

Sinan Care Limited

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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

This inspection took place on 15 August 2017. We gave the provider two days' notice that we would be visiting their head office.

This was the first inspection of this service since the service was registered with the Care Quality Commission in June 2016.

Sinan Care Limited provides support and personal care to people living in their own homes. There were six people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff, felt safe with them and trusted them.

Staff knew how to recognise and report abuse and they understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew that people must be treated with respect. Staff understood that there were laws to protect people from discrimination.

Where any risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

People told us that staff came at the time they were supposed to or they would phone to say they were running late.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed.

Staff had completed training in the management of medicines however no one using the service currently needed any support with their medicines.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff were provided with the training they required in order to support people effectively.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their care.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by the registered manager.

People and their relatives told us that the registered manager and staff were quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including regular surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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.

People told us they felt safe and trusted the staff. They said there were enough staff to support them safely and that staff arrived on time.

Where any risks to people's safety had been identified, the registered manager had recorded ways to mitigate these risks.

Although people did not currently require support with their medicines, staff had completed medicine management training.

Recruitment procedures were being followed to ensure the service only employed appropriate staff.

Is the service effective?

Good ●

The service was effective.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care.

Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring.

People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

People told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

Good ●

The service was well-led.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the registered manager and told us they appreciated the clear guidance and support they received.

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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 checked 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 was undertaken on 15 August 2017 by one inspector. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

After our visit we spoke with two people who use the service and four relatives.

Before the inspection, we reviewed information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and well-being of people.

We spoke with four staff who supported people with personal care and the registered manager.

We looked at six people's care plans and other documents relating to their care including risk assessments and daily notes. We looked at other records held by the service including health and safety documents, quality audits and staff recruitment, supervision and training records.

Is the service safe?

Our findings

People told us they liked the staff and were well treated by them. One person told us, "I feel safe. I'm okay." Relatives told us they had no concerns about safety and they trusted the staff who supported their relatives. A relative commented, "I trust the staff. They are very helpful for me."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed. Staff were confident that the registered manager would take action if they had any concerns.

The registered manager understood their responsibilities regarding reporting potential abuse and the procedure for notifying the appropriate authorities was on display in the office. Staff knew they could also report safeguarding concerns to outside organisations such as the police and the local authority.

Before people were offered a service, a pre-assessment was undertaken by the registered manager. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility and falls. Where risks had been identified, the registered manager had discussed with the person or their representative ways to mitigate these risks. For example, where people had a mobility problem, there were clear instructions for staff to support people when washing or dressing. Staff understood the risks that people they supported faced and described the risks to us and the ways they mitigated these risks.

People confirmed that the registered manager had talked with them about the risks they faced in connection with their care. One person told us, "Yes, we talked about risks."

The registered manager had also carried out risk assessments for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Part of the assessment, carried out by the registered manager included making sure that there were enough staff to meet people's individual needs. Most people using the service had one staff member visit them to assist them with personal care. One person who had more complex needs required the assistance of two staff at each visit. They told us they were happy with this arrangement and felt safe when being supported.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time. One staff member told us, "I don't feel rushed."

People told us that staff arrived on time or would phone them if they were running late. One person told us, "The staff are always on time." Another person commented, "[The staff] are very punctual."

Staff had completed training in the management of medicines and understood what they should and

should not do when supporting people or prompting people with their medicines. No one using the service currently required any assistance with managing their medicines.

We checked all seven staffing files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained references, criminal record checks and information about the experience and skills of the individual. The registered manager carried out checks to make sure the staff were allowed to work in the UK.

Is the service effective?

Our findings

Staff were positive about the support they received in relation to their training and development. One staff member commented, "The training is good." Another staff member told us, "I enjoy it."

Staff told us that they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene and moving and handling.

People who used the service and their relatives told us that they had confidence in the staff who supported them and that staff were effective. One person told us, "[Staff member] is well trained."

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. Supervision included spot checks on staff, by the registered manager in people's homes. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "Things can change; we need to keep up to date." Staff confirmed that supervision was a positive and supportive experience for them and they could discuss what was going well and look at any improvements they could make.

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. One staff member said, "It helped me see how the job is meant to be done." Another staff member told us, "It helped me a lot." We saw satisfactory records in relation to staff training, supervision and induction.

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care. The registered manager told us that no one currently being supported by the service lacked the capacity to make decisions relating to their care. All staff had received training in understanding the MCA (2005). People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do.

People's capacity to consent to care and treatment was detailed in their care plans and these had been signed by the person to indicate they agreed with their support and care needs. Care plans also reminded staff that they must always seek the person's consent before providing any care and support.

Although all staff had undertaken training in food hygiene, people did not currently require any help with cooking or eating as part of their package of care. People either cooked their own meals or this was

provided by their family.

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with respect and kindness. Comments from people were consistently positive about the caring attitude of the staff. One person told us, "The staff are helpful and kindly." Another person commented, "We always have the same carer. I'm so happy about this." Although the service was relatively new, we could see, from talking with both staff and the people they supported, that professional, caring relationships had formed.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. One person told us, "I'm involved, I'm aware of everything."

The service had an equality and diversity policy and staff were aware of this and understood that racism, ageism and homophobia were forms of abuse. One staff member told us, "We treat people equally, it's good we have these rules." They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to religious observance.

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes and dislikes. Every care plan had a section entitled 'my life, my hobbies, like and dislikes and my family'. People confirmed that they were treated with respect and their privacy was maintained.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People using this service and their relatives told us that the registered manager and staff responded to any changes in their needs. One person told us, "[The registered manager] comes around and reviews my care and he calls as well."

We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the registered manager. The registered manager told us that they would then contact the placing authority to reassess the person's needs and provide more time if required.

Each person had a care plan that was designed to meet their identified needs. Care plans reflected how people were supported to receive care in accordance with their needs and preferences.

We checked the care records for all six people. We saw that people had been involved in their care planning and each person or their representative had signed the plan to confirm they agreed with the support they were being given.

People's needs were being regularly reviewed by the service and involved the person receiving the service, their relatives and the placing authority if applicable. Care plans included a record of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "I've had no worries." A relative commented, "I'm not worried about anything."

There had been no complaints since people started receiving a service in November 2016. The registered manager went through the complaints process with us and we saw that people were asked if they had any complaints at regular reviews of their care.

Is the service well-led?

Our findings

People using the service, their relatives and staff were very positive about the registered manager. One staff member told us, "He understands staff. We have a good relationship with our manager." Another staff member commented, "He looks after the clients and us." Staff said the registered manager was open and supportive. They went on to say he listened to them and helped them if they had any problems.

People who used the service and their relatives told us that they felt the service was well run. They thought highly of the registered manager and one relative told us, "He's good; he comes round to ask if everything is okay, he's nice."

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff and regular reviews of service provision.

People confirmed they had been asked for their views about the service and that they could contact the registered manager to discuss any issues and they were listened to.

We saw completed surveys that indicated people were satisfied with the service. Comments recorded from the most recent survey in July 2017 included, "Everything is good with our service," "The service we receive is good and I am very happy with my carer "and "We are extremely happy with our service."

The registered manager told us that they would contact the respondent if there were any issues that needed addressing straight away.

Staff confirmed they attended team meetings with the registered manager. We saw from the minutes of these meetings that the registered manager was open and transparent with staff and staff told us they were able to raise any issues or make suggestions for improvements. A staff member we spoke with told us that the registered manager had taken action when they had made a suggestion about a person's mobility issues.