

Semy Care Ltd

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Inspection report

Unit 3 & 4, The Old Mill
Norwich Road, Hoveton
Norwich
NR12 8DA

Tel: 07852725591
Website: www.semycare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Semy Care Ltd is a domiciliary care service providing care and support to people living in their own homes. The service provides support to younger and older adults some of whom may be living with dementia, a physical disability, or a mental health issue. At the time of our inspection there were 5 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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 told us the service provided person-centred care that met their needs. They told us care was delivered with kindness and respect. People had been involved in the planning of their care as were their relatives as appropriate. 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 although improvements were needed in relation to associated records.

People told us they felt safe receiving the service and policies and systems were in place to help protect people from the risk of harm, abuse, and improper treatment. Risks had been identified to both those people that used the service, and staff. Medicines were administered mostly following best practice although improvements were needed to ensure complete adherence. People's nutritional and hydration needs were met.

Care plans were detailed and individual to each person which helped staff deliver person-centred care. Regular reviews had taken place with people to ensure the service not only met their needs but that the quality was as expected. People told us they felt engaged, involved with the service, and listened to. They told us they received a flexible and responsive service.

Staff told us they felt supported, and we saw that they had been safely recruited, appropriately inducted, and trained, and that their competency to perform their role, assessed. People told us they had confidence in the staff's abilities and that they treated them with compassion.

Systems were in place to oversee and assess the quality of the service and the registered manager understood their regulatory responsibilities. We did identify some shortfalls within the service although some of these had been identified and included in the provider's service improvement plan. These shortfalls were discussed with the registered manager who acted positively to address them.

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

Rating at last inspection and update

This service was registered with us on 26 May 2022, and this is the first performance and review assessment. However, the service remained dormant until July 2022 meaning the regulated activity of personal care was not being delivered.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Semy Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our performance review and assessment there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 48 hours' notice of the performance review and assessment. This was because it is a small service and we needed to be sure that the provider/registered manager would be able to support a

remote performance review and assessment.

Performance review and assessment activity started on 15 May 2023 and ended 25 May 2023.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this performance review and assessment. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our performance review and assessment.

During the inspection

We spoke with 3 people who used the service and 5 friends and relatives. We spoke with 3 staff including the registered manager/provider and care workers. We assessed the care plans, associated records, and medicine administration record (MAR) charts for 2 people. Several governance records were also assessed including staff recruitment records for 2 staff, quality assurance audits, service improvement plans, policies, and procedures.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Performance review and assessment activity started on 15 May 2023 when the Expert by Experience spoke with people who used the service, and their relatives. Performance review and assessment activity concluded on 25 May 2023 when feedback was given to the registered manager/provider.

Is the service safe?

Our findings

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

This is the first performance review and assessment of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the time of this performance review and assessment, there were only 2 people who required staff to administer medicines, and these were topical medicines only (creams and ointments).
- People told us staff assisted them with their topical medicines as required and care notes recorded these being administered regularly.
- The provider had medicine administration record (MAR) charts in place for these medicines that demonstrated medicines were being administered however these did not fully meet best practice guidance and improvements are required. However, no harm was identified as a result.
- Staff had received training in medicines administration and their competency to administer them had been assessed. A medicine handling and administration policy was in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst receiving care and since the service had started delivering support to people, there had been no incidents of a safeguarding nature.
- However, processes were in place to help protect people from the risk of abuse and improper treatment should the need arise. The provider had a policy in place and staff had received training in safeguarding.
- One person who used the service told us, "I feel so safe in [staff's] hands... I can see that they are so well trained," A relative said, "It has given me such comfort to know how great the care provided is."
- Staff were able to tell us how they would manage and report allegations of abuse and this was in line with best practice.

Assessing risk, safety monitoring and management

- The risks to people had been identified, recorded, mitigated, and reviewed. Risks to staff, such as any associated with attending people's homes, had also been identified and managed.
- People told us staff had the skills to meet their needs and help keep them safe. One person who used the service told us how staff had identified a deterioration in their health and sought emergency medical assistance. They told us how well the staff had managed this concluding, "I cannot fault them."
- Relatives agreed with one telling us, "If the staff spot something, they tell [registered manager] and the [registered manager] tells me. Communication is excellent."
- A business continuity plan was in place to help quickly and efficiently manage any adverse incidents such as staff shortages, adverse weather, or infectious disease outbreaks.

Staffing and recruitment

- Staff had been safely recruited and people told us they consistently saw the same staff, who attended on

time and provided the support they needed with patience and at a pace that suited them.

- One person who used the service said, "I always have the same staff and they are always on time." Another person told us, "I feel safe, and punctuality has never been a problem."
- Staff told us they supported the same group of people, had enough time to deliver person-centred care and given enough travel time. They told us they were introduced to people before delivering care and had the opportunity to get to know people and their needs.
- People's feedback was confirmed by the registered manager who told us there had been no late or missed calls.
- Potential staff had been assessed for good character to ensure they were appropriate to provide support to vulnerable people. This included seeking references from previous employers and the completion of Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when supporting them and that infection prevention and control was taken seriously.
- One relative told us, "I need to tell you about hygiene. During COVID-19, staff wore masks, gloves, and aprons. They always changed them and put them in the bin outside. It was sensitively done and very respectful of the person there were caring for."
- Staff had received training in infection prevention and control and an associated policy was in place. The risks of COVID-19 had been identified and mitigated for those that used the service and staff; an associated policy was also in place.
- A business contingency plan was in place to address infectious disease outbreaks and the potential impact of this.

Learning lessons when things go wrong

- The service was relatively new and had not experienced any adverse incidents, accidents, or safeguarding concerns. However, we saw from records that systems were in place to record and address these should they occur.
- The registered manager demonstrated, through discussion, that they were open and keen to act upon feedback to improve the service.

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.

This is the first performance review and assessment of this newly registered service. This key question has been rated 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

- People's needs had been holistically assessed and included their physical and emotional needs. The results of assessments were developed into care plans.
- People told us the service met their needs and had a positive impact on their quality of life. One relative of a person who used the service said, "Staff are like a ray of sunshine." Another relative told us, "We are very satisfied, and staff go above and beyond."
- People told us their needs were reviewed on a regular basis and as required. One relative said, "The care plan is tweaked as we go along according to need."

Staff support: induction, training, skills and experience

- People told us staff were well-trained and had the skills, experience, knowledge, and abilities to meet their needs.
- Staff had received inductions, training, competency assessments, supervisions, and ongoing support to ensure they could effectively perform their roles. Records demonstrated this.
- Staff confirmed they had received the training and support they needed to meet people's needs. One staff member told us they had learnt lots of new skills from the training and that the registered manager provided consistently good support.

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

- People received assistance to eat and drink as required and care plans provided staff with detailed information on how to meet this need.
- People were happy with the support they received in relation to food and drink and staff helped some people with menu planning.
- One relative explained the positive impact the service had had on their family member in relation to eating and drinking. They told us prior to receiving the service, their family member was not eating or drinking sufficiently and was experiencing falls. They told us, staff prepared food and offered encouragement and, "Since eating more and regularly, [family member] hasn't fallen."
- Staff had received training in food hygiene and safety.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access other agencies and/or completed this themselves as required. This helped to improve people's health and wellbeing.

- People told us staff were adept at recognising when extra support or professional advice was required. One person who used the service told us how staff had contributed to an overall improvement in their health by liaising with health professionals and providing appropriate care.
- Relatives agreed. One told us, "When prescriptions are running low, staff text me to remind me. [Registered manager] usually attends when the doctor visits so they can hear what is said. I cannot ask more of what they do."

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 MCA 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.

- For the two care plans we viewed, there was some confusing information recorded on who had legal authority to make decisions in relation to care and further improvement is required.
- However, people told us staff consulted them in decisions and that they were in control of the care they received. Relatives agreed with one telling us, "They get [family member] out of bed, assist with a bath and a shave and they discuss it with them before they do it."
- There were no Court of Protection authorisations in place at the time of this performance review and assessment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first performance review and assessment for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with told us staff were kind and caring and treated them as individuals. Staff spoke about the people they supported with respect and compassion.
- One person who used the service told us, "The carers I have are very, very good... I look forward to them coming." Whilst another said, "Staff are very cheerful and very good."
- Relatives agreed with one telling us, "The staff are lovely; they never lose patience." Another relative described the service as, "An umbrella of care around you and the person they are caring for."

Supporting people to express their views and be involved in making decisions about their care

- People told us, and we saw from care plans, that they had been involved in planning the care and support they received.
- Whilst we were not aware that people had used advocacy and advice services, we saw that the service provided a detailed service user guide that explained how advocacy, and other services, could be accessed and that the service could support them to do so.
- People told us, and staff confirmed, that they had time to spend with people, answering any questions they may have and provide the support they required. This included in relation to making decisions and providing information to support people in this process.

Respecting and promoting people's privacy, dignity, and independence

- People told us they received respectful care that maintained their dignity and supported their independence.
- One person who used the service told us, "Staff are respectful and treat me very well." Their relative agreed stating, "Staff treat me very well. They are respectful to me and treat my home and [family member] with respect."
- People's need for independence was recognised and care planned for. One relative explained how staff had labelled drawers with what was inside to assist their family member to remain independent; they said, "It's excellent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first performance review and assessment for this newly registered service. This key question has been rated 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 told us needs were met in a person-centred and compassionate manner. Care plans provided detailed information to ensure staff knew what support people needed.
- The registered manager matched staff to people who used the service ensuring that both they (the registered manager), and the supporting staff team, fully understood people's needs to enable individualised care.
- One relative told us, "To start with, [registered manager] went in to [family member] and their manner was amazing. [Registered manager] set all the care up and got to know needs. [Registered manager] always allocates staff they know will be suitable."
- Another relative told us how the care the service provided enabled them to spend quality time with their family member. They told us that without the care provided, "Life would be too difficult."
- Care plans were person-centred and contained individualised information to enable staff to provide care in a way people wished for. We saw that care plans contained photographs of how people liked their food and drink presented which helped staff deliver the exact care people wanted. Staff told us care plans were accurate and contained all the information they needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and addressed in care plans providing staff with information on how to meet these needs.
- One relative told us how well the service met their family member's needs including around their deafness.
- The registered manager told us about the different formats they could provide information in and that an interpreter could be arranged if required.

Improving care quality in response to complaints or concerns

- The service had received no complaints since registration and all the people we spoke with told us they had no concerns to raise.
- However, people told us they felt able to speak with the registered manager should they have any concerns or complaints. They told us the registered manager listened to them, was good at communicating

with them and that they were responsive.

- A complaints policy was in place and the service user guide, that everyone who used the service received, gave robust information on how to raise a complaint as well as the escalation process should they be unhappy with the response they received.
- Although this had not been required to date, a process was in place to record complaints and evidence learning from them.

End of life care and support

- At the time of this performance review and assessment, no one was receiving end of life care.
- However, the service was planning to provide end of life care and support and was preparing for this by developing appropriate care plans and exploring training for staff.
- The registered manager told us this type of care would not be delivered until they were satisfied all arrangements were in place.

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.

This is the first performance review and assessment for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- We identified some minor shortfalls during this performance review and assessment that the registered manager responded positively to. We saw that some of these shortfalls had already been identified and included in the service's improvement plan.
- For example, we found some contradictory information in care plans and there was confusing information relating to the MCA.
- One staff member was unable to speak with us on the telephone due to their poor verbal English. We discussed this with the registered manager who told us they would consider providing further English lessons for the staff member and introduce ways to better assess this during the recruitment process.
- However, whilst people told us the level of staff's English varied, they told us they were able to effectively communicate with staff and that this did not impact on the care and support they received. Records provided assurance that staff's written English was appropriate.
- Despite the service being small, there were processes in place to oversee and assess the quality and safety of the service provided.

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

- People consistently told us the service met their person-centred needs, was responsive, flexible, and caring and achieved positive outcomes for them.
- Relatives agreed and told us staff supported their family members to remain independent and be in control of the care they received.
- One relative explained the positive way in which a staff member managed the distressed behaviour of their family member who lived with dementia explaining, "The staff member just smiles and lets it flow over them and when it quietens says: how shall we do this then?"
- The registered manager demonstrated, and people told us, that they were committed to offering a person-centred service that was flexible and empowering for people.

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

- The registered manager understood their responsibility under the duty of candour requirement. They told us it meant being transparent at all times, providing an apology when things went wrong and being as supportive as possible when this occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was small, and the registered manager provided care for all service users. It was therefore easy for them to involve and engage with people and their relatives and people told us this was the case.
- Reviews of the care people received had also taken place on a regular basis to ensure people remained satisfied with the service they received.
- Staff told us they felt supported and engaged and staff meetings had taken place. However, should the service grow, the registered manager needs to consider formal formats for capturing staff views such as questionnaires for example.