

Sama Care Ltd

# Sama Care Ltd

## Inspection report

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Date of inspection visit:  
03 July 2017

Date of publication:  
04 August 2017

## 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

The inspection took place on the 3 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service first became operational in July 2016. It has been registered at its current location since June 2015. This was the first inspection of the service.

Sama Care Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection they were providing support to six people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us they felt the service was safe, staff were kind and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There were enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make decisions for themselves. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people and their relatives were involved in planning the care and support they received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaint procedure in place. Relatives knew how to make a complaint.

Staff told us the registered manager and the deputy manager were approachable and open. The service had various quality assurance and monitoring mechanisms in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were recorded and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

### Is the service effective?

Good 

The service was effective.

Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005).

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

### Is the service caring?

Good 

The service was caring.

Relatives of the people that used the service told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about the care and the support they received.

Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned in line with the needs of individuals. People and their relatives were involved in planning their own care.

Relatives said that the service responded to any concerns or complaints.

### Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place.

# Sama Care Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team.

During our inspection we went to the provider's office. We spoke with the deputy manager and two care workers. We spoke with the registered manager after the inspection. We were unable to speak to people using the service because they were unable to communicate with us verbally however we spoke with three relatives. We looked at four care files, daily records of care provided, three staff files including recruitment and supervision, one medicine record, quality assurance records and policies and procedures for the service.

## Is the service safe?

### Our findings

Relatives told us they felt the service was safe. One relative said, "Very safe." Another relative told us, "Yes, safe." A third relative said, "Yes, I think so. I'm not there but I get feedback several times a day."

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would report any abuse to my manager." Another staff member said, "I have to report to my manager and [local authority] safeguarding straight away. If my manager not doing anything I would report higher."

The deputy manager told us there had been no safeguarding incidents since the service had been registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as risk of nutrition, medicines, falls, mental health, moving and handling, eating and drinking, toileting, hygiene, equipment and environment. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, one person was at risk of choking. The risk assessment stated, "Solid food must be cut into manageable pieces to support smooth swallowing. [Person] prefers to drink milk, water or tea to assist in swallowing." Staff demonstrated a good understanding of their work and they had knowledge regarding various precautions to take in order to ensure people were kept safe and received the care they needed.

Relatives told us their care staff usually arrived promptly and would stay the allotted amount of time. One relative told us, "They [care staff] come on time. They never miss a call." Relatives told us the service would advise them if a different care staff member was supporting their relative. A relative said, "If somebody else [care worker] comes they will call me." Another relative said, "There is a consistency with the carers."

Through our discussions with the deputy manager and staff, we found there was enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. One staff member told us, "We have enough staff. If you are not well [deputy manager] will look for someone else."

At the time of our inspection the service was supporting one person with medicines. The service had been supporting this person for four weeks. A relative we spoke with felt confident in the support provided for medicine administration. The service had a robust medicines policy which gave clear guidance to care staff

of their responsibilities regarding medicines management. MAR sheets were kept at the person's home and were checked during spot checks by the provider. Records showed the person's MARs were complete and accurate. One staff member said, "I record medications in the folder. It's a chart. If [person] refused medication I would write that down."

The service had an out of hours on call system shared between the registered manager and the deputy manager. The deputy manager told us, "Even at 3.00am they [people who used the service] can call me." This meant staff and people who used the service could get assistance, advice and support if needed outside of office hours.

The provider had processes in place for when recruitment checks were carried out to reduce the risks of employing unsuitable staff. This included up to date criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form with their full employment history and proof of their eligibility to work in the UK, where applicable.

The service had an infection control policy which included guidance on the management of infectious diseases. During the inspection we saw supplies of protective clothing available which included gloves and aprons. One staff member told us, "I put on my gloves and apron. Sama Care gives them to me."

## Is the service effective?

### Our findings

Relatives told us the care staff had the skills to meet the needs of their relatives. One relative said, "My first impression is they [staff] are brilliant." Another relative told us, "They [staff] are very qualified." A third relative said, "It is good because they [staff] do a good job."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. One staff member said, "I did induction. Then training and then shadowing. After that I was by myself but [deputy manager] did a spot check." Records showed staff were in the process of completing the Care Certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work.

Records showed staff had completed training specific to their role. Training included infection control, safeguarding adults, duty of care, fluid and nutrition, basic life support, equality and diversity, Mental Capacity Act, fire safety, health and safety and lone working. One staff member told us, "The training is not bad. They ask us if we want any training." Another staff member said, "It's good training. Lots of things I didn't know. It is in a classroom."

Staff received regular formal supervision and we saw records to confirm this. Topics included the staff rota, any concerns about people who used the service, training, complaints and personal protective equipment. One staff member told us, "[Deputy manager] does my supervision. We discuss medication. We talk about doing the best for [person who used the service]." Another staff member said, "I had supervision in February and April. Talk about if I am struggling and if I need any training."

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 Act 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.

The registered manager, the deputy manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff told us when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. Records showed that people and their relatives had agreed to their support by signing a consent to care form and signing an agreement to the service's terms and conditions. One staff member told us, "I need to ask their [people] permission." Another staff member said, "We have to get consent. For example we ask permission about the choice of food."

Staff provided support where required in the preparation of people's meals and drinks. Although nobody was at risk of malnutrition, staff supported people in ensuring people's nutritional needs were met. For example, one care plan stated the person preferred specific food and drinks. Daily records confirmed the

person received the drinks and food they preferred. One staff member told us, "[Person] was craving pizza so we made a pizza together."

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "If they want to see a GP then I will support them." Another staff member said, "If serious I have to call 999, then the office and the next of kin."

## Is the service caring?

### Our findings

Relatives told us staff were caring and gave positive comments about care provided. One relative told us, "They [staff] go above and beyond. They are kind people." The same relative said, "They [staff] seem to be coping with [relative] well. They are gentle, personal and caring." Another relative said about staff, "Very patient and helpful."

Care staff demonstrated awareness about developing positive relationships with people who used the service and were knowledgeable about people's care needs. One staff member told us, "We have a good relationship. You have to listen to them. I try to adapt to make them happy." Another staff member told us, "I always loved caring for people. I help my neighbours, I help everyone." Daily records showed staff took time with people and showed an interest. For example, one daily record stated, "[Person who used the service] wanted to play cards and listen to the radio. [Person] told me about his childhood." Another daily record stated, "I asked [person] how his day was going so far. Then we read a book and played cards." A relative said, "They [staff] suggested [relative] to have a haircut. They suggested taking her. I thought that was very kind."

People were involved in making choices about their care. One member of staff told us, "I will say it's your choice whatever clothes she wants to wear." Care records for people were clear they had a choice about the care they received. For example, one care plan stated, "If [person] hasn't eaten with his family prepare a meal of his choice."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "Respect what clothes [person] wants to wear." The same staff member said, "I tell [person] if they want me to leave the bathroom. I give [person] a choice. You have to knock on the door. You just can't walk in the toilet." A relative said, "They [staff] respect coming into [relative's] house."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member said, "[Person] can make a cup of tea. I will stand next to her and she will make by herself." Care records reflected maintaining people's independence. For example, one care plan stated, "Assist with drinking but sometimes [person] should be encouraged to drink independently." Another care plan stated, "[Person] should be given independence to wash her face and any other part of her body that she prefers to wash without support."

People's cultural and religious needs were respected when planning and delivering care. Records showed people visited their place of worship. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The deputy manager told us, "I would never judge somebody by their sexuality." One staff member said, "I have to welcome and support them. I have to respect people's beliefs. You have to give the best support."

## Is the service responsive?

### Our findings

Relatives told us that the service involved them in decision making about the care and support needs of their relatives. One relative told us, "It is a thorough care plan. I signed off the care plan but [deputy manager] said it will change over time."

Before a person started to use the service the deputy manager would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of their needs had been carried out before they came to stay at the service. Information was obtained from the pre-admission assessment, and reports from health and social care professionals had been used to develop the person's care plan. One relative told us, "I met with [deputy manager] and [relative]. We were there a good hour talking through my [relative's] needs." Another relative said, "They [staff] visited us and saw [relative]. They talked to us and then started the job." A third relative told us, "We had a meeting. [Deputy manager] talked about the care and discussed with my [relative]." This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, my life information, hobbies, personal care, medicines, toileting, mobility, eating and drinking, and dressing. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "[Person] may still be in bed. Please let her know who you are and let her come out of the bed without any rush." Another example, a support plan stated "[Person] likes to go [place of spiritual worship] every Friday. It is very important to him that he looks presentable when going to [place of spiritual worship]." People and their relatives were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The complaints procedure was contained in the service user handbook which was given to all new people when they first joined the service. A relative told us, "I would complain to [deputy manager] but I have no problem." Another relative said, "I would speak to the manager." The deputy manager told us there had been no formal complaints since the service became operational.

## Is the service well-led?

### Our findings

Relatives told us that they liked the service and they thought that it was well led. One relative said, "There are two managers. [Deputy manager] is very good." Another relative told us, "[Registered manager] is good." The same relative said, "[Deputy manager] is very good. She is a kind person." A third person told us, "[Deputy manager] is very understanding about people with Alzheimers. She is very sensitive to the fears of dementia."

There was a registered manager in post. Staff told us the registered manager was open and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is a good manager. He is welcoming to all staff. He is a kind person." Another staff member said, "[Registered manager] is respectful of you. You can ask anything you want." Staff also told us the deputy manager was very supportive. One staff member said, "I think she is very good. Any issues she will support you." Another staff member told us, "She is good and helpful. The company looks after us."

Staff told us that the service had monthly staff meetings where they were able to raise issues of importance to them. Records showed topics on health and safety, infection control, concerns about people who used the service, training, and communication. One staff member told us, "We talk about being on time, any problems with our hours, training, and a lot of other things." Another staff member said, "They [management team] always listen."

The deputy manager monitored the quality of the service by regularly speaking with people and their relatives to ensure they were happy with the service they received. The service undertook unannounced spot checks to review the quality of the service provided. Spot checks included visiting people in their home. The spot checks topics included timekeeping, infection control, dignity and respect, communication, care plan, record keeping and medicine checks. Records confirmed spot checks were undertaken regularly. One relative told us, "[Deputy manager] visits us and checks the staff. She checks everything." Another relative said, "[Deputy manager] comes to check everything." A staff member told us, "[Management team] do unexpected checks. They check how we do the care. If they come across anything they call me into the office. They ask the client [questions] but I have to leave." Another staff member said, "They check how I communicate and the service I give. [Deputy manager] checks how I record information. [Deputy manager] will ask [people who used the service] if happy with me."

The quality of the service was also monitored through the use of annual surveys for people who used the service and their relatives. Surveys for people who used the service included questions about the care plan, punctuality of care staff, communication, respect and dignity, equality and diversity, complaints, and overall experience of the service. Returned surveys were positive. Comments included, "I have no issue with the service", and "I am satisfied with the services I receive from Sama Care."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the

information was current and appropriate.