

Sarmey Healthcare Limited

Sarmey Healthcare

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was announced.

Sarmey Healthcare Ltd provides homecare services for vulnerable adults with enduring mental illness, learning disabilities, older people and people with other complex needs. At the time of our inspection there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual. Potential risks to people had been identified and plans put into place to enable them to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were well supported by the registered manager in respect of supervision and informal support.

Staff sought people's consent before they provided care and support. Staff and management had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and the registered manager was knowledgeable about the requirements of the associated legislation.

People were mostly responsible for their own food provision. However where it was needed people could access suitable amounts of nutritious food that they enjoyed and which met their individual preferences and dietary needs. Referrals to other health and social care professionals were made when appropriate; to maintain people's health and well-being.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. The privacy and dignity of people was

promoted by staff and they treated people with respect.

People received care that was responsive to their needs and centred around them as individuals. People's needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment and care planning process.

The service had an effective complaints procedure in place and there were appropriate systems in place for responding to complaints. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

The service was well-led with systems to check that the care of people was effective, the staffing levels sufficient, and staff appropriately trained; so they had the skills to provide safe care and support. There was good management and leadership at the service. The registered manager had a clear vision of where they wanted the service to develop in the future.

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 ●

This service was safe

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

People had risk management plans in place to promote their safety.

Safe recruitment procedures were carried out and staff rotas were organised to provide adequate support to people which met their needs.

There were systems in place in respect of medicines and these were robust in ensuring that people's medicines were managed safely.

Is the service effective?

Good ●

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

This service was caring

People were treated with kindness and compassion and positive relationships had been developed between them and staff.

People had been involved in planning and reviewing their care

and were provided with information about the service.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity were promoted at all times.

Is the service responsive?

Good ●

This service was responsive

Care was personalised to reflect people's wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when people's needs changed.

The service was responsive to feedback from people, and complaints were addressed promptly and appropriately.

Is the service well-led?

Good ●

This service was well led.

There was good management and leadership at the service. The registered manager had a clear vision of where they wanted the service to go in the future.

The registered manager was committed to carrying out quality assurance checks to ensure the service was delivering high-quality care.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided by the service.

Sarmey Healthcare

Detailed findings

Background to this inspection

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

This inspection took place on 24 February 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available to facilitate our inspection.

The inspection was undertaken by one inspector.

We used a number of different methods to help us understand the experiences of people living in the service. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with the local authority that commissioned the service; to obtain their views about the service.

We spoke with two people who used the service and two relatives in order to gain their views about the quality of the service provided. We also spoke with one staff member and the registered manager to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have no problems about feeling safe. They are all very good and take a lot of care when they are helping me." Another person commented, "Oh yes they make me feel secure and comfortable. They always make sure the house is secure before they leave. I feel very safe." A relative commented, "I have no worries at all. The carers look after [name of person] very well."

Staff were able to describe different types of abuse and the ways they may identify them. They were also aware of how to report abuse quickly to keep people safe. One staff member said, "I would report any concerns I have to my manager. She is always there and would act quickly." The staff told us that they were prepared to report suspected abuse regardless of who was involved and confirmed they were aware of safeguarding and whistleblowing procedures.

Records showed that safeguarding procedures, including whistle blowing procedures, were available to members of staff in the staff handbook. Staff told us that they received safeguarding training and refresher sessions and the training records we reviewed confirmed this.

There were risk management plans in place to protect and promote people's safety. One person told us, "Yes I do have risk assessments. The staff are very good at keeping me safe." A relative told us, "They have done everything properly and I have read all the risk assessments and know what they are about."

Staff were able to explain to us how risk assessments were used to promote people's safety. They told us that risk assessments offered guidance on what to do to reduce potential risks to people and that people were involved in making decisions about the risks they took. One staff member told us, "The risk assessments are very useful. I know exactly what I have to do and also what I shouldn't do."

In the care records we looked at we found that risk assessments specific to people's individual support needs had been completed. They contained information about how to manage risks effectively to reduce the chances of harm and included risks such as falls, mobility and medication. We saw that these risk assessments had been reviewed on a regular basis and that people had been involved in the review process.

There were sufficient members of staff to deliver the service effectively. People told us that staffing levels were good and that they never had missed calls. One person said, "They are very reliable. I'm very lucky to have such a good carer and I get to see the same carer for most of the time." Another person told us, "I don't have any worries about the carers not turning up. If anything they stay much longer than they need to." People's relatives also expressed satisfaction with the staffing arrangements and felt the needs of their family members were being met. One commented, "It's a very reliable service so it stops me worrying."

Staff told us that there were enough of them to meet people's needs and that they didn't have to rush or compromise their care due to staffing levels. One staff member told us, "It's very good. We are never rushed and I definitely don't feel under pressure."

The numbers of staff required were based on people's individual needs. We looked at rotas and saw that staffing levels were planned and were sufficient to meet people's needs. Rotas also gave staff plenty of time between calls to get from one place to the next, which was based on the geography of the calls, i.e. more time was given if the calls were further apart.

We saw a process was in place to ensure safe recruitment checks were carried out before a person started to work at the service. One staff member told us, "Yes we have to wait for everything to come back before we can start work."

We saw evidence that safe recruitment practices were followed. We looked at staff files and found that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service (DBS) certificates and references had been obtained. In the staff records we looked at, we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

We looked at how the service managed people's medication and found that suitable arrangements were in place to ensure the service was safe. One person said, "Yes they help to take my tablets out of the container. They are good at reminding me." A relative commented, "There have never been any issues with my [relative's] medicines."

The registered manager told us that only two people using the service needed support to take their medicines and that all staff expected to administer medicines had completed the necessary training. Staff we spoke with confirmed that and commented, "I feel confident to give people their medicines safely."

Records showed that staff had been trained to give medicines to people using the service. Consent to administer medicines had also been obtained from the person or their appropriate relative. The service had policies and procedures in place to manage people's medicines when they were not able to, or chose not to take them themselves. We saw that risk assessments had been completed to support people to self-administer their own medicines, or to provide guidance for staff when they were expected to administer people's medication. We saw there was good information in people's care plans about the medication they took, how they liked to take it and any side effects the medicines may have.

Is the service effective?

Our findings

People using the service felt that staff had the appropriate knowledge and skills to provide them with effective care and support. One person told us, "They are very good at what they do and they know what they are doing. You can see they have had good training." Another person explained, "I need some help with specific things. They know the right way to care for me." A relative said, "I'm very happy. A big improvement on our previous care provider. So far they have not set a foot wrong."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "I had an induction and then I shadowed the manager. It was a good introduction to the service users and the company." Records demonstrated that staff completed an induction programme before they commenced work. The registered manager told us they were in the process of implementing the new care certificate induction programme.

Staff told us that the training was good and this benefitted the way in which they delivered care to people. From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. One member of staff told us this gave them the necessary knowledge and skills to look after people properly. They said, "The training gave me a real boost." We looked at the training matrix, which showed staff had access to training such as: health and safety, first aid, medication, food hygiene and safeguarding.

Staff told us they were supported and provided with regular supervision. We looked at staff records that supported this. A staff member told us that supervision was used to help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. They said, "The supervision has been very good. We can discuss almost anything."

People's consent was sought by staff. They told us that staff always asked permission from them before they carried out any task or personal care. One person said, "The carers will always discuss things with me and they won't start anything until it's alright with me."

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. The registered manager told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity.

Staff respected people's rights to make choices for themselves and encouraged people to maintain their independence. Staff understood mental capacity assessments could be undertaken to identify if a person could not make their own decisions. This meant staff understood people's rights to make choices and the

action to take if someone's mental condition deteriorated.

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager demonstrated a good understanding of Deprivation of Liberty Safeguards (DoLS). The service had no authorised or pending DoLS applications in place at the time of our inspection.

We looked at how the service supported people to maintain a healthy diet. People and relatives raised no concerns about the quality of food and nutrition during our visit. One relative said, "They prompt [relative] to eat. He forgets so they are very good at that." The registered manager told us that most people had family who catered for them and staff input to meal preparation was minimal.

In each care plan we looked at we saw detailed guidance about the support people required in respect of food, drink and nutrition. We looked at the care file for one person who had been assessed to be at risk of malnutrition. We saw a nutritional risk assessment in place, detailed guidance for staff to follow and information on who to report any concerns to. In addition we saw that staff had kept a log of the person's dietary and fluid intake so they could see if the person's nutritional intake was adequate. We saw that this had been effective and found the person was eating and drinking sufficient amounts to keep them well. We also saw that people's dietary likes, dislikes and preferences had been recorded to ensure they received the meals they enjoyed.

People were supported to access health services in the community. One relative commented, "[The registered manager] called the district nurse for us. We didn't have to ask. She knew it was needed."

The service had links with other professionals, which was demonstrated in people's care and support plans. There was also clear evidence of the service seeking advice and support from other agencies. Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had received input from health professionals such as their GP, district nurse, the dietician and the speech and language therapist.

Is the service caring?

Our findings

People told us that staff were courteous, caring and patient when supporting them. One person said, "I can't fault the carers. They are patient and very kind." Another person told us, "It was strange in the beginning, letting strangers into your house. At this stage now we have got to know them; I don't have any worries. They have a laugh and a joke with us." A relative commented, "They always cheer my [relative] up. He looks forward to them coming." People said that staff gave their family members time to make decisions and they respected the choices they made. For example, we saw that one person often wanted to go to bed early. Their relative told us, "All I have to do is call them and they come and put [name of person] to bed." We were told that support was provided in a kind and calm way.

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, "I have got to know the people I support and how they like things to be done." They continued, "I really enjoy this work. We get to work closely with the same people and you feel like you are making a difference." We looked at the staff rotas and found these demonstrated that where possible, the service ensured people saw the same members of staff to allow them to build relationships and their understanding of their strengths and needs.

People told us that they and their family members were involved in making decisions and planning their own care as much as they were able. One person told us, "We had a previous agency who didn't listen to what we wanted. This agency always asks us what we want and they listen to what we say. I feel like we are more in control now and we are getting what we hoped we would get; good care."

The registered manager said that people receiving a service and their relatives made decisions jointly wherever possible. People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual and their relatives so that the information within them focussed on them and their wishes. This showed that staff respected people's choice, autonomy and allowed them to maintain control about their care, treatment and support.

People told us that the service provided them and their family members with the information they needed regarding their care. One person told us, "They gave me plenty of information. Not just in a leaflet, but they explained everything." They said that when their care package started they were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. We looked at people's care plans and saw that this information was in place.

People said that staff were respectful to them and their family members. One person told us, "They are very polite, they talk to me like I'm an equal and they are respectful of me and my home." A relative commented, "The carers are very professional and always respectful to all of us." Staff understood the importance of treating people with dignity and respect. One staff member told us, "We treat everyone with respect. It's very important."

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with

personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I always cover people up when I am providing care. It's embarrassing for people so you have to be sensitive." Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training.

Is the service responsive?

Our findings

People received personalised care that was specific to their needs and were involved in the planning of their own care. People told us that staff listened to what they wanted and made sure their care plans reflected this. They also told us that the registered manager came to their homes to discuss their care plan with them to ensure that it met their needs and wishes. One person told us, "I was asked when it would be convenient for staff to visit." Another person said, "Staff came to my house to write my care plan and it reflects the way I want my care to be." A relative commented, "I have been involved right from the start. They never forget to ask me what I think."

Staff told us that they contributed to the assessment and care planning process and these took place in people's homes. They told us that people's needs and wishes were considered, such as what visits were needed by the person and what time they wanted staff to arrive. If staff had any views or concerns regarding somebody, they passed that information on to the registered manager so that a review could be arranged accordingly. One staff member told us, "We pass on our thoughts about people and the manager is always at the end of the phone if you have a problem."

People received care that was responsive to their needs. One relative told us, "[Relative] has a pressure sore. Sometimes he feels very uncomfortable and sore and wants to go to bed. This might not be at the agreed time, but every time I have called and asked if someone can put [relative] to bed early they have gone out of their way to do it. It's brilliant. We couldn't be happier."

We looked at people's care records and saw that care plans had been written with the person, with input from their family members where appropriate. One person told us, "The care plans tell staff how we want our support to be. It's very personal." Care plans were person centred with a focus on people's care, treatment and support needs, including their social, cultural, diversity values and beliefs. People's wishes, preferences, and their likes and dislikes were also recorded. There was detailed information about how people wanted their care and support to be provided and exactly what they would like staff to do during a visit. We also saw that plans had been reviewed and updated to reflect people's changing needs.

People told us that the service encouraged them to provide feedback about the care they received. They told us that if they had concerns or issues they could go to the staff or contact the registered manager and the problem would be resolved quickly. One person told us they had not had to raise any issues yet, but they were confident that they could and would be listened to if they had to in the future. Another person said, "I haven't had to complain but I'm sure they would sort out my problems." Relatives also felt that they could raise concerns with the service and that they would be handled appropriately.

People knew they could contact the registered manager if they needed to. One relative told us, "The manager is lovely. She must be very good because we see her often. She always asks us how things are and if we have any problems." People also said that they received feedback questionnaires which they could complete and return to the service. In the office we found evidence that these questionnaires were completed from which actions could be taken to drive improvements.

The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. We saw there were suitable systems in place to record and investigate complaints if they should arise. We looked at the complaints file and found that there were very few formal complaints made. Those that were, had been investigated swiftly and in line with the provider's complaints policy.

Is the service well-led?

Our findings

The registered manager told us that they currently divided their time between working in the office and supporting people in their homes. They told us that there were plans to grow the business over the coming months and years. They said they were in communication with local authorities and clinical commissioning groups to identify people whose needs they could meet. They explained that they didn't want the service to grow too large, too soon. They were committed to providing quality care and so did not want the development of the service to have an impact on the people who already received care from them. In addition, they felt that they were currently able to get to know people and their families well, and did not want to lose this and provide an impersonal service. We saw that the service had a business plan in place to drive their future development and that they were in the process of recruiting new staff to ensure they would be able to continue providing their current commitments, as new care packages were added.

The service had a positive, open and transparent culture. People were positive about the care they received and felt that they were included and valued. One person told us, "I'm so lucky to have them. They have got it just right." Staff were also positive about the service. They felt that they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager and provider. This meant that communication between the people, staff and the service was effective and concerns or issues were quickly identified and rectified.

People were very positive about the registered manager. They knew who they were and informed us that they regularly came out and supported people, often spending time getting to know them. One person told us, "The service is well managed; it was the manager who came out to see me." Another person said, "Yes I know the manager, they are lovely." Staff felt that the registered manager and provider were supportive of them and worked with them to ensure people received the care that they needed.

Due to the current size of the service and the number of people they supported, there had been very few incidents and accidents reported. Those that had, had been reported and investigated appropriately and steps taken to address any issues raised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were systems in place to carry out quality control checks and we saw evidence that the registered manager had systems in place to carry out regular quality monitoring processes as the service grew in size. The registered manager told us that they had recently commenced spot checks on staff to ensure they were meeting the standards the service had set. We saw that satisfaction surveys had been sent to people and internal audits had been completed to ensure paperwork was up-to-date. We found the service was operating in accordance with their policies and procedures. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff training, incidents and complaints.