

Sama Care Ltd

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Inspection report

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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

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. At the time of the inspection the service was supporting 72 people with personal care.

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

People were kept safe while using the service and had risk assessments in place to reduce the risk of harm and to monitor people's health and wellbeing.

Staff had completed safeguarding training and knew the different types of abuse people may face and how to report it. Staff were aware of the providers whistleblowing procedures and the organisations they could contact to report their concerns.

People were supported to receive their medicines safely where the service was responsible for managing them. The risk of infection was reduced as staff followed safe hygiene practices. Staff had access to enough personal protective equipment. Systems were in place to learn from accidents and incidents.

People's needs were assessed before they started to use the service, people and their relatives were involved in this process. Staff received training relevant to their role and opportunities to discuss their role during supervisions, team meetings and appraisals.

People were supported to have enough to eat and drink. Consent to care was requested before care was provided. Staff knew to offer choice but did not always demonstrate they understood the Mental Capacity Act if people could not make decisions. The registered manager had booked all staff to attend additional Mental Capacity training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring. Staff were non-discriminatory and treated people as individuals. People's privacy and dignity was respected when people received personal care. People and their relatives told us staff encouraged independence so that people did not lose skills they had.

Care was personalised and regularly reviewed. People's communication needs were documented and met. People and their relatives were aware how to make a complaint and the service acted and responded to complaints.

People and relatives were pleased with the quality of care. They told us they could get hold of the registered manager and office staff. We noted some relatives were confused as to who the registered manager was, we informed the registered manager and they advised they would send a newsletter to inform people and their relatives.

Systems were in place to obtain feedback from people, relatives and staff and quality assurance systems were in place to improve the service.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 2 December 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.

At our last inspection we recommended that provider seek guidance to provide effective training for staff and guidance on notifiable events. At this inspection we found the provider had acted on the recommendations and had made improvements.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 ●

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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 2 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 houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 June 2023 and ended on 19 July 2023. We visited the location's office on 7 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, director, 3 care staff, 6 people who used the service and 13 relatives. We reviewed 9 care plans and associated risk assessments and 6 staff recruitment files including staff training records. We also reviewed quality assurance documents in relation 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.

Assessing risk, safety monitoring and management

At our last inspection we rated this key question requires improvement. The provider had not taken sufficient steps to reduce the risks associated with diabetes and epilepsy. This placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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

- People and their relatives told us they felt safe with cares while they were in their homes.
- One person said, "I'm very safe in their hands, they're the best." A relative said, "They've [staff] been coming a long time, we know [person] is safe all the time."
- Risk assessments were in place to reduce the potential risk of harm. For example, pressure care was assessed, and staff were provided with information fact sheets on what they needed to observe and report to the office.
- People at risk of epilepsy and diabetes had effective risk assessments which detailed the type of seizures they faced and how staff were to respond if they suspected low or high blood sugar levels. A member of staff said, "We have to check the duration of the seizure, if [person] is still having a seizure after 5 minutes we have to call 999 and we call the next of kin and the office."
- Risk was reviewed within people's homes and this included a health and safety check around the home, equipment used and whether any medicines were being taken.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential and suspected abuse and staff were aware how to report this.
- Staff received safeguarding training and told us the processes they would follow if they witnessed or thought someone was being abused. This included reporting it to the registered manager or office staff immediately.
- Staff were aware they could whistle blow and contact the local authority, Care Quality Commission (CQC), police or people's GP if they had concerns about people's safety.

Staffing and recruitment

At our last inspection we recommended the provider seek best practice on safe recruitment and references. The provider had made improvements.

- Safe recruitment practices were followed and there were enough staff to provide safe care to people.

- People and their relatives told us, overall they were happy with staff punctuality. If staff were late or an alternative staff member was to attend, they were informed by the office.
- A relative said, "Once, our carer couldn't come at short notice, so the manager jumped in their car and did the job." This meant people were not left without care they required.
- Records confirmed employment checks were carried out before staff began to work for the service. This included right work to status, verified references, confirming staff identity and a criminal record check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely where people required the service to support them.
- Staff received medicines training and told us the procedures they followed to ensure people received their medicines on time and to reduce the risk of errors.
- A member of staff said, "We check the person's name, the time and the medicine. If an error occurs we would call the supervisor and record what had happened."
- One person commented, "[Staff] check my medicines but I'm responsible for taking them." Relatives told us staff were competent with medicines. A relative said, "[Staff] is very careful, makes sure [person] swallows their tablets and [staff] puts a note in the day book."

Preventing and controlling infection

- People using the service were protected from the risks of acquiring an infection. Staff had received infection control training and had access to personal protective equipment (PPE) when required
- People and relatives told us staff wore appropriate PPE and changed it regularly.
- A relative said, "Yes, they [staff] do wear aprons and gloves which they put in the bin once finished. [Staff] wears masks when [person] is unwell."

Learning lessons when things go wrong

- Systems were in place to learn after accidents and incidents while care was being provided
- Records confirmed accidents and incidents were documented in detail with the actions taken to support people and keep them safe.
- A member of staff provided an example after an incident and told us learning took place and involved all staff. They said, "I reported it in the log book and told the office, we discussed it in a team meeting and we talk about it in one to one sessions. This is how we learn."

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

- People received an assessment of their needs and choices before the service began to provide care, records confirmed this.
- People and their relatives told us they were fully involved in the assessment process to ensure care met their needs.
- One person said, "It was a long time ago, but I know we talked about." A relative told us the service involved them in preparing the care plan. They said, "Yes we were involved, we worked hard at it due to [person's] condition."

Staff support: induction, training, skills and experience

- People were supported by staff who had received regular training and had the knowledge and skills to support people with their health needs.
- People told us staff were good at their jobs and well trained. One person said, "I've never found anything [staff] couldn't do."
- Relatives told us staff knew what they were doing and how to safely look after their family members. A relative said, "They're really good, never seem unsure of what they're doing." Another relative said, "[Staff] has all the practical skills she needs but more important, she understands."
- Records confirmed staff received regular supervision and an appraisal. Training was planned for each year and staff told us training was useful.
- Staff had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to have enough to eat and drink while receiving support from the service.
- One person told us, "[Staff member] cooks nice food, using all the things I like. It's what I used to cook for the family. A relative told us, "I order the food online, but the carer prepares the food and helps [person] to eat it."
- Staff knew the guidelines to follow where people were at risk of choking to reduce the risk they faced. A member of staff said, "We make sure we give a little bit of food at a time, make sure [person] is sitting up right. If they start to cough, we lay them down and check their breathing."
- Staff were aware during the hot weather to ensure people had easy access to sufficient water to stay hydrated.

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 receive the health support they needed promptly. Records confirmed people were attending health appointments as needed.
- Relatives were pleased staff informed them and the office if they noticed their family member was not well. A relative said, "[Staff member] is pretty good at noticing if [person] is not well. Once [staff member] had to call for an ambulance, they let me know, [person] was reassured and made not to feel anxious, [staff] stayed with them."
- Details of the health professionals involved in people's care package was recorded in their care plans and staff told us they would inform the office if they noticed people required support from a health professional.

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.

- Staff did not always demonstrate they understood the principles of the MCA. The registered manager had planned a refresher MCA training course for all staff to complete and have their knowledge checked.
- Consent to care and treatment was requested before people began to use the service, records confirmed this.
- Staff knew to ask for people's permission and to offer them choices, people told us staff asked if it was ok to help them before they received care and support.

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 received was provided by a staff team who treated the with kindness and respect.
- People were complimentary of the staff. Comments included, "It's just like having family when [staff] comes", "[Staff] are very nice and patient" and "We've got a really good connection. [Staff] takes me out for a walk in their own time."
- Relatives told us they were happy with staff and found them to be patient and understanding. A relative said, "It's nice to watch them [staff] together with [person]."
- Staff told us they liked their jobs and enjoyed helping people. Staff were respectful of the people they supported and did not discriminate. A member of staff said, "People are under our care. We don't treat people differently because of sexuality, we listen to each person and care for them."

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

- People were involved in decisions about their care, and were supported to express their care needs.
- One person said, "We talk all the time [with staff]. If I want anything [staff] usually fixes it for me." A relative said, "The new team [staff] always ask [person] what they need and spends time with them, they try to get [person] to engage."
- Staff involved people when providing care. A member of staff told us, "We have a good chat with [people] we ask them what they like or don't like. They tell us what they want and we listen to them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff at the service and people's independence encouraged.
- People told us staff provided a comfortable and private environment when they received personal care.
- Relatives commented on how the staff team were mindful to protect their family members dignity. A relative said, "[Person] is a very private person, staff do show respect and they've developed a working relationship." Another relative said, "They're really good, rather than doing everything for [person], they encourage them to do things for herself."
- Staff protected people's dignity when supporting people with personal care. A member of staff said, "The main thing is to cover them, we close windows and doors. We knock on their door and give them time to answer."

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 was planned to meet their individual needs and preferences.
- Care plans had information about people's preferred name, their life history, and how they wanted care to be delivered. This helped staff to get to know people and provide person centred care.
- People and their relatives told us they had viewed their care plans and they were regularly reviewed. A relative said, "We have a formal discussion about the care plan once a year, but if anything changes in between, we tackle it straight away."
- Staff told us the care plans were clear and told them what they needed to do to ensure people were happy with the care delivered. Staff ensured they updated the office with any changes in people's needs so their care plan could be updated.

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 and support required were documented within their care plans, records confirmed this.
- The registered manager told us they were able to provide information to people and their relatives in formats to help them understand. This included providing staff who could speak different languages or arranging an interpreter. The service also provided documents in larger font, offered to read documents to people and could provide support for people with a sight impairment.

Improving care quality in response to complaints or concerns

- People and their relatives were aware how to make a complaint about the service. Records showed the service was transparent with complaints and provided outcomes to people and their relatives.
- One person said, "I've never had to make a complaint." A relative said, "The manager is very responsive and always responds when we call."
- There was a complaints policy and procedure in place for the service to follow when a complaint was received. The service monitored and audited complaints on a monthly basis.

End of life care and support

- An end of life policy was in place and the provider had access to health professionals if they needed to additional support to provide end of life care.
- The registered manager and staff told us there was no one who required 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.

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.

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 we recommended the provider follows best practice guidelines on notifiable events. The provider had made improvements.

- The registered manager and other managers within the service were aware of their responsibilities to be open and transparent and knew what they had to report to the CQC.
- Records showed the service responded to health professionals and notified the CQC when something had gone wrong in the service.

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

- People receiving care were supported to have good health outcomes. People were pleased with the care provided and felt included in their care. Comments included, "They [staff] treat me like a person" and "They are always there for me."
- Relatives provided mixed feedback about the management of the service. This was due to confusion as to who the registered manager was. Comments included, "[Registered manager] is very polite and responds if we need him", "They [Registered manager] won't respond to calls, he's always out when I phone" and "[Registered manager] is in charge, She's there if I ever need anything." We raised this with the registered manager who said an updated newsletter was being prepared which would inform people and relatives of who the registered manager was.
- Staff told us management support was very good and they enjoyed coming to work. A member of staff said, "[Registered manager] is a good lady. I feel very supported, there is always someone there to support us."
- The registered manager sent records after the site visit showing staff were recognised for their work, this included rewarding different staff each month.

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

- We viewed minutes of meetings which confirmed staff were told what was expected from them in their job role. A member of staff said, "We go to the office for team meetings, we talk about what we are doing and we [staff] all get a chance to talk, ask each other questions and how we can improve."

- Oversight of the service had improved, and the registered manager understood the need to have effective monitoring systems to understand how the service was performing.
- Records confirmed a number of audits were completed as part of their quality assurance schedule. This included spot checks, staff file audits and care plan audits which checked the correct documents were kept on the file.

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

- Feedback was requested from people, relatives and staff to help the service improve the quality of care.
- People and relatives confirmed their feedback was requested and they felt listened to. One person said, "The manager calls to check everything is alright, we talk regularly." A relative said, "The manager drops in to see [person] asks if there are any issues and we talk about it."
- Compliments were received at the service from people and their relatives thanking them for the support staff and managers provided.
- The service worked with the local authority and had an improvement plan in place which they worked on and continually updated when they had met actions.
- The registered manager told us they sent newsletters to staff which advised them of upcoming training they need to complete and opportunities to develop in their role as care staff.