

Sarmey Healthcare Limited

# Sarmey Healthcare

## Inspection report

Suite 116, 100 Avebury Boulevard  
Milton Keynes  
MK9 1FH

Tel: 07985233020

Website: [www.sarmeyhealthcare.com](http://www.sarmeyhealthcare.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location provided care and support for 2 people with a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Sarmey Healthcare is a domiciliary care agency providing personal care to people living in their own homes.

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. At the time of this inspection 43 people were receiving support with personal care.

### Right Support

Effective systems were in place to monitor incidents and prompt action was taken to mitigate risk. Staff supported people to have choice, control, and independence over their lives. People were encouraged to be involved in discussions about their care and support. Staff supported people with their medicines in a way that achieved best possible health outcomes. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines.

### Right Care

Staff understood how to protect people from poor care and potential harm. Staff had training on how to recognise and report abuse and knew how to report any concerns. There were sufficient numbers of staff who were appropriately skilled to meet people's needs and keep them safe. People's care and support plans reflected their range of needs and this promoted their wellbeing. Risks to people had been assessed and staff followed the support plan guidance to protect the person from avoidable harm.

### Right culture

The service encouraged people to be involved fully in developing their care plans and making decisions about their care and support. Staff supervision, meetings and spot checks were held regularly and used to develop and motivate staff, review their practice, and focus on professional development. Feedback from people and relatives praised the management and staff team. The service evaluated the quality of support provided to people, involving people, their families, and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Good (published 31 August 2022)

#### Why we inspected

We received concerns in relation to people's personal care and support needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sarmey Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Sarmey Healthcare

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 1 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

Sarmey Healthcare is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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 inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2023 and ended on 18 July 2023. We visited the location's office on 17 July 2023.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 inspection.

During the inspection

We spoke with 3 people using the service and 9 relatives. We spoke with the office manager and the registered manager. We sent emails to 10 staff members for feedback, and we received 5 responses.

We reviewed a range of records. This included 3 people's care records and risk assessments. We looked at 2 staff recruitment files and a variety of records relating to the management of the service including staff training and supervision records, quality assurance information and feedback from people and staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff supported them One person said, "I am safe. [Staff] take good care of me." A relative told us, "It's so good to know that [family member] is in safe hands. [Staff] put safety first before they do anything else."
- Systems and processes were in place to help identify and report potential abuse. For example, staff received training in safeguarding and knew how to report concerns.
- There were systems in place to make safeguarding referrals and the registered manager understood their responsibility to report safeguarding concerns. The provider reported safeguarding concerns, as required, to the relevant agencies.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their safety monitored. A relative told us, "The carers know how to keep [family member] safe and are aware of the risks to them."
- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- Risk assessments were detailed, and were updated regularly to ensure changes to people's support needs were safely managed.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and meet their needs. One person told us, "I never have a problem with the staff. They are all good and they know me well." A relative said, "My[family member] is very happy with the carers. Two come 4 times a day and they are all regular carers. We both

consider that we are very lucky to have this company. They are very reliable." Another relative commented, "It's nice for [family member] to mainly have the same carers, and female carers too which is what they want."

- People told us staff were punctual and stayed for the allotted time. If staff were delayed, people said they were contacted by telephone. There had been no missed visits. One person commented, "The carers usually arrive on time. If not, they let me know."
- We also received positive comments from staff about staffing numbers. One told us, "Yes we do have enough staff, which makes it easy for us to carry out role effectively without being worn out."
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Paperwork with employments checks was in place but was disorganised and difficult to locate. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- People received their medicines safely and as prescribed. One relative told us, "We don't have any concerns about [family members] medicines. They get them on time and never run out."
- Care plans had information recorded about the level of support people needed to take their medicines safely.
- Staff received medicines training and competency assessments were completed to ensure staff followed medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. People had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

#### Preventing and controlling infection

- People were protected from the risk of infection. A relative said, "The carers always wear PPE, gloves, aprons, masks, and shoe covers. They are always very careful."
- Staff were trained in infection prevention and control and had received additional training on preventing the spread of COVID-19. This included the correct procedure for putting on and removing personal protective equipment (PPE) and correct handwashing procedures.
- Staff were provided with ample supplies of PPE, such as disposable gloves, aprons, and face masks.
- The provider's infection prevention and control policy was regularly reviewed and kept up to date.

#### Learning lessons when things go wrong

- Records showed that accidents, incidents, and near misses were closely monitored, and prompt action was taken to mitigate the risk of repeat incidents.
- Staff told us, and records showed that incidents were discussed with staff to reflect and learn from them. Lessons learned were shared within the staff team and with appropriate healthcare professionals.



# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person centred care that helped them to achieve good outcomes. A relative said, "It's a relief to finally come across a good care company. [Family member] gets the right help and care they need." Another relative told us, "I am so pleased with the running of this service. They are so compassionate and caring and I would recommend them."
- Staff told us they felt respected and valued and could raise ideas or concerns with the manager or provider. One staff member told us, "I feel comfortable raising concerns about my job with the manager. They are always ready to listen, and they make sure any concerns raised are discussed and dealt with properly."
- The provider had an open and honest approach when things went wrong. Relatives were positive about how open the service was. One relative said, "They always report concerns, (eg bed sores) and will alert me or the district nurse or the GP." People and relatives confirmed that they had been informed of any incidents or accidents swiftly.

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

- Spot checks were regularly undertaken of staff during their support visits to check their practice and offer advice or guidance where needed. People knew who the registered manager was. One relative said, "I am delighted with the management and service of the company. The manager has called here to see us too. I liked the personal touch, hands on management style and always like to meet people face to face."
- Regular audits were completed which reviewed people's care plans, documentations, accidents and incidents, staff files and staff training. The registered manager took action where improvements were identified, and care plans and risk assessments were updated to reflect people's current needs.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC).
- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

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

- People felt their views mattered. They were satisfied with the level of care they received. A relative said, "We are asked for our views when [family member] has a review and we fill in surveys to see if we are happy with the care. Things get changed if its needed." Another relative commented, "Communication is excellent and we have a WhatsApp group which is very effective." A third told us, "The company is well organised, superb and the manager is great. I have completed a survey with very positive responses."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support needs. There were regular staff meetings and the provider had introduced a secure social media platform to enhance communication with the staff.
- Feedback was sought from people using the service both informally and via feedback questionnaires and during spot checks. The registered manager told us they sent out satisfaction surveys regularly. One relative told us, "I do receive questionnaires and can have my say. I can always call the manager as well. They always have time to talk."

#### Continuous learning and improving care; Working in partnership with others

- The registered manager and staff team worked with other professionals when required to ensure the service developed and people remained safe. People were positive about the care they received. One relative said, "My [family member] is very happy. The carers do a brilliant job, they are exceptional. We are very fortunate to have them."
- Staff were positive about the service and the management and felt their views were listened to. They had numerous opportunities where they could share their views and opinions.
- The registered manager reviewed feedback and took actions when people and relatives thought areas could be improved. For example, 1 person had recorded that they had not received a support plan. As an action staff took time to show the person where their support plan was kept, and the information contained in it.