

Soma Healthcare Limited

# Soma Healthcare (East London)

## Inspection report

Unit 2  
7 Tarves Way  
London  
SE10 9JP

Tel: 02070934710  
Website: [www.somahealthcare.co.uk](http://www.somahealthcare.co.uk)

Date of inspection visit:  
04 July 2023

Date of publication:  
31 July 2023

## 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

Soma Healthcare (East London) is a domiciliary care service that provides care and support to people living in their own houses or flats in the community. At the time of our inspection, 4 people were using the service. 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.

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

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed before they started using the service. Staff were supported through induction, training, regular supervision and annual appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and had access to healthcare professionals when they needed them.

People's privacy, dignity and independence was promoted. People and relatives told us staff were kind and caring.

People and relatives spoke positively about the service and said they felt safe. People received person centred care, which met their needs and preferences. The service had a complaints procedure in place. No one at the service was receiving end of life care.

There were systems in place to monitor the quality and safety of the service. The service worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account.

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 requires improvement (published 11 October 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

## Why we inspected

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Soma Healthcare (East London)

## 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

A single inspector carried out this inspection. An expert by experience made telephone calls to people and relatives. 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

Soma Healthcare (East London) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This 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 registered manager would be available to support the inspection.

Inspection activity started on 4 July 2023 and ended on 20 July 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

This performance review and assessment was carried out without a visit to the location's office. We used electronic file sharing to enable us to review documentation. We spoke to the registered manager, office manager and 4 staff members. We spoke to 2 people and 1 relative to gain their views about the service.

# 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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, records did not accurately reflect the medicines support being provided to people therefore we could not be assured people received their medicines as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Medicines were managed safely. Medicines administration records (MARs) showed no gaps and people received their medicines as prescribed. Care records accurately reflected the medicines support people required with their medicines.
- Medicines audits were carried out to ensure any discrepancies in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

### Assessing risk, safety monitoring and management;

At our last inspection, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Risks to people had been assessed and identified. Risk assessments contained guidance for staff to ensure people were safe in areas such as personal care, moving and handling, skin integrity and medicines.
- When speaking to people and relatives, they told us staff were aware of their needs and provided them with the support they needed to keep them safe from harm. A person told us, "Absolutely because they [staff] are well trained as are the other people that come when he's [staff member] on holiday and they are just as good, They just know what to do and prevent any risks that could harm me. The care is designed around my needs." Another person told us, "I use [mobility aid] and have a bath lift and yes, I feel supported safely."

[Staff] knows when I'm feeling tired, and she will help me and check I'm okay."

- Staff understood where people required support to reduce the risk of avoidable harm. A staff member told us, "Using the hoist, we have two carers. We position the sling properly and make sure we hold the hoist properly to keep [person] safe from injury and that transfers are done safely. We speak to the person and tell them step by step about what we are doing. We tell them as we go along and tell them everything."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe using the service. A person told us, "Very safe. I've had the same carer that comes, he's been with me for 5 years and is extremely careful and knows what he's doing."
- There were safeguarding and whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.
- The registered manager and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The provider had an electronic system in place to review and monitor staffing levels and timekeeping.
- People and relatives told us staff were on time and stayed the full duration of their visits. A person told us, "Always on time and also very flexible when I require it so there's always continuity." A relative told us, "They [staff] never seem rushed but always seem calm and in control. I don't think they've ever rushed, always calm when they come and it's the same person each day and any substitute is always fine, and we are always told about it."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place. Staff had received infection control training and implemented safe infection control practices. A staff member told us, "We have enough PPE, we can get it from the office. I wear aprons, gloves, a mask, shoe covers and we also have hand sanitisers."
- People and relatives told us staff always wore personal protective equipment (PPE) when supporting them with personal care.

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred. The registered manager told us there had been no accidents and incidents since the last inspection, however was aware that any lessons learnt would be used to improve the quality of service and relayed to staff to embed good practice. A person told us, "I use a [mobility aid] and [staff] are really good at directing me and supporting me to recognise things that could be a problem but then don't become a problem." A relative told us, "We've never had a problem, so for the last 3 years no problems at all."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Assessments were carried before people started using the service to ensure their needs could be met. A person told us, "Yes, they did, they inspected the house and we filled in various written things and every so often we get a call to check it's still all ok. They're brilliant."
- People and their relatives were involved in the assessments to enable them to make an informed choice about their care. A relative told us, "They came to assess [person] to see what their needs were and if they could support them and to check the environment."

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively. A person told us, "They [staff] are very well trained as they always seem to know what to do and how to do it and they are confident in their approach."
- Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, infection control, moving and handling and first aid. Staff received formal supervision and appraisals to monitor and review staff performance and development.
- Staff spoke positively about working at the service and told us they felt supported by their colleagues and managers. A staff member told us, "I had an induction and was shadowing for two weeks. They took me through all the things I needed to know for my job, it was a good experience. We have supervision, they talk about what are the challenges, if we have any issues, they ask how we are doing, its good." Another staff member told us, "It is a good place to work. All is good with my colleagues, the office staff, we can ring them anytime we need their assistance. They are the first point of call and they are always there for us."

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

- People were supported to eat, and drink based on their individual preferences and needs. Where people required support with eating and drinking, this was recorded in their care records. A person told us, "They [staff] support me to buy food and are aware of my allergies. If they go to the shop for me, they know to look at the ingredients." A relative told us, "Yes, they [staff] do it well as they give [person] choice. They can still eat by themselves but can't prepare it so they make person what they fancy and like."

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

- People were supported to access healthcare services when required. The provider worked in partnership

with other services such as social workers and local authorities professionals to deliver effective and timely care.

#### 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.

- The service worked within the requirements of the MCA. A person told us, "We have set routines because I like one, but she [staff] always asks, is it ok or asks me if I'm comfy as well as my permission."
- The registered manager and staff were knowledgeable of the requirements of the MCA. They were aware that if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed, which would include involving relatives, healthcare professionals and a power of attorney. A staff member told us, "When we arrive to their home, we greet [person], asked if they had a good night and get their consent before we start their personal 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People and relatives spoke positively about the care they received. A person told us, "Excellent and kind. They [staff] completely treat me with kindness, and they make sure the care is what I need and receive." Another person told us, "They [staff] are all very caring and kind. We have complete trust in them and they seem to really care properly and genuinely."
- People and relatives also told us positive relationships had developed between them. A person told us, "I trust [staff] to know my needs as I've got low immune system and have to be really careful around people, so I have an open and caring relationship between myself and the carers, which has been developed."
- People's equality and diversity needs were detailed in their care plans. Staff had a good understanding of equality and diversity and treating people with respect. A staff member told us, "I am a care worker and we are here to make sure they [people] are well." Another staff member told us, "It is about understanding their beliefs and respecting them and not to impose our views on them and respecting their views."

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support. A person told us, "Yes, they [service] do. They regularly review the care and do both visits and phone. The last ones were over the phone and we talk about my care needs and any problems." A relative told us, "They ring to check on the care and make sure we are happy."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted. A person told us, "Absolutely, because it's intimate washing and dressing, I've never felt they [staff] are overly intrusive I've got no worries about it." Another relative told us, "We have seen them [staff] be very respectful all round and yes, they support [person's] needs with dignity and respect."
- Staff were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing people with personal care. They told us they made sure doors were closed and kept people covered to preserve their dignity. They also said they encouraged people to do what they could for themselves. A staff member told us, "[Person] can do most things and we respect their independence but we are there to guide them."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed. A person told us, "They [service] do make contact to check that everything is ok and they record it. They say if there were any changes they would adapt the care plan but it's all the same at the moment."
- People spoke positively about the service they received, which met their needs and preferences. A person told us, "I feel as though they [service] know exactly what I need but respect me and support me rather than just do." Another person told us, "Well, they do everything well as they make sure all I need is provided well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information, which showed how they communicated and how staff should communicate with them.
- The registered manager told us that no-one required information that needed to be tailored to their needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format.

Improving care quality in response to complaints or concerns

- The registered manager told us no complaints had been received about the service since the last inspection. A relative told us, "No reason to complain but wouldn't hesitate to ring the office if we had and I feel sure it would be well resolved."
- Procedures were in place for receiving, handling and responding to comments and complaints, which also referred to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately. A person told us, "Yes I did complain, that was years ago and certainly not in the last 2 years, they sorted the problem out. They are very good at helping me have a voice and listen."

End of life care and support

- No one at the service currently received end of life care. The registered manager told us if people required this support they would work with people, family members and other healthcare professionals to ensure

people's end of life wishes were met.

# 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 requires improvement. At this inspection the rating has changed to 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; 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

At our last inspection, systems in place were not robust enough to assess and monitor the service and accurate and contemporaneous records of people's care and treatment were not maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were systems in place to assess and monitor the quality of the service. Care records reflected how people should be supported in accordance to their needs and help mitigate any potential risks to them. The registered manager completed audits and checks covering areas such as care documentation, spot checks, staffing, timekeeping and medicines.
- The registered manager knew of their regulatory responsibilities and when to notify the CQC of any significant events at the service. Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. Management and staff were receptive and fully co-operated fully with this inspection.
- People and relatives spoke positively about the service. A person told us, "They're good, friendly and very nice and if I have any queries they answer and get back to me straight away and I don't have to wait and wonder what's going on."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider obtained feedback from people and relatives about the service via surveys and telephone monitoring. A person told us, "They make regular contact to check that the care is still good, and I have everything I need." Another person told us "Yes, they do and also they check to make sure the carer is

looking after me, so they do that and call me at a time when she's not here."

- Surveys showed positive feedback about the service had been received such as staff were always punctual and the attitude of staff to their work was good. A relative told us, "Yes when they ring, they make sure everything is going according to plan."
- Regular staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "Yes we have team meetings. Everyone is there, it is open in the meeting and we can ask any questions. They [management] keep us updated and we are always informed of any changes."

Working in partnership with others

- The service worked in partnership with key organisations such as provider forums, local authorities and social workers to provide effective joined up care.