

## Samfos Health & Trading Company Ltd

# Samfos Health

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

Samfos Health is a domiciliary care agency registered to provide personal care for people living in their own homes. They also provide a staff agency service.

At the time of the inspection the service was supporting 8 people. Two people had just started using the service. We telephoned five of those people and were able to speak with four people to obtain their views of the support provided and one relative about their experience of the support their relative received from the agency.

At the time of this inspection the service employed staff who worked for the staff agency and/or the domiciliary care agency. We telephoned eight care workers and were able to speak with six of them to obtain their views and experience of working for this service. We also spoke with three members of staff on the office visit.

The provider was given short notice before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The service was last inspected on 20 December 2013 and was meeting the requirements of the regulations we checked at that time. This was the first rated inspection of the service.

People received care from the same group of care workers and were introduced to any new staff who would be supporting them. People felt comfortable with their care workers and it was evident that a trusting relationship had developed. People and a person's relative told us care workers turned up on time and stayed the full amount of time.

We saw there were sufficient staff to provide regular care workers to people using the service.

People had risk assessments in place, which were designed to ensure that potential risks to people were managed and minimised whilst still promoting independence. We saw the process in place to ensure that some people's risk assessments were reviewed at regular intervals could be improved.

Systems were in place to manage people's medicines.

Recruitment procedures were in place but we saw the organisation of staff files would benefit from being

improved.

We found the service had relied on training that some staff had completed prior to working for the service. The registered manager told us staff were assessed whilst they were observing and shadowing staff but this was not documented. It is important that providers provide training for staff to ensure they have the right knowledge and skills needed to carry out their role, so that people receive effective care. The registered manager provided us with a copy of the services new training matrix which included a schedule of training to be delivered at the service.

Although staff told us they felt supported by the registered manager and care co-ordinator, we saw staff did not receive regular supervisions or an annual appraisal.

Staff told us they enjoyed caring for people using the service. Staff were able to describe people's individual needs, likes and dislikes.

The provider had a complaint's process in place. We found the service had a robust process in place to enable them to respond to people and/or their representative's concerns, investigate them and take action to address their concerns.

People were supported with their health and dietary needs, where this was part of their plan of care.

There were quality assurance systems in place to monitor the quality of the service provided but we saw these systems could be operated more effectively.

People and relatives spoken with knew who the registered manager was and spoke highly of them and the service as a whole.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 18, Staffing. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

People did not express any concerns about their safety.

There were sufficient staff to provide a regular team of care staff.

Systems were in place to manage people's medicines.

### Is the service effective?

Requires Improvement ●

The service was not effective in some areas.

The provider had not ensured that all staff received training to ensure they had the right knowledge and skills needed to carry out their role, so that people received effective care.

The provider had not ensured that staff received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

### Is the service caring?

Good ●

The service was caring.

People and a relative made positive comments about the staff and told us they were treated with dignity and respect.

The staff were described as being kind, caring and approachable.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

### Is the service responsive?

Good ●

The service was responsive.

People's care planning was person centred. We saw examples where people had requested changes to their care plan delivery.

There was a robust complaints process in place at the service.

**Is the service well-led?**

The service was not well-led in some areas.

We found the provider had not ensured the training; learning and development needs of individual staff members were carried out at the start of employment and reviewed at appropriate intervals.

We saw checks were completed by the senior staff within the service to check the quality of the service provided. We saw these checks would benefit from being planned so they were routinely completed.

**Requires Improvement** 

# Samfos Health

## **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 checked 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 3 August 2016. The registered manager was given short notice of our inspection. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. The inspection was led by an adult social care inspector. The service was last inspected on 20 December 2013 and was meeting the requirements of the regulations we checked at that time.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We also contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with the registered manager, the care co-ordinator and the administrator. We also spoke with four people, one relative and six care workers by telephone prior to visiting the service. We also spent time looking at records, which included four people's care records, four staff records and other records relating to the management of the service, such as quality assurance.

# Is the service safe?

## Our findings

People spoken with did not express any worries or concerns about their safety. A relative felt their family member was safe whilst being supported by staff. People told us new staff were introduced to them before they started providing support and that all the staff supporting them wore an ID badge.

All the people spoken with did not express any concerns about the staffing levels at the service and confirmed that they were supported by regular care workers. People told us care workers turned up on time and stayed the full amount of time stated in their care plan. We reviewed a selection of staff rotas and saw that people were supported by regular care workers so they received continuity of care.

There was a process in place to respond to and record safeguarding vulnerable adults concerns. The service had access to a copy of the local authority safeguarding adult's protocols for staff to follow and to safeguard people from harm. At the time of the inspection the service had not reported any concerns to the local authority. Staff spoken with were aware of the different types of abuse and told us they would report any concerns to a senior member of staff,

We reviewed staff recruitment records for four staff members. We saw that recruitment procedures were in place but we saw the organisation of staff files would benefit from being improved. For example, some information was contained within the staff member's file and some located on the service's computer system. The registered manager told us that an additional member of office staff had been appointed to assist in this area. We saw that a range of records were retained for staff which included the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This told us that people were cared for by staff who had been assessed as suitable to work at the service.

A few people using the service were supported with managing their monies. We reviewed one person's financial transaction record sheet with the care co-ordinator. We saw that staff were completing regular balance checks. We saw the way transactions were recorded by staff on the transaction made it difficult and time consuming to check. During the inspection we noted that one person on the odd occasion asked a staff member to buy a small amount of shopping. The transaction was being recorded in the person's progress record by staff and a receipt was being provided to the person. The care co-ordinator informed us that financial transaction record sheet would be included in the person's care plan for staff to use. They assured us that people's financial transactions records would be collected and checked regularly by a senior member of staff. These checks help safeguard people from financial abuse.

We looked at the care records of people who used the service. People had an individual risk assessment in place so that staff could identify and manage any risks appropriately. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. We saw the process in place to ensure that people's risk assessments were reviewed at regular intervals could be more robust. We spoke with the registered manager and care co-ordinator; they assured us that a process would be put in place.

A few people using the service were supported with managing their medicines. Staff spoken with told us if they noticed any concerns regarding a person's medication they would report it to the care co-ordinator. We saw checks were carried out on the administration of medication when a staff observation check or a home visit was completed by care coordinator. However, we noticed there was not a process in place to regularly collect and check people's MAR charts. The registered manager and care coordinator assured us this would be put in place.

People and the relative spoken with did not have any concerns regarding infection control. Staff told us that gloves and aprons were kept in each person's home. We noted one concern regarding staff not having appropriate gloves and aprons to use. During the inspection the registered manager told us this concern had been addressed.



## Is the service effective?

### Our findings

People spoken with told us they were very satisfied with the quality of care they had received. Their comments included: "I have recommended the service to other people", "they [care workers] know what to do, you don't need to prompt them", "I am really satisfied with the support" and "it's a very good service, no complaints, they [care workers] come on time and do everything".

A relative also told us they were very satisfied with the quality of care their family member had been provided with and that they were fully involved in their relatives care planning. Their comments included: "very good, excellent" and "I would definitely recommend the service".

People were supported with their dietary needs, where this was part of their plan of care. People were also supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a call. The care co-ordinator told us that staff accompanied one person to their health appointments. For example, going to see the GP or the dentist.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. People spoken with told us they were fully involved in their care planning and that staff sought their consent prior to supporting them with their personal care. The care co-ordinator described how staff sought consent from one person who did not communicate verbally. For example, the person would use gestures and facial expressions to indicate choice and consent.

We found the service had relied on training or qualifications that some staff had completed prior to working for the service. The registered manager told us staff were assessed whilst they were observing and shadowing staff but this was not documented. It is important that providers provide training for staff to ensure they have the right knowledge and skills needed to carry out their role, so that people receive effective care. We saw staff who had not worked in care before were provided with training from an external training provider. The registered manager informed us it was their intention to deliver training in house and provided us with a copy of the services training matrix.

We found some staff had not received training in safeguarding as part of their induction. It is important that staff complete safeguarding training that is relevant, and at a suitable level for their role. Staff need to understand their role and associated responsibilities in relation to any of the provider's policies, procedures or guidance to prevent abuse. The registered manager assured us that all staff who had not completed safeguarding training as part of their induction or required refresher training would be provided with training.

Although staff told us they felt supported by the registered manager and care co-ordinator, we saw staff did not receive regular supervisions or an appraisal. Supervision is regular, planned and recorded sessions

between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We spoke with the registered manager who assured us that staff would receive regular supervisions and an annual appraisal.

These findings evidenced a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service caring?

### Our findings

People told us they were treated with dignity and respect and made very positive comments about the staff. Their comments included "they (staff) certainly have the personal touch", "the staff are friendly and approachable, they go out of their way to do things and take the initiative" and "they are friendly and I am friendly with them".

The relative spoken with also made positive comments about the staff and told us their family member was treated with dignity and respect. They told us the service was able to provide care workers of a certain gender to provide personal care to their family member and enable them to feel their dignity was being maintained. Their comments included: "[Care worker] treats [family member] and me with dignity and respect" and "they [care worker] are very gentle with [family member]".

People and the relative spoken with also made positive comments about the registered manager and the care co-ordinator. It was clear from our discussions with the care co-ordinator that they knew people who used the service really well and was able to describe each person's individual needs. For example, how care workers supported a person to make choices on what to eat.

People were provided with a 'service user guide' to explain the standards they could expect from care staff working for the service.

We reviewed a copy of the 'carers guide' provided to staff. We saw there was a section dedicated to personal care and covered a range of areas including: assisting with drinking, bathing in bed, brushing teeth, using a commode and using hearing aids. Within the guidance there was clear information for staff on how to preserve people's privacy and dignity. For example, 'cover client with a large towel to preserve privacy and dignity'.

Staff spoken with were able to describe people's individual needs and their likes and dislikes. Staff who supported a person to go out, told us about what activities the person like to do and places they liked to go to. It was clear from our discussions with staff that they enjoyed caring for people who used the service. Staff comments included: "it's a joy to support them [people]", "we are professional but friendly and approachable" and "it's a small company, all the staff know each other and the small group of clients".

## Is the service responsive?

### Our findings

The service was open Monday to Friday from 9am and 5pm and operated an on call service out of office hours. People and staff were provided with a mobile number to contact the on call service. Information about the on call service was included in the service user information pack. All the people and the relative spoken with were able to describe the on call service provided by the service.

People and the relative told us the care coordinator and registered manager responded to any calls for assistance and that they were friendly and approachable. One person told us they felt confident when they rang the care co-ordinator or the registered manager if they wanted to make changes to their care plan. They also felt it was beneficial that the registered manager was a qualified nurse as they had a good understanding of medical conditions.

We found people's care planning was person centred and their personal preferences were included in their care plan. The care plan covered a range of areas including the following: my story, life history, activities, religious beliefs and favourite food and drink. People's individual needs had been assessed. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.

We saw there was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff. The registered manager kept a complaints log. We saw that as part of the complaints process the service checked and recorded if people or their representative were satisfied with the outcome of the complaint.

## Is the service well-led?

### Our findings

People and the relative spoken with knew who the registered manager was and that they could ask to speak with them if they had any concerns. They also told us the care co-ordinator regularly contacted them to check if they were satisfied with quality of care that had been delivered. The care co-ordinator provided us with two of the service user surveys, completed with people using the service at the beginning of August 2016. The survey covered a range of areas including: communication with care and office staff, dignity and respect and whether the person felt they had control and choice over the care they received.

All staff spoken with made positive comments about the staff team working at the service. Staff told us they could ring the office or call in to discuss any concerns or questions they had. The registered manager and care co-ordinator were described as being 'very supportive'.

We saw checks were completed by the senior staff within the service to check the quality of the service provided. We saw these checks would benefit from being planned so they were routinely completed. For example, medication administration records auditing and financial transaction records. The registered manager and care co-ordinator assured us that regular checks would be completed.

We found the systems in place had not ensured that the training; learning and development needs of individual staff members was carried out at the start of employment and reviewed at appropriate intervals. We also found the systems in place to ensure staff received appropriate periodic supervision in their role to make sure competence was maintained required improvement.

We reviewed some of the service's policies and procedures and noted they had not been updated since the end of 2010. It is important that policies and procedures are reviewed regularly to ensure they reflect current legislation.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

The care co-ordinator told us staff meetings were held at the service. They gave us a copy of a meeting held at the end of 2015 with a small group of care workers delivering support to one person to ensure consistency of care was provided. We also reviewed the agenda of a meeting held in April 2016 with seven care workers, the co-ordinator and the registered manager. The range of areas discussed included, staff uniforms, records and reporting concerns to management. Regular staff meetings help to ensure people received a good quality service at all times.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured that staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.