

Sams Medicare Ltd

Sams Medicare

Inspection report

The Colchester Centre
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Tel: 01206978674

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14 March 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Sam's Medicare is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection, 1 person used the service, this person received personal care.

Not everyone who uses domiciliary care services receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Effective processes were not in place to ensure the safe recruitment of staff. We found gaps in staff recruitment folders. We have made a recommendation about staff recruitment.

We were unable to assess if staff employed at Sam's Medicare had completed a robust induction. We have made a recommendation about staff inductions.

Audits and quality assurance were in place but needed some improvement to ensure the service continually improved and provided positive outcomes for people.

The person and their relative spoke positively about the care provided. The service had a small staff team who worked closely together and knew the person well. Staff told us they had enough personal protective equipment (PPE) and had received training in how to use it.

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

Rating at last inspection

This service was registered with us on 01 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We have identified a breach in relation to quality assurance processes.

Please see what action we have told the provider to take at the end of the report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement



Is the service caring?

The service was caring.

Details are in our caring findings below.

Good



Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good



Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement



Sams Medicare

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

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 March 2023 and ended on 16 March 2023. We visited the office on 14 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with the registered manager and 1 staff member.

We reviewed a range of records. This included care records and plans. We looked at 2 staff file's in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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 inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager had not always ensured staff were safely recruited. We saw gaps in recruitment files, such as an application form not containing full employment history and staff were employed before relevant references were obtained. Following the inspection, the registered manager sent a copy of staff Curriculum Vitae which included staff employment history. These have are now included in staff files.
- Staff were subject to Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- There were enough staff to meet needs and provide good quality care.

Using medicines safely

- At the time of our inspection no one required staff to support them with their medicines.
- The registered manager had completed medication competency assessments. However, these were completed in theory without the registered manager observing staff supporting a person with medication. The registered manager told us they created a scenario whereby observations had been completed.
- The registered manager told us, when required, regular audits of medicines documentation and practical observations of staff competency will be carried out to ensure safe administration and support of medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place which outlined everyone's responsibilities when reporting safeguarding concerns. Staff we spoke with understood the importance of raising concerns.
- A staff member told us, "I would contact the local authority myself if I thought someone was at risk of abuse."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Prior to the start of care provision an assessment of peoples care needs and home environment was completed by the registered manager and staff.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.

Learning lessons when things go wrong

- Since the service had been running the registered manager told us they had not had any incidents or accidents.
- The registered manager told us any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening again.

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 inspection for 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.

Staff support: induction, training, skills and experience

- Staff had not started the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs roles in health and social care. The registered manager told us they are in the process of starting The Care Certificate.
- No information was available on staff files to demonstrate a robust induction had been completed to enable staff to carry out their role and responsibilities effectively. The registered manager sent a copy of the completed induction after the visit. However, the induction lacked detail and comprised of 1 day of training which does not evidence a robust induction was completed.
- Staff had received supervision. However, we did not see any records of 'spot check visits'. The latter enables the registered manager to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

We recommend the registered manager considers current guidance to demonstrate staff receive a robust induction and regular spot checks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people began using the service, comprehensive assessments of people's needs and choices were carried out.
- One person's representative spoke positively about the assessment process. They told us, "We had a discussion about all aspects of care and support, they [registered manager] took time to listen and understand what was required."
- People's support plans were detailed and personalised. They provided the necessary information for staff to meet their needs, in line with current guidance and standards.
- Support plans were reviewed regularly, or, if there was a change in people's care and support needs.

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

- Staff and management communicated people's needs effectively in a timely manner. The registered manager and staff told us they discussed and recorded any new changes or concerns immediately to support people effectively.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People, and where appropriate their representatives were involved in all decisions related to people's care.

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 inspection 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

- A small team of staff supported people who they had developed positive and supportive relationships with. Staff spoke fondly about the person they supported.
- One person spoke positively about the support and care they received. A person told us, "[Staff] always go above and beyond and are amazing. I have no complaints. They are extremely considerate and kind."

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

- The registered manager worked closely with people to ensure their care was tailored to match their needs and we saw evidence of this in their care plan.
- Support plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.
- The registered manager had tools in place to gather feedback such as surveys for people and relatives to complete on their experience of care.

Respecting and promoting people's privacy, dignity and independence

- The management ensured people's confidentiality was respected. All records were kept securely.
- Timely and flexible care was provided from consistent staff who understood individual needs to encourage independence.
- Staff treated people with respect and dignity. A person told us, "Staff are always respectful, patient, kind and caring."

Is the service responsive?

Our findings

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

This is the first inspection 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

- The registered manager knew the importance of ensuring people and their representatives and/or family were involved in the planning of care provided.
- The registered manager told us, "We carry out assessments to see if we can meet people's needs, we will not agree to support someone if our assessments identify we are not the right service for them."
- Care records listed what 'Good days' and 'Bad days' could look like for the person. This enabled staff to provide the right level of support to ensure the person had choice and control and that their needs were met.
- The person was supported by a small staff team who knew them well and knew how they liked to be supported.

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 were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- At the time of our inspection the service had not received any complaints or concerns. There was a process for complaints to be logged and the registered manager could audit these on a monthly basis.
- A person told us, "I have never had to make a complaint, the staff always go above and beyond but if I did have to, I would know who to raise it with."
- The registered manager kept a record of compliments received.

End of life care and support

- There was limited information in the support plans we reviewed relating to people's end of life wishes. The registered manager told us they will review this and look at incorporating more detail about people's wishes.

- The service was not supporting anyone with end of life care at the time of the inspection.

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 inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes did not identify the shortfalls we found at this inspection. A member of staff had not undergone the appropriate recruitment checks before supporting people unsupervised. We did not find any impact of the processes, but improvements were needed to minimise risk as the service grew.
- Evidence of a formal induction on staff files was incomplete, lacked detail and comprised of 1 day of training.
- Audits were ineffective and not reviewed regularly. We found these to be mostly tick box audits, without associated action plans, timescales for completion or staff identified as responsible for the outcomes.
- There was no evidence of formal spot checks on staff files; however the registered manager told us they were always in regular contact.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were either not in place or robust enough. This demonstrated a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The day to day running of the service was managed by the registered manager. There was a clear staffing structure in place including office staff.

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

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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 duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- The service had a small staff team who worked closely together. Staff told us they felt supported in their

role by the registered manager.

- The registered manager sought regular feedback from the relative and the person they supported. This feedback was used to improve the care provided. Much of the feedback was informal through conversations with the relative.

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were either not in place or robust enough. This demonstrated a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014</p> |