

Sama Care Ltd

# Sama Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sama Care is a domiciliary care service providing personal care to people 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. On the day of the site visit, 180 people were receiving the regulated activity of personal care.

### People's experience of using this service and what we found

People had risk assessments in place but these were not very detailed and lacked information on how to mitigate risks associated with conditions such as diabetes or epilepsy.

Recruitment practices included carrying out relevant checks on people but it was not always clear how many references should have been obtained. We have made a recommendation about this.

People and their relatives told us they felt safe with their care workers. Care workers told us they knew how to keep people safe from harm. The provider had systems in place to ensure people were safeguarded from the risk of abuse.

People were supported by enough staff. The service used a call monitoring system to reduce the risk of late or missed visits.

People and their relatives told us that where care staff supported them to take medicines, this was done safely.

Infection prevention and control practices were robust. People told us their care workers wore gloves and masks whilst carrying out care.

Training was being carried out and was currently in the process of being updated to ensure that all staff received training in diabetes and epilepsy. We have made a recommendation about training.

Before the inspection we received information from the local authority that there were concerns about the management of the service and the absence of the registered manager. This was having a negative impact of the running of the service but we were given assurances that an action plan was in place to improve things. This included the registration of a manager, newly recruited staff and a new management structure.

The director did not always understand when they were to send in notifications to CQC and we have made a recommendation about this.

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

The last rating for this service was good (our report was published on 5 February 2020).

### Why we inspected

We received concerns in relation to recruitment and general concerns about management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk assessments at this inspection. Please see the action we have told the provider to take at the end of this 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

**Requires Improvement** ●

# Sama Care Ltd

## 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 Care Act 2014.

#### Inspection Team

The inspection team consisted of two inspectors and an 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 homes.

The service had a manager registered with the Care Quality Commission. 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. However, on the day of inspection, we were informed by the director of Sama Care that the registered manager had resigned. After the inspection, we were informed that a new manager had been appointed and are applying to register.

#### Notice of inspection

We gave the service notice on the morning of the inspection. This was because we wanted to be sure there would be people at the office to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included a whistleblowing which had raised some concerns about quality of care and recruitment practices. In addition, we sought feedback from the local authority. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven members of staff including the director, quality assurance coordinator, a consultant and training coordinator. We reviewed a range of records. This included four people's care records, recruitment records for seven members of staff and a variety of records relating to the management of the service.

#### After the inspection

We spoke with four people who use the service and 15 relatives of people who used the service. We spoke with three members of care staff. We looked at a further three care plans.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- People had risk assessments in place but we found that people's risk assessments were not robust in relation to diabetes. For example, we looked at four care plans where people were identified as being diabetic but there was no information in their care plan around mitigating the risk if these people experienced low or high blood sugar levels.
- In addition, we saw that one person who was identified as being epileptic lacked any detail in their risk assessment of what to do should they have a seizure.
- After the inspection, the director sent us updated risk assessments for a person with diabetes and the person with epilepsy that contained additional information on how to support and mitigate risks associated with these medical conditions.
- Although we were assured that these risk assessments had been updated and that the provider was working through updating all risk assessments for people that received care, this would take time as care was being provided to a large number of people.
- We found no evidence that people had been harmed but systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Prior to the inspection we received concerns in relation to staff recruitment practice. This is currently under investigation by the local authority and has been taken into consideration as part of our inspection.
- During our inspection we looked at seven recruitment records and found that DBS checks were carried out and records confirmed this. However, not all staff had references in line with the provider's recruitment policy.
- After the inspection, the director told us they had updated their recruitment policy which made it clear that two references were required. In addition, they informed us that where only one reference had been obtained for an employee, they were now obtaining updated references in order to be compliant with their policy.
- We saw records of completed application forms and proof of identity for employees.

We recommend the provider seeks best practice guidance on safe recruitment and ensures that their policy is clear about the number of references required.

- People and their relatives told us there were enough staff and that they didn't feel rushed. One relative said, "I can tell if they have rushed but [relative] always smells fresh." Another relative stated, "No, not at all [rushed], quite the reverse."
- People and their relatives told us that their care workers were mostly punctual. One relative said, "They have set times but mostly they are on time. They do let me know if they are late."
- We spoke with the member of staff in charge of electronic call monitoring who showed us their newly implemented system for managing care visits. They told us if a carer is flagged up as not attending a call, office staff are alerted and contact the carer. They told us they arrange a replacement carer to attend if needed.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People who used the service told us they felt safe with their care workers. One person said, "Yes, I do [feel safe]. They are very friendly and kind." A relative told us, "Yes, [relative] has people that care about her, there is no doubt about that, main carer is excellent."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "In order to safeguard [people] we must protect them from any harm such as neglect as well as supporting them while acting on their best interest."
- Staff demonstrated an understanding of whistleblowing. One care worker told us, "Yes, I do know that whistleblowing is when a worker exposes or reports their company of an offence or crime. I do feel supported."

#### Using medicines safely

- People and their relatives told us that where care staff supported them to take medicines, this was done safely. One relative said, "They are very proactive with creams and stuff. Yes [relatives] does get [medicines] on time and as prescribed."
- People's care plans contained information about the medicines they were taking and included details about the dosage, frequency and storage.
- Care workers received medicines training and records confirmed this.
- At the time of inspection, the director and their consultant were working on implementing new medicine administration records and we saw records of this.

#### Preventing and controlling infection

- We were assured by the provider's measures to prevent and control the spread of infection and the service was following national guidance.
- The provider had trained staff about infection control and how to use personal protective equipment (PPE) safely. People told us staff always wore PPE such as gloves and aprons.
- We saw the service had adequate stocks of PPE in the office.
- Records showed that staff had received infection prevention and control training. Care workers told us they had access to PPE. One care worker told us "Yes, we do wear masks, gloves and aprons. If we see that it is finishing, we go to the office to collect them."

#### Learning lessons when things go wrong

- We saw an example of a lesson learnt via a complaint about timekeeping when a person was discharged from hospital but no one had turned up to provide care due to the hospital not informing the agency. The lesson from this complaint was that the director and their office team now check on a person's discharge progress throughout the day to see if they are still in hospital.



# Is the service effective?

## Our findings

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about training and supervision. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- Care workers received training prior to working in the field and a care worker told us they received refresher training. Training topics included food hygiene, health and safety, infection control, medicines and safeguarding. Records showed that care workers completed an induction and were also shadowed prior to working with people.
- It was not clear from the training matrix provided whether staff had received training in diabetes or epilepsy. We asked the director for clarity on this after the inspection and they provided us with information which showed that a small percentage of staff had received this training and those that hadn't, did not provide care to people with those conditions. They also told us 'diabetes and epilepsy awareness' had been added to mandatory training and that those carers directly supporting people with diabetes and epilepsy would continue to receive more in depth training.
- During the inspection the operations manager told us they were updating their training for all staff, "New way of training moving forward. We need to do completely new training for everyone. We only started this new training last week." In addition, the director informed us that training was now being held in person at the office and that they had implemented a new system that alerted them when training was due to be refreshed.
- Records confirmed that staff received supervision and appraisal. Care workers told us they felt supported.

We recommend the provider follow best practice guidance to ensure effective training for all staff.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

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 director was able to describe the actions they would take when incidents would occur and demonstrated that they understood duty of candour, however they were not always clear on which incidents required reporting to the Care Quality Commission, which they told us they were responsible for in the registered manager's absence. They told us that only when investigations were substantiated by the local authority were they then notifiable, however we explained that this was not the case.
- After the inspection the provider sent us retrospective notifications and advised us that moving forward they would send them without delay.

We recommend the provider follows best practice guidelines on notifiable events.

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

- The local authority had shared concerns about the provider with us, mainly around recruitment practices but also around the general management of the service and they were working closely with the provider on making improvements.
- Due to the sudden growth of the service and a registered manager who had resigned, the director told us they had experienced some difficulties in managing the service because they were taking on so many responsibilities.
- The director was very open and frank about their shortcomings in relation to the management of the service and told us they had some regrets about not asking for support when the service grew very quickly. To help them with the management of the service, they had employed a consultant who they were working closely with.
- We spoke with the consultant during the inspection who provided assurances that an improvement plan was in place and we saw documents relating to this. The consultant had also submitted their application with the CQC to register as the manager of the service.
- We saw that there was a new hierarchical structure in place which was recently implemented to help everyone be clear on their roles and responsibilities.
- The provider had recently recruited a service delivery manager who was responsible for spot checks as well as a new quality assurance manager who was responsible for supporting care coordinators, staff development, training, safeguarding and complaints.

- We saw records of quality assurance being carried out through spot checks and staff observations.

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

- The service was providing person-centred care to people and this was evident from care records and from speaking with people and their relatives. One person said, "Yes, I think they are all wonderful actually and they do a wonderful job."
- People and their relatives did not know who the registered manager was but they knew the director and were complimentary about them. One person said, "Yes, [they are] very nice she will get me anything quickly." Another person said, "Yes, I don't know [them] in person, but I speak to [them] on the phone [they are a] nice respectful [person]."
- Staff also spoke highly of the director, which comments including, "[Director] is easy to approach. I do think that the service is managed well."

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

- We saw a number of compliments that the provider had received. For example one thank you card said, "Thank you for taking such good care of our mother" and an email that stated, "Please pass on to [named carers] how grateful we are for their care of [person]. Their dedication, sensitivity and compassion during [person's] last few weeks was very much appreciated."
- The director of the service demonstrated a good working relationship with other professionals in the community and was able to show that referrals were made when necessary. They told us, "I am very good at working with the district nurses, working with the day centres, for example if my client needs a referral, I refer them to organisations. I signpost to them."
- Staff meetings took place and offered staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. Staff told us their suggestions were listened to.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that is reasonably practicable to mitigate such risks associated with diabetes and epilepsy.</p>