Sahan Cares C.I.C.

Sahan Cares C.I.C

Inspection report

Sahan Cares C.I.C
18-20 East Avenue
Hayes
Middlesex
UB3 2HP

Tel: 02088481380

Date of inspection visit:
10 February 2016
11 February 2016

Date of publication:
16 March 2016

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 was carried out on 10 and 11 February 2016 and the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls to gain feedback about the service from people and relatives were made on 12 February 2016.

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 routines including personal care, meal preparation, light housework, shopping and companionship. At the time of our inspection there were 68 people receiving personal care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We received positive feedback from people, relatives and care staff who felt the service was well run and people's needs were identified and being well met.

People felt safe using the service and systems were in place to identify and manage risks. Staff understood how to support people with medicines management so they received their medicines safely. Infection control procedures were in place and being followed by staff to minimise any risks.

Staff recruitment procedures were in place and were being followed to ensure only suitable staff were employed at the service. There were appropriate numbers of staff available to provide the care and support each person required.

Staff understood safeguarding and whistleblowing procedures and the process to follow to report any concerns. There was a complaints procedure in place and people confirmed they would be confident to raise any issues they might have, so these could be addressed.

Staff had received training and demonstrated an understanding of people's individual needs and choices and how to meet them. Staff understood the importance of treating people with dignity and respect and people and relatives confirmed this.

We found the service met the requirements of the Mental Capacity Act 2005 (MCA). The registered manager and the staff understood their responsibilities in line with the MCA requirements and knew to report any concerns in relation to these that might arise. The registered manager confirmed no person was being deprived of their liberty at the time of our inspection.

People received the support they required to meet their nutritional needs. Systems were in place to respond to people's healthcare needs and staff understood these.

Staff understood the importance of meeting people's individual needs and provided person-centred care and support to people. Care records identified people's needs and the ongoing care and support people required and received.

The registered manager was supportive and approachable. They championed the importance of the different religious and cultural needs of people and care staff to be understood and respected.

Systems were in place to monitor the service and the registered manager kept up to date with current good care practices and procedures to maintain a good standard of care provision.

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. Risks were assessed and action plans put in place to minimise them.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and being followed. The service had enough staff to meet the needs of people using the service.

Staff understood medicines management procedures and provided the support people required to take their medicines safely.

Infection control procedures were in place and being followed by staff to minimise any risks to people and staff.

Is the service effective?

Good

The service was effective. Staff received training so they had the knowledge and skills to care for people confidently and effectively.
Staff understood and respected people's rights to make choices about their care and knew to act in their best interests and ensure their freedom was not unduly restricted.

People were supported to maintain appropriate nutritional intake. Staff recognised changes in people's healthcare needs and took appropriate action to ensure input from healthcare professionals was sought in a timely way.

Is the service caring?

Good

The service was caring. People told us staff treated them with dignity and respect and maintained their privacy. Staff prioritised this in their care for people.

Staff took the time they needed to give people the care and support they required.

Care records reflected people's individual needs and wishes and

staff understood these and cared for them in a person-centred way.

Is the service responsive?

Good

The service was responsive. People's care and support was planned and reviewed when any changes were identified so people's needs continued to be met.

People and relatives said they would feel confident to raise any concerns with the registered manager so they could be addressed.

Is the service well-led?

Good

The service was well-led. The registered manager had a good understanding of managing the service and encompassing the religious and cultural needs of people and staff and promoting good communication.

People and relatives felt able to speak with the registered manager when necessary and care staff said the registered manager was supportive and approachable.

There were systems to assess and monitor the quality of the service. The registered manager followed good practice guidance and information to keep their care skills and knowledge up to date.

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.

The inspection was carried out on 10 and 11 February 2016 and the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The inspection visits and getting feedback from care staff were carried out by one inspector and a second inspector carried out telephone calls on 12 February 2016 to obtain feedback from people using the service and their relatives.

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.

During the inspection we viewed a variety of records including four people's care records, recruitment and training details for six care staff, medicines administration record charts for two people using the service, risk assessments, monitoring records, service information available for staff and people and policies and procedures.

We spoke with eight people using the service, four relatives, the registered manager who was also the nominated individual for the service, the care coordinator and ten care staff. We also spoke with the local authority quality assurance manager.

Good

Is the service safe?

Our findings

We asked people if they felt safe with the service and they told us they did. One person said, "I am very happy with them, safe, yes I would certainly say so." Another told us they felt 'very safe' when care staff were using the hoist and said, "They know what they are doing, my carers, they are excellent."

Policies and procedures for safeguarding and whistleblowing were in place and being followed to protect people from the risk of abuse. Care staff said they had undertaken safeguarding training and training records we saw confirmed this. Care staff were clear about identifying and reporting any suspicions of abuse to the registered manager. Care staff understood whistleblowing procedures and knew the agencies they could contact if they had any safeguarding concerns, including the local authority, the police and the Care Quality Commission. Many of the people had key safes and the care staff said for security purposes they memorised the numbers so they did not have to write them down.

Risks were appropriately assessed to keep people safe. A health and safety assessment of people's homes was carried out prior to providing care to identify any risks and record the action required to minimise these. A safer handling plan was in place which identified the moving and handling task, how this was to be carried out including equipment to be used, number of care staff to be involved and any other advice relevant to the individual, to clearly show how each person's moving and handling needs would be met. Risk assessments for medicines were also in place, to ensure people's medicines were managed safely. Care staff said if they identified any new risks they informed the registered manager promptly so action could be taken to address them. We asked care staff about moving and handling equipment in people's homes and care staff said they checked servicing was carried out when it was due. They told us if they had any concerns they contacted the registered manager, who in turn knew who to contact within the local authorities to alert them to the fact a service was due. This meant equipment was being maintained safely.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Care staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included two references, including one from their previous employer where applicable, Disclosure and Barring Service checks, health questionnaires and proof of identity documents including the right to work in the UK. Photographs of each member of staff were taken and care staff were issued with identity badges which they wore when attending people's homes. We saw these being worn by all the care staff whom we spoke with and they confirmed they always wore their identity badges when carrying out the visits so people knew they were from the service.

There were appropriate numbers of care staff employed to meet people's needs. People confirmed they received the help and support they needed and care staff always attended and stayed for the length of time they were scheduled for. They said they had a team of care staff who they had got to know, which was good for continuity. The care staff teams were allocated a geographical area so travel was easy from person to person. Care staff said for people who required two care staff they met at the house and went in together so they were both there for the full time to support the person safely. Cover was provided within each team for holidays and sickness and care staff were happy that they worked well together so people received

continuity of care. The service had a contingency plan in place to include planning for bad weather conditions and travel disruption, so action could be taken to ensure people continued to be cared for safely.

Care staff were able to describe the action they would take in an emergency situation, including contacting the emergency services and recording and reporting events to the registered manager. We saw incident reports were completed for any accidents and incidents that occurred and these recorded that staff had taken appropriate action. The service had an on call system so people, their relatives and care staff could contact the registered manager outside office hours should an issue arise, for example, a care worker being unwell and needing cover to be arranged for a visit.

Systems were in place to ensure people received their medicines safely. The service had a medicines management policy in place and the care staff handbook also contained information about medicines management, which stated care staff must be trained before being involved with supporting people with their medicines. Care staff were able to describe the process they followed to support and assist people with their medicines and said they had received training, which was verified in the care staff training records we viewed. Care staff described any additional care and support people might need related to medicines, for example, to rinse their mouth after using an inhaler to clean it. Medicines risk assessments were in the care records and identified the support people required with their medicines. Medicines administration records (MARs) were available to be used for recording the administration of a person's medicines where required and care staff understood how to complete these. We saw MARs for two people and these had been typed up by the registered manager and completed correctly by the care staff. The records were clear and recorded the medicines each person was prescribed and the time of day they took them. The administrator ensured the new MARs were ready each month and also that when they were returned to the office they were checked to ensure they had been completed correctly.

Systems were in place for infection control and these were being followed to protect people and staff. Infection control procedures were in place and were contained within the staff handbook, so care staff had the information to read and refer to. Care staff had also received training in infection control and understood the procedures to follow to minimise infection risks. Care staff were provided with personal protective equipment (PPE) including gloves, aprons, arm protectors and shoe covers. Care staff were clear about wearing this when attending to people and disposing of all PPE to minimise the risk of infection. People confirmed that care staff wore PPE, washed their hands and were clean and tidy with disposing of waste products. One person said, "They are very particular about not transferring germs, they wear all the right protective equipment."

Good

Is the service effective?

Our findings

The registered manager told us they matched the care staff with people using the service and ensured care staff had the knowledge and skills so they felt confident they could meet people's needs. The care staff were all Somali ladies of the Muslim faith. Care staff told us it was important to be receptive to learning about people's different religious and cultural needs so they could meet their needs effectively. One care staff said, "You accept people for who they are." The registered manager said they carried out the assessments in people's homes and recognised the fact that central to being able to provide effective care was the need for people and care staff to feel confident together and to have a mutual trust.

Care staff received training to provide them with the knowledge and skills to support and care for people effectively. People and their relatives said care staff knew how to provide care effectively. One relative told us, "They are very competent in what they do." Care staff received induction training and told us they completed this and also shadowed for up to two weeks alongside experienced colleagues to gain experience. One care staff told us, "I feel comfortable having done the shadowing." Two care staff had recently completed the Care Certificate which was the current recognised induction training course. Once they had completed their induction, care staff were able to undertake a recognised qualification in health and social care and the majority of care staff had done so or were currently undertaking this training. We viewed training records and saw care staff received training in topics including health and safety, infection control, first aid, moving and handling, continence care, dementia awareness, safeguarding and medicines management. Care staff demonstrated a good knowledge of caring for people and recognising symptoms, for example, if someone developed a urinary tract infection and the action to take. Care staff were enthusiastic about the training they received and one told us, "I absolutely love it, we learn so many things."

Care staff also received training in English for speakers of other languages (ESOL) and numeracy and literacy to help them with their communication skills. All the care staff we spoke with had clear spoken English and this was also confirmed by the people and relatives we spoke with. This meant care staff were able to communicate effectively with people. The registered manager carried out spot checks in people's homes to observe the care and support care staff provided to people. Care staff said they received regular supervision sessions with the registered manager, either individually or in groups and found these sessions productive. Care staff confirmed they received the training and support they needed to care for people effectively and this was evident from our conversations with them and feedback from people using the service and their relatives.

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 understood the requirements of the MCA in relation to people using the service. People's care records contained a copy of the MCA policy and a mental health assessment had been carried out as part of the initial assessing of the person so their mental health and the effect of this on their everyday ability to make decisions for themselves was identified. Care staff had received mental health

awareness training and understood about acting in a person's best interests. The registered manager said the local Mental Health team would provide input for specific mental health care needs, for example, a diagnosis of schizophrenia, to provide staff with an understanding of the illness.

Care staff respected people's rights to make choices for themselves and said if they had any concerns that someone was no longer able to make these decisions, they would inform the registered manager so action could be taken to reassess the person. Staff confirmed people using the service were not having their liberty unduly restricted. We saw evidence that the registered manager had been involved with a multi-disciplinary team best interest meeting for a person whose mental health condition had deteriorated. The registered manager had provided input about the individual and action had been taken to meet the person's changing needs. This meant care staff understood people's rights to make choices and the action to take if someone's mental condition deteriorated.

Some of the people we spoke with confirmed care staff provided assistance with meal preparation. Care staff said they assisted with mealtimes where required and the majority of people had chilled or frozen meals that could then be heated up in the microwave. They said for some people they cooked simple meals that were easy to prepare, for example, an omelette. We asked care staff if they were happy to assist people with the preparation of pork products, for example, a ham sandwich and all the care staff confirmed they were and would wear disposable gloves for this purpose. Care staff comments relating to this included, "Their shopping, their food, their choice" and "It's their choice, you can't choose, they choose." If there was a concern someone was not eating properly or they noticed someone was losing weight, care staff said they would report this to the registered manager so medical help could be obtained.

Information regarding people's healthcare was recorded in the care assessments and care staff said they read these to ensure they understood people's needs. Care staff said if anyone was unwell they would contact the registered manager so input from the GP or community nurse could be sought. A relative confirmed that care staff communicated effectively with healthcare professionals and liaised with them in respect of their family member's care. If people had equipment in use to meet their needs, for example, a hoist and it was not working properly, the care staff told us they informed the registered manager so repairs could be arranged. If people's needs changed and equipment needed to be reviewed, then input from an occupational therapist would be sought. This meant people's healthcare needs were identified and input from healthcare professionals could be accessed when needed.

Good

Is the service caring?

Our findings

People and their relatives were happy with the care being provided. Comments included, "My carers are kind, caring and do what I need. They take their time, we have a great old chat as well. They are very patient with me, I have to say and I can be quite slow you know." "They are always very pleasant and kind." "They are very kind." "The carers are my relative's comfort zone, as they know my relative so well" and "All of the carers are kind and caring." People said care staff were friendly and chatty when providing care, which helped them to feel comfortable and confident with them. One person said, "There is not one thing I can say bad about them, they are very good. They always ask how I am, what can I do for you today."

We asked the care staff what they felt was important when caring for people. Their answers included, "You have to allow them choice." "Be kind, be patient." "When you leave the person make sure they are comfortable." "Treat them with dignity." "To be kind and give them the right care." "In this work you must be patient and kind" and "The person is the centre and they need to be satisfied."

People said if care staff let themselves in using the key safe they always called out to let the person know they were there and who was coming into their house. People confirmed the care staff provided personal care and always treated them with dignity and respect and knocked on the bedroom door before entering. Comments included, "I really like [care staff] they both really look after me" and "All my carers' are kind and respectful." People said the care staff made sure they always maintained their privacy when providing care and felt the care staff were experienced and knew what they were doing.

People confirmed care staff offered them choices, for example, with what they wanted to wear each day and the meals they wanted to receive. One person told us the care staff never assumed and would always check with them what they wanted to eat and drink. People and relatives also confirmed the care staff visited at times to suit the individual, with some people wanting early calls and others wanting later calls. Two examples were someone who had a call early evening which they liked and another person who had a call later on at their request. They told us, "It suits me that I can go to bed late." They also said, "They always check with me if I need anything else, can we get you an extra cuppa before we leave."

Information from the local authority assessment alongside the service's assessment provided care staff with information about people, including information about the person's life history. This provided care staff with information about the person and topics for discussion when providing people with care and support. We saw in one person's file that they required female care staff only and the registered manager said people's preference for gender care was asked and if someone only wanted a male carer they would not be able to take on the package at this time.

Good

Is the service responsive?

Our findings

People and their relatives felt the care staff were flexible and responded to people's needs. Comments included, "They do all they are asked, my relative likes that and it's good that we have the continuity of the same group of carers." "I am very independent and try to manage, but when my carer arrives they will do anything that I have not managed to do. They always ask me what help I want." "They are very friendly and always on time, that is very important for my relative who likes routine." "The carers being on time is particularly important" and "To tell you the truth we could not do without them. They are a great set of ladies, we are very fond of them." People liked having the same group of carers and one relative told us, "That really helps with continuity, they know my relative very well and are able to support in a flexible way." Another said that they felt the care staff respected their relative's wish to do things for themselves however difficult or slow the process might be. The care staff also commented that they got to know the people they cared for and could respond well to them as they were familiar with the care and support they needed.

People's care plans contained clear information about the care and support they needed. Care staff confirmed they read this information so they knew the help each person needed. Care staff said if a person's condition changed they contacted the registered manager so they could visit and assess the situation. Then, if necessary, the registered manager would arrange for the funding authority to review the person with a view to changing the care package to meet their changing needs. If someone went into hospital their needs were reassessed to ensure any changes to their care package could be made prior to their discharge home. We saw in one care plan where the care package had been increased to meet the person's changing needs. The registered manager carried out reviews to give people the time to discuss their care and this was an opportunity to ensure people's needs were still being responded to effectively.

We asked care staff about responding to changes in people's needs and one of them told us, "You know the person and the family and you know when something is wrong." Care staff said they would report any changes so appropriate action could be taken to address them. We saw information in the daily logs was clear and recorded the care and support that had been provided on each visit. The care staff told us they communicated well with each other to pass on information. For example, if someone did not eat well at breakfast then care staff said they would ensure they recorded this and informed their colleagues who were attending the person later in the day, so they could check on the person's dietary intake and if necessary report any concerns. They also checked to ensure people had enough food in stock and if necessary would do some shopping to ensure people had a food supply. We also asked care staff about their attitude to their work and comments included, "Every day I learn a lot and enjoy the work I do" and "I want to be part of the community and to progress in my work."

Systems were in place so people could raise any concerns to be addressed. Complaint information was contained within the service user guide given to each person receiving care and support from the service. People and their relatives said they would be confident to raise any concerns. We asked people about this and comments included, "I have no problems with the carers and I would certainly tell them if I was not happy" and "I have no complaints, I am quite happy with my carers, thank you." We saw complaints received had been recorded, investigated and responded to and an action plan drawn up to address the

concerns raised. People said if they contacted the office to raise a concern or raised it directly with the care staff they had found the issues had been promptly addressed. We asked care staff what they would do if someone wished to raise a complaint. They were clear about the information contained in the folders in people's homes and said they would encourage the person to speak with the registered manager. Comments from care staff with regard to people raising complaints included, "People have free speech, they have to talk." "If they are not happy they have the right to express themselves."

Good

Is the service well-led?

Our findings

We asked people and their relatives for their opinion about the service. Comments included, "All in all a very good service, we have no concerns or complaints at all." "We are all very happy with the care provided, they are pleasant and nice." "My relative and the family would not want to lose them, they do a good job." "As a family we are all very pleased with the care staff. The agency have never let us down, not once, it is a very good service. I know my relative would not want to change the carers, so I hope we get to keep them." "Yes I would certainly recommend them, if you need any help they will not let you down, they are dependable and reliable" and "On the whole, yes I am very happy." We received some comments regarding occasional delays in people being called back by the office staff and we fed this back to the registered manager who was receptive and said they would address this with the office staff.

We asked care staff about the way the service was run and the support they received. All were very positive and comments included, "Fantastic." "The best." "Really kind." "Listens to us." "Sees us straight away." "If you are ill you can ring and say and this is accepted" and "It's really organised." The registered manager recognised the importance of care staff having the confidence and knowledge to provide the care and support individuals needed. It was clear from speaking with her that they worked to achieve this by providing care staff with the training and opportunities to discuss any issues before they went to care for people, so they were well prepared and had the knowledge and confidence to carry out their work. They told us about the importance of not allowing race or religion to cause a barrier for anyone who used or worked for the service and getting a mutual understanding and respect of cultures. The registered manager also commented on the importance of staff having a good work/life balance, of supporting staff and of acting on any concerns if something went wrong.

We saw that people had been given the opportunity to complete satisfaction surveys and two people and relatives confirmed they had filled in surveys. One relative said they had also been telephoned to get feedback of how the care was working and to make sure their family member and the rest of the family were happy with it all. We saw surveys had been completed by 29 people between October and December 2015 and people were overall very satisfied with the service. The registered manager had followed up any points raised and had recorded the action they had taken to address them. The results had also been collated and an action plan put in place to address the points raised, for example, occasional timekeeping and recording issues. We saw this had also been discussed at care staff meetings so they were made aware of the issues and given feedback from the survey results. Completed telephone surveys were also available in the office and we saw that where any points had been raised action had been taken to address them.

Care staff said the registered manager carried out unannounced spot checks at people's houses to monitor the quality of the care they provided. Care staff surveys had been carried out in October 2015 and the staff response was very positive about the support they received from the service. Comments included, "I feel happy to be part of the Sahan Cares team. I am happy with the job and the management" and "I have learnt many skills in communication as well as practical." There were monthly care staff meetings and group supervision sessions also. We saw minutes from staff meetings held in February 2016 and these had covered a variety of topics including reporting and communication, log sheet completion, timesheets, infection

control and quality of care. Minutes were clear and staff said the meetings were positive. Care staff groups were encouraged to work together as a team and there had been awards presented by the service for the best teamwork. Care staff found this motivating and expressed their satisfaction with working together as an effective team. People and relatives had got to know the groups of care staff who provided care and support and commented positively about the way this was managed to provide continuity of care.

The administrator was responsible for auditing and monitoring the records that came back from people's homes including medicine administration records and daily records, to ensure they were correctly completed. They told us if they found any issues, for example, issues with written English or comments that were not clear, then they would speak with the care staff concerned so they could improve their recording. The service also used spot checks, telephone and written surveys and contacts with healthcare professionals to monitor the quality of the care being provided by the service.

We asked the registered manager how they kept up to date with information about the care sector and they said they accessed Community Care and Care Quality Commission (CQC) websites and were signed up to receive newsletters to keep up to date with any changes in care practice. Policies and procedures were in place and were updated periodically to keep the information current. Notifications were being sent to CQC for any notifiable events, so we were being kept informed of the information we required.