always gives us a good explanation. If we don't understand, they explain it so we do." Another care worker said, "The training is very helpful. We refresh it every year but we always gain more information and keep up our understanding." One of the comments from the feedback form said, 'The trainer was adding real experiences for a better understanding.'

The registered manager told us that once the induction had been completed, care workers would be booked on double up calls to provide shadowing opportunities for new staff before working independently. They would then have supervision scheduled every three months. We saw supervision records showing that care workers were given the opportunity to discuss the people using the service, if they had any concerns and any training needs. Care workers told us they received regular supervision and were happy with their input during the sessions. One care worker said, "We get to discuss a number of things, the problems we might have and I always feel listened to." We saw actions had been taken that had been discussed during supervision. A care worker had highlighted some security concerns. The care service operator showed us correspondence with relatives and the local authority that concerns had been followed up. Where we found gaps in their supervision programme, the provider was able to submit sufficient evidence to us after the inspection to show that the specific actions had been carried out.

Some people required care workers to support them with their nutritional needs, including meal preparation and support during mealtimes. This information was recorded in their care plan along with the level of staff support needed, food preferences and if anybody had any specific dietary needs. It was highlighted if people were diabetic or had any food allergies. We saw information in one person's care plan stating they were on a soft diet. A soft diet is made up of foods that are soft and easy to chew and swallow. There were detailed guidelines from a SALT about the person's eating regime, along with a separate SALT care plan that was kept in the person's home which care workers could refer to. For another person, who had limited mobility, there was information to make sure a glass of water was left with the person at the end of each visit. We looked through a sample of the corresponding care logs which showed that this was being done. Information about food was recorded, including what drinks were offered. Care workers told us that

they were regularly sent messages from the office via a group text message to remind them to leave plenty of fluids for people during spells of hot weather. This showed that care workers were aware of the support that people required and were familiar with the dietary requirements of the people they supported.

People were supported to maintain good health and have access to ongoing healthcare support. Care workers said they checked how people were feeling and would always contact the office if they had any concerns about their health during a visit. One person said, "She always offers to ring the GP or take me there if I'm not well." One care worker said, "If people are not well, we can call the next of kin or their GP as the details are in their file." We looked through a sample of their weekly out of hour reports which showed that when issues or concerns had been brought to their attention, they followed it up with the relevant health and social care professional. A care coordinator showed us correspondence when a care worker had raised concerns about a person being at risk of pressure sores. We saw that the incident had been reported to the office and logged on the person's electronic file. Contact had been made with a district nurse and the person's social worker to highlight the concerns and request additional support.

Good

Is the service caring?

Our findings

People we spoke with told us they felt well supported by their care workers, who were kind and compassionate and treated them with respect. Comments from people included, "She treats me like a human being", "My carer is a model example. He does everything that I want him to", "They listen whenever I talk with them" and "My carer is very good, so kind and gentle." Relatives were also positive about the staff. One relative said, "She is such a lovely lady and is so lovely to my [family member]. She is so gentle and caring and shows the utmost respect." Another relative commented on how well the relationship was between their family member and care worker. They added, "My [family member] is relaxed in their company."

When people started using the service they were assigned a specific number of designated care workers depending on their needs. A care coordinator showed us on their system who people's regular care workers were, but also who else was allocated to that person to improve continuity of care when regular care workers were not available. For example, one person who required two care workers at each visit, had four regular care workers but also two other care workers who had previous experience of working with that person. They showed us how care workers were allocated on their computer system, where they looked at care workers skills and experience first, then their geographical location to help them match people up to provide a consistent and reliable service. One person said, "Because I know them well, they put me at ease and I would not change them for the world." One relative said, "We've had them for two years now and they are absolutely fantastic. They work so hard and you can rely on them."

Care workers knew the people they were working with and told us how important it was to be able to build a relationship with them, so they could understand them better. People told us that even though some visits would only last 30 minutes to an hour, their care workers took the time to chat with them to help get to know them. One person said, "Even when she is doing the books, she still sits and talks to me and asks about my family." One care worker said, "I like helping people and it is important that I understand them, get to know their likes and dislikes." One of the care coordinators, who was responsible for matching care workers to people said, "I believe we have a strong group of care workers who deliver good care. They are caring and have a great attitude."

People and their relatives told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people in their own homes. Comments included, "My carer will go into another room if somebody comes in so she always respects my privacy", "She puts a towel over us to cover us up and always lets us wash where we want to" and "They always ask what kind of help I'd like. I'm quite independent but if I ask they will gladly do it." One relative said, "They are very conscientious, consistent and do a good job. They treat my [family member] with dignity."

Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker explained ways in which they would respect people's privacy and dignity during personal care, whilst also being able to maximise their independence. They said, "I always make sure that doors are

closed and ask relatives to leave if they are present." They added, "I always let them do what they can themselves and give them the choice, letting them know I am here to help if need be." We saw records that showed confidentiality and cultural awareness was covered during the staff induction and dignity in care was a mandatory training programme which care workers completed each year. For their most recent quality assurance report, 106 people out of 109 respondents said their care workers maintained their dignity and privacy at all times.

People using the service and their relatives confirmed they were involved in making decisions about their care and felt listened to when they discussed their needs and preferences. A care coordinator told us they carried out initial assessments in people's homes and always made sure, where appropriate, a relative or health and social care professional was present with the person. We saw records confirming this within care plans, along with correspondence with health and social care professionals if more care and support was needed. On the final day of the inspection, a care coordinator had returned from an initial assessment where a health and social care professional was present. Once the assessment of needs was complete they would discuss people's preferences and find out how they wanted their care to be carried out. The registered manager said they always made sure people understood the expectations of the service and provided them with a company profile. This was known as the 'yellow file', which consisted of a letter of introduction, the service user guide, statement of purpose and corresponding care plans and risk assessments, once they had been completed. For their most recent quality assurance report, all 109 respondents confirmed they had a copy of their yellow file.

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care they received from staff and that they felt listened to if they had to contact the office. One person told us, "The day they arrived at my door was the best day of my life. They go over and above their duties." Another person said, "My carer is like a daughter to me. I can't find any faults whatsoever." One relative said, "I've only ever had to complain once and it was resolved straight away." Another relative told us that they had rung the office to ask for a change of care worker and they were able to accommodate this. They added, "My [family member] loves her and makes them laugh. She puts him/her at ease." Health and social care professionals we spoke with told us they would always be quick to respond and somebody would always be on call, with any issues that occurred out of hours being reported.

We spoke with the care services operator and a care coordinator about the process for accepting new referrals. All of the people that received care from the provider were funded by the local authority. When people were assessed for their eligibility for care, they would be present at the assessment to discuss with the person and their family what care and support they would be able to provide. They would then discuss their preferences for care workers and start to set up their care folder, with a service user guide and risk assessments being completed before delivering a service. They also took on emergency referrals from the local authority as they received a high percentage of hospital discharge requests.

When it had been agreed and people started using the service, a care coordinator told us that people and, where necessary their next of kin were always involved in the development of their care plan. For people who had been referred urgently from the local authority, they would carry out their assessment within five days. Care workers were introduced to people first to make sure they were comfortable with each other. If care workers had any concerns about people this would be discussed on a weekly basis and the care team would make contact with the person to see if they were happy with the service and their needs were being met. The service was reviewed on an annual basis but if there were any significant changes to people's needs, this was brought forward. We saw records within people's electronic file that when concerns had been highlighted, action had been taken.

Care plans were consistent and contained contact details for the person, their next of kin, their GP and other health and social care professionals involved in their welfare. It identified health issues and people's level of communication. Care plans gave an overview of the time of visits people received and highlighted what care and support was to be carried out. Care plans were person centred and highlighted people's hobbies, interests and preferences. For example, one person did not want an early morning visit so we saw their morning call was scheduled at a later time. Another person had a specific routine for a certain day they were taken out, which was different to their normal routine. Care plans also contained other relevant information, such as people's assessments from the local authority, correspondence with health and social care professionals and quality assurance monitoring forms.

We saw a sample of some daily log records as they were returned to the office on a monthly basis. Care workers recorded what care and support they had carried out including changes in people's health

condition and any concerns they might have. One care worker said, "Whatever I do, personal care, give food, prompt medicines, I always write it in the book. I let the office know if there are any concerns or issues." One care plan highlighted that a person enjoyed watching television and it was important that the remote control was left on the table next to their chair before the care worker left. We saw that this was recorded within their daily logs. We did see records in one person's daily logs where care workers supported them with denture care, however there was no information relating to this in the care plan. We spoke to the registered manager about this who said they would make sure this was updated as soon as possible.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. The provider had a gender sensitive care policy and this was discussed with people during their assessment. We saw a number of care plans which highlighted how specific care should be carried out. Three people had highlighted which parts of their body they wished to have support with during personal care and what they were comfortable with doing by themselves. Another person had highlighted what days they wanted to be supported to have a shower, what toiletries were to be used and what clothes to wear.

People and their relatives said they would feel very comfortable if they had to raise a concern and knew how to get in touch with the service. The majority of people we spoke with told us that they had never had to make a complaint. Comments included, "I know I can complain to the office. I've got the number and they would sort it out. They are very good down there", "If I didn't like anything I'd tell my carer first and then we'd take it from there" and "I've never had to make any complaints, I'm happy with them." One relative said, "Soma are a very professional company that respond immediately to any issues that I have raised. It is reassuring to know that my [family member] is in capable hands." There was an accessible complaints procedure in place and a copy was given to people in their service user guide when they started using the service. The provider's complaints procedure was a three stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at stage one, they could escalate it to stage two to be dealt with at a more formal level by the registered manager. If people were still unhappy their stage three process would be escalated to the director who would aim to reply within three days.

There had been two complaints, seven concerns, which were less formal issues and three compliments in the past 12 months. Both complaints had been resolved and we saw evidence that actions had taken place. The care services operator told us that they always encouraged people to let them know if they had any concerns and wanted people to feel comfortable to raise any kind of concern. They added, "We encourage staff to be open and honest and that all complaints are not negative. We encourage them that complaints are a good thing as we can improve from them." We saw that the provider had recently updated their complaints recording form after receiving feedback from a monitoring visit. With two of the concerns, the provider was unable to show us that any action had been taken, despite it being signed off by the registered manager. The care services operator confirmed with us during the inspection that these people had been contacted to follow up the points that were highlighted in the concern.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since 2011 but had worked for the provider for almost 20 years. He was present each day we visited the office and assisted with the inspection, along with the care team.

The provider had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. There were weekly management meetings with the registered manager and care team, where an overview of the weekend was discussed, along with a review of the coming week. Their computer system was able to generate a quarterly report to check what records needed to be reviewed. These included care plan and risk assessment reviews, spot checks, annual surveys, quality monitoring records and staff supervision and appraisals. The care services operator told us that a report was run to see what action was due to be completed and then it would be allocated to a member of the care team. Telephone monitoring or quality assurance visits and surveys were due to be carried out every three months. We saw evidence of enhanced monitoring put in place when people's health deteriorated or concerns had been highlighted. We saw positive comments in quality assurance forms that people were happy with the care they received. Where we found gaps in their quality monitoring, the provider was able to submit sufficient evidence to us after the inspection to show that the specific actions had been carried out.

For example, people's daily log records were returned on a monthly basis to check for quality of recording and if any issues had arisen. We looked at a sample of daily logs and could see that care was taking place as agreed, however the logs were not being checked or signed off. We spoke to the provider about this and saw evidence that people's logs had been checked in their homes when a monitoring visit was carried out. Where we found examples where some care workers had not signed their recordings when it was a double up visit or some recording that was ineligible, we saw minutes of meetings where these issues had been highlighted and discussed with staff.

The provider also had an external quality assurance visit on a yearly basis by the British Standards Institution (BSI). They covered specific audits, complaints, satisfaction surveys, care planning reviews and training. Their most recent visit in May 2016 showed they fulfilled their standards criteria.

People using the service and their relatives were very happy with the way the service was managed. Comments included, "The company phone me up or visit to check if everything is OK and I tell them that if I have any problems I will call you, but we never do. We get a form asking to score them out of ten. I always put 10++", "I can't fault the directors, I can't fault the carers. Soma Healthcare is perfect for me" and "They are very very good. I don't think that another one would be as good." One person who told us that they had raised some issues with the office about the care they received still spoke very positively about the organisation. They added, "I don't think I could do much better, I'm very pleased with them." One relative said, "They are pretty good. The management always ring back and try to resolve things. I wouldn't change them at the moment."

Care workers told us they felt well supported by the care team and registered manager and had positive comments about the management of the service. They said they could contact the office and speak to one of the team at any time of the day if they had any problems. One care worker told us, "It's a good company and I don't want to change. They always sort things out for me. I feel very supported and can call them anytime." We saw records that showed care worker meetings took place every three months. Each meeting was held up to four times over that period to make sure there were opportunities for all care workers to attend. One care worker told us how useful the meetings were. They said, "They really help us to get to know each other and what we need to do." Care workers spoke positively about the communication they received from the office. All care workers we spoke with confirmed they received regular messages from the office, sending reminders to contact the office if people were not feeling well, the importance of reporting and recording information and to make sure people had enough fluids during hot weather and people were warm enough during winter.

Throughout the inspection we observed an open and honest environment with evidence that there was a positive culture throughout the service. A care coordinator said, "I am always helped when I need it and feel supported throughout. I'm very happy where I am, it's person centred and we are always alert to issues raised. It's a really friendly atmosphere and the team support one another." The registered manager told us that they had an open door policy and knew that it was important to be approachable so staff would feel comfortable coming forward with any issues. Care workers felt that the service promoted a very open and honest culture. Even though none of the care workers we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away. The care services operator said, "I'm happy in bringing up concerns because I know they will be resolved. We have an open door policy and people are encouraged to talk to us."

The registered manager showed us the results of their most recent yearly quality assurance survey. The survey covered areas such as the quality of care provided, consistency of care workers, privacy and dignity, communication, care worker attitude and complaints. The care services operator told us how they initially had a 16 question survey where people needed to add comments. As they received low responses they changed the survey to a shorter form and made it more user friendly. Due to this they received 109 responses from 155 sent out with very positive results. All respondents rated the service they received as either excellent or good, giving them a 100% satisfaction level for services provided, with recommendations on how they can keep up and improve standards. There was also a survey available for friends and relatives, called 'Views of Others'. We saw positive comments that they were kept updated and satisfied with the care and support their relative received. The provider had also started to produce a newsletter that was sent out to staff, people and their relatives. It had reminders that they were looking to re-introduce their service user forum which had stopped in September 2015. It also discussed available training and carer recognition schemes.

All accidents and incidents were reported to the office and recorded in people's electronic file. This was then reported to the local authority in line with their policies and procedures. We saw correspondence to show when incidents had been reported they were followed through. For one incident, we saw contact had been made with the out of hours duty team highlighting them of the concern. There were also records of contact with care workers to update them on the person and to provide further advice for future visits to minimise the risk of it happening again.