Sahan Cares C.I.C.

# Sahan Cares C.I.C

## Inspection report

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Date of inspection visit:
06 March 2018
08 March 2018

Date of publication:
25 April 2018

## 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

This announced inspection took place on 6 and 8 March 2018.

Sahan Cares C.I.C provides a domiciliary care service for adults with a range of needs. The service offers support to people who require help with day to day care and support including personal care, meal preparation, light housework, shopping, outreach services and companionship. At the time of our inspection there were 81 people receiving personal care.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People said they felt safe using the service and staff knew the action to take to safeguard people from the risk of abuse. Recruitment procedures were in place and being followed to ensure only suitable staff were employed. There were enough staff to meet people's needs. Risks were assessed and identified so action could be taken to minimise them. Infection control procedures were being followed. Staff knew how to support people with their medicines so that they received them safely. The provider was open to learning from events to improve practice.

People's needs were assessed and care was planned to meet their care and support needs. Staff completed a recognised induction training in health and social care and received ongoing training, to gain the skills and knowledge to care for people effectively. Where required people were supported with their dietary needs and with accessing healthcare services. 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 happy with the care and support they received and found the staff to be very caring. Staff understood people's individual care and support needs and worked with them to meet these. Staff were kind and respectful and maintained people's privacy and dignity. Religious and cultural needs were identified and staff understood people's needs and wishes and respected them.

Care records were comprehensive and provided a good picture of the person and their needs. They were reviewed periodically, and whenever a person's needs changed, to keep the information up to date. People were given copies of the complaints procedure and were confident to raise any issues, which the provider addressed promptly.

The provider had relevant qualifications and experience and ran the service effectively. Monitoring processes were in place and followed. The provider strived to continually improve the service provision. They followed legislation and good practice guidance and listened to people and staff to gain feedback about the service and planned and implemented improvements.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good | **Good** |
| **Is the service effective?**<br>The service remains Good | **Good** |
| **Is the service caring?**<br>The service remains Good | **Good** |
| **Is the service responsive?**<br>The service remains Good | **Good** |
| **Is the service well-led?**<br>The service remains Good | **Good** |

# Sahan Cares C.I.C

**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 was an announced comprehensive inspection that took place on 6 and 8 March 2018. We gave the provider 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the manager would be available to speak with us.

The inspection visits were carried out by one inspector and telephone calls to obtain feedback from people using the service and their relatives were carried out by an expert by experience on 6 and 7 March 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about it, including any notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also spoke with a member of the local authority quality assurance monitoring team.

During the inspection we viewed a variety of records including eight people's care records and risk assessments, recruitment and training details for six care staff, medicine administration record charts for four people using the service, policies and procedures, monitoring records and other records relevant to running a care service. We spoke with the registered manager who is also the company director, the coordinator, ten care workers, the trainer and two administrators. The expert by experience gained feedback from ten people using the service and one relative.

Good

# Is the service safe?

## Our findings

People confirmed they felt safe with their care workers. One person said, "Yes, I do [feel safe]. They are only here for a little while. It's their manner. They feel very confident in what they are doing and they are very polite, very kind." Another said, "Yes. I have a commode in the shower. I have two carers. They can't manage [without two staff]. My legs are not very good at all. They [care workers] are with me, I am secure, I feel safe and they don't allow me to stand too long."

There were policies and procedures available for safeguarding people from abuse and staff confirmed they received training. Staff could list the different types of abuse and were able to tell us about the procedure they would follow to report any concerns, including contacting the local authority and the police if necessary.

Risks were assessed and action taken to minimise any risks identified. Health and safety assessments for the environment were thorough and covered each area of a person's home so risks could be identified and action taken to minimise them. Assessments for safe handling of people were done and a plan in place to identify each person's handling needs, including any equipment in use. People confirmed staff knew how to use equipment safely and staff received training in the use of equipment such as hoists. If a person needed a hoist for moving and handling them then the care workers always attended in pairs so that they could move people safely. One person said, "Yes, they come in twos. Two each time." Risk assessments were also completed for medicines management so staff knew how to ensure people's medicines were stored and managed safely. Staff said they reported any hazards they noted, for example a damaged light or a sharp edge, so repairs could be arranged to make the item safe.

Recruitment processes were followed and checks carried out to ensure only suitable staff were employed by the provider. Application forms were completed and included a work history and explanations for gaps in employment. Pre-employment checks included obtaining two references, a Disclosure and Barring Service (DBS) enhanced check, proof of identity including copies of passports, evidence of people's right to work in the UK and health questionnaires were completed. Staff wore a uniform and had identity badges with their photograph on, which they showed to people when they attended so they knew they were from the agency.

People confirmed there were enough staff and they had regular care workers and were introduced to any new staff. One person said, "I have the same lady unless she is not well. They let me know who else is coming. They usually ring or I am told the day before." Another said, "Near enough, unless one is poorly. I know them all by name. Yes, they were introduced when they first came. The lady who runs the place brought them here. If the carers come with someone new, they say 'this is [carer's name]'. Yes, they are on time. If they are held up they will ring me. They always phone me and let me know." A relative told us, "[Family member] is happy with the carers, they are very caring people. Timewise, they are very good." People confirmed staff recorded their arrival and departure times in the care logs to confirm that the visits had been completed.

The provider said they only took on care packages if they had the staff available to fulfil the hours the person

required. The staff were allocated geographical areas and worked as a team, so if someone was sick then another care worker would be able to cover for them. People confirmed they received care from a consistent group of care workers and any new staff were introduced to them. A rota of the care workers who would be attending each day was included in the person's care records, so they knew who to expect. The provider said this was updated if any changes occurred, for example, holiday or sickness cover. Care workers explained that if they were delayed they would contact the office so the person could be informed, and people confirmed they were contacted if there were any such issues.

People confirmed they received the support and assistance they needed with taking their medicines. Staff said they received medicines training prior to assisting or prompting people with their medicines and this was recorded on the staff training record. The medicines each person was prescribed were recorded in the care records so staff had this information. Staff were able to describe clearly the processes for supporting people to take their medicines safely and we saw medicine administration records (MARs) staff had completed and these were up to date. Where a medicine had not been given, staff had recorded the reason either on the back of the MARs or in the daily records and we discussed ensuring practice was consistent, which the provider said they would address.

Risk assessments for medicines prompting and administration were in place and identified the help each person required with their medicines. Where people had specific administration instructions, for example, if medicines were administered via a feeding tube, then the care workers involved had received training and understood how to administer the medicines safely. Staff said they also knew to observe for and report if they suspected someone was having an adverse reaction to a medicine, for example, to an antibiotic, so this could be addressed. Policies and procedures for medicines management were in place and had been reviewed in January 2018 to keep the information up to date. These included instructions for any specific administration, for example, via a feeding tube.

Staff understood the importance of infection control and the provider supplied them with personal protective equipment (PPE) including gloves, aprons, sleeve and shoe covers. Policies and procedures for infection control were in place and information was also included in the service user guide and the staff handbook, for people and staff to read.

The provider said they learnt from any incidents that took place. We received a comment regarding 'missed calls' and clarified that some late calls had occurred due to weather and travel conditions. The provider confirmed there had not been any missed calls since the last inspection and we saw timesheets were completed for the care workers who attended each visit. The provider had purchased an electronic log-in system to be implemented by the end of March 2018. This would provide the office staff with real-time log-ins so they knew when the care workers had attended each person and could follow up immediately if log-ins were late or had not occurred. If someone raised an issue with the provider either in person or via a feedback form, they would meet with the person to discuss the concerns and then work with them to mitigate the risk of recurrence.

Good

# Is the service effective?

## Our findings

People's needs were assessed prior to receiving care so their needs were identified and care could be planned to meet them. The local authority provided a copy of their assessment and the provider also carried out their own assessment so they could clearly identify the care and support needs for each person. These assessments were thorough and covered the person's needs and each aspect of the care and support to be provided. Care plans were then drawn up and provided a clear picture of the person, their needs and how these were to be met. Staff confirmed they read and followed the care plans when providing people's care, so they had the information they needed to care for people effectively.

Staff were happy with the amount of training they received and said it enabled them to meet people's care and support needs effectively. People confirmed staff understood their needs. One person said, "Yes, I am very pleased with them. They are all helpful." Another said, "They are always going for training at their head office." The provider employed a trainer who was responsible for the training of all the staff. As part of their induction, all new staff completed the Care Certificate within the first 12 weeks of employment. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New staff also shadowed experienced staff so they could learn about the care and support each person required.

Staff said they received training in a range of topics and the training matrix confirmed this. Topics included health and safety, fire safety, emergency first aid, manual handling (practical and theory), infection control, food hygiene and understanding dementia. Over 50% of the staff had completed a recognised qualification in health and social care and this was offered to all staff. Staff meetings for each geographical team were held most weeks and individual supervision sessions took place every three months or sooner if something needed discussing. Staff had annual appraisals and they were encouraged to discuss their progress and identify any training and development needs, so training to address them could be arranged.

People confirmed that where required staff helped them with meal preparation. One person said, "They do my meals. They look in my fridge, see what I have, give me a choice. They wear gloves all the time." Another told us, "Yes, they prepare it all for me. I just wheel myself out there and do whatever is necessary. The carers and I do the cooking. They are like family." Staff said they were happy to prepare any meals people wanted, offered people choices and knew if they had any particular dietary needs, for example, if someone was vegetarian, and they respected this. A relative told us that the staff understood and respected the importance of their family member having a healthy diet, and encouraged them to do so by encouraging them to choose healthy snacks.

The provider worked with other agencies to ensure people's changing needs were met. For example, if people needed new or additional equipment in their homes such as moving and handling equipment or an adjustable bed, the care workers reported this to the provider who contacted social services, who in turn arranged an assessment from an occupational therapist and the people received the equipment they required. Staff told us about this and we also saw an example in a person's care records. One person said, "I had a physio from the hospital [who] came.  Now I don't have to go upstairs." The provider said they had

worked with the local authority and improving links and communications with GPs and community nursing teams. They had met with one GP who provided medical care for several people using the service and work was ongoing for implementing integrated working with health and social care teams.

People's care records included details of health and social care professionals who provided input with their care and support. If someone was unwell staff said they reported this to the provider who would contact the person's next of kin and GP if necessary. We gave staff scenarios of finding people unwell or collapsed and they were clear on the action they would take, including alerting the emergency services, the provider and, where appropriate, carrying out first aid. One care worker said, "If I thought it needed to be reported I would. We know their behaviours and moods and if something is different." People confirmed staff had sought medical help if they needed it. Their comments included, "My carer has in the past. They have alerted him [GP] as to what's happened" and "Yes, I was taken into the hospital. They [care workers] know when I'm not well. They phoned the GP and the ambulance."

Staff had experience of people receiving input from the district nurses, occupational therapist, physiotherapist, dietitian and speech and language therapist (SALT) and understood why people had received the input and how they as care workers could implement the care people required. For example, for someone with specific needs for eating and drinking, the staff read and followed the instructions provided by the SALT.

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. 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. We checked whether the service was working within the principles of the MCA and found that they were.

People's rights to make decisions for themselves were respected. One person said, "They listen to me, they ask me how I am feeling." Mental capacity assessments had been carried out and identified whether people had capacity to make their own decisions. The provider knew those people using the service who had given another person valid and active lasting powers of attorney (LPA) with authority to take decisions about their care and support needs, and we saw where a relative with LPA had signed to consent to the care records on behalf of their family member. There were also care records where people had the mental capacity to sign themselves to agree to their care plans and assessments, which they had done.

A policy was in place in respect of the MCA and staff received training and respected people's rights to make decisions and the importance of acting in a person's best interests. One care worker said, "At the end of the day it is the client's decision." Another told us the most important thing was "consent, choice. Clients have rights." Staff said if they noticed a change in a person's mental ability they would report this to the provider, so they could be reassessed. The provider understood the process to follow in making best interests decisions for people, where they could not give consent, by involving the relevant people such as relatives or health and social care professionals.

Good

# Is the service caring?

## Our findings

People told us their care workers were kind and compassionate. Comments included, "Yes, they are very kind. They will go out of their way to fetch something in for me", "Yes, they are. They do things for me I can't do. They always ask 'do you want any help?'", "Yes, they are very kind. I would not have anybody if they were not kind. They are smiley and happy" and "Yes, she is kind, asks about my daughter. She's a nice lady."

We asked staff to tell us something that was important to them in their work. Their comments included, "Showing respect and having the humility to treat people well", "When you are helping people, to make their lives easy, making them smile, that is really rewarding" and "We are all human beings and you respect each other equally. We give [people] time to get to know us."

People were consulted about their care and support needs and were able to express their views. The provider carried out the initial assessment and then did spot checks, either in person or via telephone to check the person was happy and receiving the care and support they wanted and needed. One person said, "They came here after I had them about six months and asked 'are you happy?' When I first came home I was bedbound and they have helped me [to be more independent]." A relative said, "They do have an inspector and they go through what we are discussing now." We saw that for some people spot checks were more frequent, for example where someone had raised an issue and the provider had addressed it and wanted to ensure the person was now happy that their needs were being met.

People confirmed staff respected their privacy and dignity. One person said, "Yes, she knocks on the door. If I want anything done she will do it. She always asks if I am comfortable, all sorts of little things." Another told us, "If they want to use the toilet, they always ask. They give me privacy in the bathroom." Staff demonstrated a good understanding of the importance of treating people as individuals, of listening to them and respecting their needs and wishes. One care worker said, "It is important to look at a person as an individual, all of us are individuals."

People confirmed the staff listened to them and respected their views. One person said, "They listen to me, they ask me how I am feeling." Another person said, "We have a talk. We discuss the news, the weather, things like that." Staff also showed respect to each other and demonstrated a respectful attitude to people and also in the way they communicated with each other and with the inspector.

Good

# Is the service responsive?

## Our findings

People's care plans were clear and provided a good picture of the person, their needs and how these were to be met. Staff said that if there were any changes in a person's needs they would inform the provider who would reassess the person. If it was identified the person needed more care and support then this was discussed with social services so the care package could be reviewed. People confirmed that staff provided the care and support they required. One person said, "They wash and dress me, and make me look presentable for the day. They are very, very good ladies."

People were happy with the care and support they received and said they had not had reason to request any changes or improvements. One person said, "No, it's exactly the same. I am pleased with it all. They ask me how I am." Another told us, "No, I haven't asked them [to improve anything]. I am quite happy with what they do. They keep the flat tidy." A relative said, "I don't think they have needed to improve. If they are new I tell the carers about his hygiene needs. I ask them to write it in the book." The care records were reviewed annually and also when any changes were required, for example, an increase in a person's personal care needs or the number of visits they received.

People's religious and cultural needs were identified and staff respected these. All the staff working for the provider accepted people's different religions and cultures. One care worker said, "It is important to understand each other's cultures." Another told us they had accompanied people to church and were happy to go to different places of worship. They said, "It's a building, we can go in." One person told us, "They respect my religion and I do theirs. I always give them a little present at Christmas and a box of chocolates at Easter. I respect their fast." People confirmed that there were no issues with having care workers who were of a different faith and they showed mutual respect. Care was taken to match people whose first language was not English with staff who could communicate with them effectively.

The provider offered a rehabilitation service and staff told us they stressed the importance of 'empowering people' to regain their independence. Some people received Outreach services which is where they had allocated hours for care workers to accompany them into the community for social activities such as shopping, attending clubs and hospital appointments, so enabling people to continue to pursue hobbies and their normal daily routines. Staff told us they enjoyed this and felt they helped people to keep involved with their interests.

The provider had a complaints procedure and this was given to everyone who used the service. People knew how to raise a complaint. Comments included, "Well, I think you phone up the office and tell them how you feel and what has happened. I have had no complaints", "I spoke to the woman in charge. I was happy with the outcome" and "I would just contact the manageress if I had any complaints. I phoned the office once and it was sorted out straightaway [traffic delaying carer]." A relative confirmed they would contact the manager. They told us, "She's very easy to approach and she takes things on board. We would start with her first." We viewed the complaints file and saw that where concerns had been raised the provider had investigated, responded to the person and taken action to address the concerns raised.

Staff said they had provided end of life care for people in the past, but were not doing so at the time of our inspection. Staff were happy to provide end of life care and said they missed clients who had passed away.

Good

# Is the service well-led?

## Our findings

People were happy with the agency and confirmed they were consulted about the service they received. Comments included, "Yes, I have. They sent me some forms", "Yes, and I am quite happy at the moment. They leave a form", "They do ask. I said 'yes, I am [happy with the service]'", "Yes. [Name] came round the other day for a chat" and "They send out a survey. I always put, I am satisfied."

The provider carried out satisfaction surveys every six months and reviewed the responses received. Any areas for concern were noted and addressed, for example by carrying out a visit to discuss the issue and find a satisfactory solution, and by retraining staff in any areas they required to improve their skills and knowledge. Unannounced spot checks were carried out regularly to people's homes to monitor the quality of the care and support people received. People were confident to contact the provider and said that where they had raised issues, these had been acted upon by the provider and the issues addressed satisfactorily.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The registered manager was also the company director and had set up the service several years ago. They had a management qualification in health and social care, a degree in business and human resources and kept their training up to date through online and face to face training. The coordinator was also very involved with the running of the service and both demonstrated a good knowledge about all aspects of the service and managed it effectively.

Staff said the registered manager and coordinator were approachable, listened to them and was very supportive. Their comments included, "They [Management] are good at communicating and they are a good team", "Sahan Cares CIC is very good, all the staff are like one and treat us very well" and "The management and communication are good. Every time I call they answer straight away." All the staff we spoke with enjoyed working for the service and said they would be happy to have a loved one cared for by them. People also said they would recommend the service to others requiring care and support.

The provider listened to staff and acted on their comments to improve working conditions and maintain continuity of care for people using the service. For example, they had reviewed shift patterns and staff said this had improved their way of working as they had a clear work routine, either morning and lunchtime or afternoon and evening. This provided continuity for people using the service and meant staff could plan child care and their daily routines. Staff also worked in teams and could provide cover for each other for any absences. Another improvement had been reviewing travel arrangements for 'double up' calls, so the two care workers travelled to each visit together. This meant they arrived and left the visit together and ensured people received the care and support they required in a safe way. People confirmed that where they had double up calls two staff always attended.

The provider was a member of several care organisations and received publications and newsletters with good practice guidance and updates. They attended care exhibitions and conferences and also the local

authority provider forums and kept up to date with any changes in legislation, good practices and local information. The provider worked with the local job centre and offered training for prospective care workers. The provider said they were also part of a social enterprise, 'training local community members to be empowered to work.' The service was a charity that empowered Somali women to get into the workplace and gain experience and qualifications.

In 2017 the provider had been nominated for two business awards in respect of health and wellbeing and community care. The registered manager emphasised the importance of putting the experience of people using the service and the care workers first and to constantly work to improve them.

Systems were in place for monitoring aspects of the service and action taken to address any shortfalls identified. The administrators reviewed the daily logs and the medicine administration records each month and any shortfalls were discussed with the care workers so action could be taken to improve record keeping. The provider audited a percentage of the records so they kept up to date with the quality of the records being maintained and identify areas for improvement where necessary. Accidents and incidents were monitored and we saw that there were no particular patterns or trends. The provider said they would address this should any be noted in the future.

The provider had policies and procedures that reflected the legislation and good practice guidance used to inform each document and these had been reviewed in January 2018 to keep the information current. These were comprehensive and covered each aspect of the service. Staff had access to these documents and confirmed they kept up to date.