

Samorem Global Limited

Samorem Health Care

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Samorem Health Care is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

At the time of our inspection there were six people using the service of which two received the regulated activity of personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were safeguarded from harm and the risk of this by trained and knowledgeable staff. Risks to people and staff were identified and managed. Sufficient staff with appropriate skills were recruited safely. Staff demonstrated effective practise in preventing the risk of, or control of, infections. One person told us, "[Staff] always wear their personal protective equipment (PPE) and they take it away with them."

Due to restrictions imposed as a result of the pandemic, the registered manager used video technology to train staff in practical ways such as the use of PPE to increase their competence. Staff had relevant training and skills. However, not all staff training and also what the training consisted of had been recorded. The registered manager took action to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat and drink enough and have access healthcare services. The provider and its staff worked well with others involved in people's care.

People's care was person centred and people were able to have others involved in their care. Staff were creative and adapted their approach to people's different communication skills. People's concerns were acted on before they became a complaint. There were policies and procedures to support people with end of life care if needed.

The registered manager was aware of their responsibilities. They supported staff in their role and acted on feedback from people, relatives and staff. Most audits were effective in identifying areas requiring improvement. The provider took learning onboard to drive improvement. The provider worked well with others to help ensure people received joined up care.

Rating at last inspection

The last rating for this service was requires improvement (published 16 May 2019) and there were multiple breaches of regulation.

We carried out an announced comprehensive inspection of this service on 25 April 2019 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff recruitment and the effectiveness of the provider's quality assurance.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions: Is the service Safe, Effective, Responsive and Well-led questions, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Samorem Health Care on our website at www.cqc.org.uk

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective 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.

Samorem Health Care

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

This inspection was undertaken by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was announced. We gave four days' notice of the inspection because the service is small and sometimes the registered manager is out. We wanted to be assured they were in.

Inspection activity started on 12 January 2021 and ended on 15 January 2021. We visited the office location on 14 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about various incidents the provider must tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought and received feedback from the local safeguarding authority, contracts' monitoring team and other professionals about their experience of the care provided. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative of people who used the service. We spoke with four staff including care staff and the registered manager.

We reviewed a range of records. This included two people's care records. We looked at one new staff recruitment file and records relating to training and supervision. A variety of records relating to the management of the service, including staff meeting minutes, compliments, audits and feedback from people and relatives were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us medicines administration records and we looked at these as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood how to provide care and support to people to reduce the risk and potential of avoidable harm.
- The registered manager had identified a range of risks including choking, falls, malnutrition and people's home environment. We found the management of risks helped keep people safe. One person said, "I feel safe as [staff] know exactly what time I need assistance and how to do this."
- Care plans contained detailed information and guidance to guide staff, as far as practicable, to help manage each person's risks. Staff were also supported with risk management guidance from health care professionals such as for reducing the risk of choking.

Staffing and recruitment

At our last inspection the provider had failed to ensure that fit and proper persons were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were subject to robust pre-employment checks. These including a criminal records check, evidence of their good character and photographic identity. Retrospective checks had been undertaken for those records not available at our previous inspection.
- There were enough staff in place, they had relevant and effective skills and they were deployed in a way that met people's needs. One relative told us, "[They] arrive when we expect them, they stay until all the care is completed, with no rushing whatsoever."

Systems and processes to safeguard people from the risk of abuse

- Staff were trained, skilled and knowledgeable about how to identify, report and act on any concerns about people's safety. Information about how to keep safe was provided to people in an accessible format should they need this to report concerns for themselves.
- The registered manager had reported safeguarding concerns to the local authority and had taken action to help keep people safe. Staff knew to whom they could report any concerns, such as the CQC.

Using medicines safely

- Staff had received training and had their competence assessed to safely administer and manage people's medicines, including for topical skin creams and as and when medicines such as, for pain relief. One relative said, "[Staff] check to make sure my [family member] has taken their medicines or remind them if they have forgotten."
- The provider supported people to administer their own medicines and they had sought technology that enabled this to happen safely.
- Audits and spot checks of staff working practises and medicines administration records were in place and these helped ensure that medicines were administered as prescribed.

Preventing and controlling infection

- Systems were in place that supported good infection prevention and control and food hygiene practises.
- Staff had been trained and knew how to use their personal protective equipment (PPE) in line with the latest guidance. This was to help keep them, and people, safe during the current pandemic. One staff member told us, "I always have enough PPE. I wear a mask, gloves and apron. I have a visor if needed for any risk of [contaminated fluids]. I wash my hands after every care task and before leaving a person's home."
- The registered manager used the guidance and information from the local authority, CQC and NHS to keep themselves up-to-date. This included use of PPE, social distancing and staff shielding or relatives isolating.
- The provider did not have an up-to-date policy specific to COVID-19. They told us they would put one in place straight away. However, they had similar policies for contagious infections and were aware of how to prevent, identify and manage and potential for infections and actions including for business continuity and how to manage any subsequent risks.

Learning lessons when things go wrong

- Staff reported and recorded any incidents promptly. The provider used incidents such as people experiencing a fall or safeguarding to help improve and inform the provision of safe care.
- Information was shared across the staff team about lessons learned and good practise for preventing future recurrences. Examples of this included referrals to other professionals such as, falls prevention team.
- Any repeat incidents and trends such as, for falls at a specific time of day were identified and acted on.

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 requires improvement. At this inspection this key question has now improved to good. 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. Staff support: induction, training, skills and experience

- The registered manager assessed each person's needs and kept these under review.
- Staff received regular support, supervision and training and they had with appropriate skills based on the latest guidance including for IPC practises and people's health conditions.
- Most staff training had been recorded and staff received updates regularly. However, the registered manager did not always record all staff's training or what this consisted of. They told us they would address this straight away.
- Staff knew people well, met their needs and helped people to live without discrimination. One staff member described in detail how they ensured people could put their views forward and be listened to.
- Various methods were used to enhance the quality of people's lives including computer tablets and staff lip reading skills.

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

- People were helped to choose what to eat and drink and when. They were assisted to eat healthily, but could choose not to if they wanted to. Staff explained the risks so people could make an informed choice.
- Staff knew people's nutritional needs well including people at an increased risk such as choking, and ensured people ate and drank enough.
- One person told us how staff helped them with food shopping and then assisted with preparing and cooking meals.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was proactive in referring people to other organisations including the local authority and physiotherapists.
- Staff adhered to any guidance they were given such as, for nutrition including thickeners to help people swallow safely.

Supporting people to live healthier lives, access healthcare services and support

- People were enabled and assisted to have support from healthcare professionals. For instance, speech and language therapists, GPs, occupational therapists and community nurses. Staff supported people, to attend healthcare appointments such as a dentist or hospital.

- Records showed how guidance from these professionals had been implemented successfully and people lived healthier lives.

- 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. We found that it was.

- People could make independent living choices and staff respected these decisions.

- Staff had training and a good understanding of the MCA, its code of practise and put the principles of this to good effect.

- Staff supported people to make decisions in the person's best interests. One staff member said, "It's about helping people making a choice, not making it for them. I would offer people a choice of food or activities to do during the day. I then guide them if I think the choice may not be safe."

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 requires improvement. At this inspection this key question has improved to good. 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 and others acting on their behalf helped contribute to how, by whom and when their care and support was provided. One person told us how staff spent time listening to them and making them feel special. They said, "I need some help but for me at the moment their support is invaluable. They treat me as a person and do it well."
- People were supported to have their care and support that made the biggest difference to their lives. For example, help with getting out of bed but being able to then dress independently. One compliment had stated how grateful the person was for the provision of, "The outstanding and person-centred care you gave me." This meant the person could still be independent and remain living at home for as long as possible.

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.

- The registered manager was quick to identify different ways to support people and implemented these to help ensure people were treated equally well.
- Staff had access to detailed care plans including for any person who may need these in an easy-read format or larger print. For instance, using alternative means of communication but enabling people to be independent such as, by using e-mails or staff's lip reading and sign language skills.

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint. For example, when people requested a change to the time or duration of their care and support or the number of staff needed, this was effectively acted on.
- There had not been any recent complaints. The registered manager used compliments to evidence what they did well. One compliment praised staff for their professionalism, patience and another for the use of an advocate.

End of life care and support

- Although there was no person in receipt of end of life care, there were policies, plans and procedures in place should this be needed.
- The registered manager and some staff were registered nurses and had undertaken palliative care

training.

- Records demonstrated how advanced decisions had been put in place and that people's potential for end of life care and support had been considered in good time.

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 requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

The provider had sent us an action plan and they had adhered to this.

- The registered manager used their action plan as a means to improve the overall quality of service provided, and they were now more aware of their responsibilities and the regulations they were required to adhere to.
- They had introduced systems to ensure staff skills and competence were effective.
- A business continuity plan was in place such as for pandemics as well as staff absences. Implementation of this plan had helped the provider maintain a safe and good quality service.
- The provider had involved an external consultant to support them and the registered manager and this had led to improvements across the service. For instance, with staff recruitment, staff training, better person-centred care and effective audit processes and governance.

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

- People, relatives and staff were complimentary in recommending the service and being a good place to work. One staff member said, "I love my job. It means people can remain living at home."
- Staff were supported in their role such as, with shadowing experienced staff, regular supervision and updates to training. One staff member told us how supportive the registered manager had been over the past 12 months.
- There were several compliments from people and relatives about the quality of care and the difference it made to people's lives. This showed that the monitoring was effective. One person told us, "[Registered manager] often helps the staff but always ask me how my care is and if anything could be improved. I am happy with it all."

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

- The registered manager was aware of when to notify the CQC, including any safeguarding incidents or other authorities involved in people's support needs.
- Spot checks and observations of staff care practise were in place. When required, staff were reminded of their responsibilities in a positive way.
- Prior to our visit to the provider's office, we found they were not displaying their previous inspection rating on their web site. At the inspection site visit, the registered manager had taken action to correct this oversight. We found the provider was displaying the rating poster when we visited their office too.
- The registered manager was open in confirming they did not always record all staff training or have all necessary policies in place. They took action to address this and told us they would keep better records and review audit process to include policies and other records.

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

- The provider had sought people's, relatives and staff's views in the quality of care provided, acted on any concerns as well as completing monitoring of staff care visit timing and duration. The registered manager used the positive comments to show what they did well.
- People had a say in how the service was run. For example, by contacting the registered manager by telephone or e-mail or having access to information in other formats.
- Support was in place for people who had different communication skills including the help of an advocate.

Continuous learning and improving care

- Audits were mostly effective in identifying areas to improve or share good working practises such as, for care records, staff recruitment, risk management and observations and monitoring of staff's performance and drive continuous improvement.
- The registered manager told us that as soon as the current pandemic situation changed, they were going to have more electronic record keeping. This would mean more accurate and up-to-date records
- There were effective processes and systems in place to assist staff develop their skills including nursing members of staff team. Their skills also assisted people to remain living more independently as well as increasing other staff's general care skills and knowledge.
- Records of accidents and incidents were analysed to find trends or themes, such as the cause or contributing factors. This enabled the registered manager to take action where needed and reduce the risk of reoccurrence.

Working in partnership with others

- The registered manager worked well with a range of organisations and healthcare professionals involved in people's care. These included social workers, physiotherapists and speech and language therapists.
- The registered manager and provider had engaged with organisations including clinical commissioning groups as well as applying guidance from Public Health England and the CQC. This had assisted them to improve and to help manage people's, staff's and relatives' safety during the pandemic.