Sinan Care Limited

Sinan Care Limited

Inspection report

Room 11 The Pavilion
280 St. Ann's Road
London
N15 5BN

Tel: 02036892579
Website: www.SinanCare.com

Date of inspection visit:
18 November 2018
23 November 2018

Date of publication:
22 January 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 19 and 23 November 2018.

This service was last inspected on 15 August 2017 and was rated 'good'. We carried out this inspection because we received information of concern from two local authorities which related to safeguarding and good governance. Following this inspection, we have rated this service as 'requires improvement'. This is the first time the service has been rated 'requires improvement'.

Sinan Care Limited is a domiciliary care agency. Staff provide support with personal care to people living in their own houses and flats in the community. The provision of personal care is regulated by the Care Quality Commission.

At the time of this inspection there were approximately 20 people using the service.

There was a registered manager in post. 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 liked and trusted the staff who supported them in their home. Staff understood their responsibilities to keep people safe from potential abuse, bullying and discrimination. Staff knew what to look out for that might indicate a person was being abused.

Risks to people's safety and that of the staff had not always been fully assessed or recorded in people's care plans. Ways to reduce identified risks had not always been fully explored.

Staff were not always clear about their role in the management of people's medicines.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in people's homes.

Records in relation to pre-assessments carried out and the subsequent planning of people's care and treatment were inconsistent and not always accurately recorded.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were able to make day to day choices and decisions about their care and the staff and management were flexible and responsive to this.

Staff told us that the management listened to them and acted on their suggestions.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) and the Care Quality Commission (Registration) Regulations 2009. These were related to safe care and treatment, good governance, notifications and person-centred care.

We have made three recommendations in relation to supporting staff, complaints and the management of medicines.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The systems used for assessing risks to people's safety were inconsistent and ways to mitigate risks were not always being recorded in sufficient detail.

The systems used for managing people's medicines were inconsistent which made it unclear what staff should and should not do when helping people with this area of their care.

Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in people's homes.

There were enough staff to support people safely.

Is the service effective?

Requires Improvement

The service was not always effective. People's physical, mental health and social needs were not always being holistically assessed.

Systems used to support staff and monitor their practice were inconsistent.

Staff had received the training they needed to support people effectively.

Staff understood the principles of the MCA (2005) and were aware of the need to always obtain consent when they supported people.

Where this was provided, people were happy with the support they received regarding nutrition and hydration.

Staff were aware of how to contact healthcare professionals or emergency services when required.

Is the service caring?

Good

The service was caring. People were consistently positive about the caring attitude of the staff.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences, and people were involved in making decisions about their care.

Staff respected people's privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's individual needs were known to staff but not always accurately recorded in their care plans.

People where not always involved in planning or reviewing their care provision.

People knew who to contact if they had a concern or complaint and the registered manager dealt with complaints effectively. However, inconsistent recording of complaints made it difficult to identify any potential learning and service improvements.

Is the service well-led?

Requires Improvement

The service was not always well-led. Management systems were being inconsistently applied and important documentation such as care plans and risk assessments were not always being accurately completed.

Important notifications, affecting the safety and well-being of people using the service were not always being sent to the CQC as required by law.

People using the service, their relatives and staff were positive about the management and staff told us they appreciated the clear guidance about the vision and values of the organisation.

Sinan Care Limited

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 unannounced inspection took place on 19 and 23 November 2018 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

We spoke with four people who used the service and asked them how they felt about their care and the staff who supported them. We also spoke with nine relatives and friends of people using the service. We spoke with three care staff, the care coordinator and the registered manager. Prior to the inspection, we spoke with three social care professionals.

We looked at seven people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including five staff files, quality audits and surveys.

Requires Improvement

Is the service safe?

Our findings

People who use the service, their friends and relatives told us they trusted the staff and felt safe with them when they visited their home. One person told us, "Well I haven't got any reason not to be safe. I feel safe with [care staff]. She lets herself in and she locks the place and she goes away." A relative commented, "Yes, she has a really good rapport with the one [care staff] that has been coming regularly. All of them have a really good rapport with mum and she is very happy with her current carer."

Staff understood what abuse was and knew how to recognise if people were being abused, bullied or experiencing discrimination of any kind. They knew about the process for raising any concerns. Staff told us they would always report any concerns they had to the registered manager. They knew they could also raise concerns with other organisations including the police, the local authority and the CQC.

In March 2018, a safeguarding alert had been raised by a local authority regarding the care provision of a person who used the service. Despite the registered manager being aware of this alert and attending a safeguarding meeting, they did not notify the CQC as required under Care Quality Commission (Registration) Regulations 2009: Regulation 18 (1)(2)(e). We have addressed this issue under the 'Well-led' section of this report.

The local authority had made a number of recommendations following the outcome of the investigation. We saw that the registered manager had taken this learning on board.

Not everyone we spoke with could recall being involved in looking at potential risks to their safety regarding their care provision. One person told us, "They talked about it [risks] yeah." But relatives commented, "Nobody did say anything about that I don't know anything about that" and "Did they do a risk assessment here, I don't remember to tell you the truth."

We looked at records of risk assessments, undertaken by the registered manager, as part of each person's initial assessment. We saw that not all risks to people's safety had been assessed in sufficient detail. Mitigating actions that staff needed to know about, so they could help reduce risks to people's safety and welfare, had not always been recorded.

For example, assessments used to identify the risk of people developing pressure ulcers, were not complete. Several people using the service were unable to move from their bed which increased the risk of them developing pressure ulcers. There was not always information for staff about how this risk should be reduced.

Although the staff we spoke with had an understanding about the risks the people they supported faced, this was not always recorded. This meant that any new staff attending people would not have this important information available to them.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We were informed that staff only provided prompting to make sure people remembered to take their medication and that all medicines had to be in a blister pack otherwise they could not administer them. Most of the people we spoke with confirmed that staff only reminded them to take their medicines. However, other people told us that staff administered their medicines. One relative we spoke with told us, "Two days ago, my dad had a really bad temperature. I told them [staff] to give him two Paracetamol which they did."

Staff we spoke with told us they had completed medicine training but they had not had an observed competency assessment carried out by the registered manager to confirm they were administering medicines safely. One staff member told us, "I write down that I have given the medication but not what was given."

Although people we spoke with did not raise any concerns about this, we spoke with the registered manager regarding their understanding of the latest professional advice regarding the management of medicines in domiciliary care settings. They told us they would review the latest professional guidance for managing medicines.

We recommend the provider seeks advice and guidance from a reputable source, in relation to safe medicines management.

Staff told us they had sufficient amounts of personal protective equipment and completed training in infection control and food hygiene. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in people's homes. Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses.

People who used the service and their relatives told us that staff usually arrived on time and would call them if they were running late. One person told us, "No she's not late, if she was I would make a noise about that." A relative commented, "Yeah, yes they do let me know they are on their way or is it's the bus's fault. They've never been much late anyway." No one we spoke with had concerns that staff were not staying the allocated amount of time.

Staff told us they generally had enough time to carry out the required tasks for each person. One staff member told us, "I'm not rushed." Another staff member commented, "Sometimes we only have half an hour to give personal care, give them breakfast and sort out their bed. It's not always a lot of time. Older people like to talk."

Some people told us that they would like staff to stay longer than their allocated time. However, this was mostly determined by the local commissioning team. The registered manager told us that if they felt the staff needed more time to carry out their allocated tasks he would negotiate this with the local authority.

There was no staffing rota which made it difficult to have an overview of where staff should be working at any given time. The registered manager told us that all of this was managed over the phone. He told us that he was considering buying in an electronic staff monitoring system which would include information about lateness and care tasks required for each person.

Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff we spoke with confirmed that they

could not start working for the service until they had received a satisfactory criminal record check.

However, in one staff recruitment file we looked at, there were two references that stated the candidate should not work with vulnerable people. Other parts of both references were positive about the candidate. We asked the registered manager to explain the inconsistency of these references. They explained that they had contacted both referees who told them they had ticked the wrong box by mistake. There was no written record to confirm these phone calls and the referee's explanations. The registered manager acknowledged that this should have been recorded to clarify that this had been a mistake.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us, prior to providing a service, they visited each person to assess their needs. People told us that someone had visited them and talked about what they needed help with. However, assessments were not always fully completed and some parts of the care plans we looked at contained other people's names. This meant that care planning was not always centred on each individual's needs, preferences or associated risks. We have addressed this issue in the 'responsive' section of this report.

People told us they had confidence in the staff who supported them. One relative told us, "The main carer is a very capable lady she helps [my relative] bath. [My relative] was very happy with the support she gets at bath time." Another relative commented, "As far as I see they are doing how I would do my parents, how I would look after my parents."

Staff told us that the induction process was useful and involved training and shadowing more experienced staff. One staff member told us, "They give you training before you start working. It's good when you do shadowing, you get more confident." Another staff member said, "At my first visit I was introduced to the person and their family and we went through what was needed."

Staff told us that they were provided with the training they needed in order to support people effectively. This included health and safety, infection control, food hygiene and moving and handling. One staff member told us, "Every Thursday we get training." We saw that records of staff training were being maintained and monitored so refresher training could be booked when required.

Staff confirmed they received supervision but could not recall how often this took place. The registered manager and care coordinator told us they carried out telephone supervisions and spot checks at people's homes. Records of these were inconsistent. This meant we could not be assured that staff were receiving sufficient support to review their practice, behaviours and focus on their professional development.

We recommend the provider seeks advice and guidance from a reputable source, in relation to staff supervision.

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 told us they could make decisions about their care and that staff respected these decisions. One person told us, "Yes, they say good morning and they ask what they can do and I explain to her". Another person commented, "They always ask me what I want." A relative told us, "Yes they always tell her what they are going to do and what they might need her to do."

Staff understood the principles of the MCA and told us they offered as much choice to people as possible. One staff member told us, "Some people have dementia which may make them more vulnerable but you still have to offer choices."

Most people told us they did not require the service to prepare meals for them as this was dealt with either by themselves or by their family. Where staff did help they generally only provided light snacks or they heated meals for people. One person told us, "In the kitchen they know where everything is. They give me shredded wheat in the morning and a sandwich in the afternoon and my daughter prepares my dinner and they just have to warm it up in the microwave."

Staff were aware of their responsibilities with regard to nutrition and hydration and had completed training in food hygiene. Staff who did help people with food and drink knew people's preferences as well as any medical, religious or cultural requirements.

At the time of the inspection, the service was not supporting anyone to access healthcare services. People we spoke with told us they managed this themselves or their family supported them. Information about people's current healthcare needs and medical history were documented in their care plan and staff were aware of this. For example, staff explained to us how they needed to understand medical conditions such as Parkinson's disease and how this affected people and increased their risk of falls. Staff understood how and when to contact healthcare professionals and emergency services.

Good

Is the service caring?

Our findings

People told us the staff were respectful, kind and caring. One person told us, "I don't have no problems they are very nice. The two carers I have are very kind". A relative commented, "I think the current person is very good at her job she has a very good rapport [with my relative]."

People confirmed they were involved in making day to day decisions about their care. They told us that staff listened to them and respected their choices and decisions. One person told us, "Yes, they say good morning and they ask what they can do and I explain to her". A relative commented, "I made all the decision about the service my mum needs." Staff demonstrated a good understanding of peoples' likes, dislikes and life history.

Staff explained how they included people in making decisions about their care even if they had different ways of communicating. For example, by showing people two choices of clothes so the person could point to the clothes they wanted to wear. Staff worked hard to ensure people were not disadvantaged because of this and gave us further examples including the need to understand people's body language and facial expressions. A relative told us, "It's very difficult to communicate with [my relative]. He can say 'yes' and 'no' but he can show with the hands."

People told us that staff respected their backgrounds, cultures and religious beliefs. Many of the staff and people using the service shared similar backgrounds and cultures. People told us this was very helpful in terms of language and religious observance. A relative told us, "Mum is a Muslim and they are Muslim women so they get on." Everyone we spoke with told us the staff respected their religion. One person told us, "Well I am a Christian, they respect that because on Sunday morning they come in to help me put on my clothes. They will fix up the chair for the driver to take me to church."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Staff gave us examples of how they valued and celebrated people's differences. Staff told us they did not treat everyone the same as everyone was a unique individual. One staff member told us, "Everyone has to have equality. You need to respect people, you don't treat people all the same. Everyone has different needs."

People confirmed they were treated with respect and their privacy was maintained. One person told us, "They shut the door in the bedroom. I'm on my own but they always close the bedroom door."

Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.

Requires Improvement

Is the service responsive?

Our findings

People using this service told us that the management and staff were flexible and responded to any changes in their needs. One person we spoke with told us, "Like most things they will work round my appointments if it can be arranged." Another person said, "This person that is coming I would highly recommend her. Once or twice when she has come I was asleep and she would leave a note for me to say that she will be back later." A relative told us, "They have been flexible when we cancel the lunch time visit there wasn't a problem. They do pretty much what we want." Another relative commented, "Very flexible from what I've found out."

Although staff we spoke with understood people's individual needs and preferences, this was not always reflected in people's care plans. As described in the 'effective' domain in this report, care plans and risk assessments were often generic and lacked sufficient detail to ensure people's needs, in respect of the service they required, were properly assessed and met.

People we spoke with were often unclear about their care plan, it's purpose and their involvement in its development and review. One person told us, "She writes it in a book and leaves it. I don't touch it." Another person commented, "I haven't got it in my bedroom because I haven't got anywhere to put it. They've got it on the table down stairs and they write in it every time they come."

A relative told us, "We've got a file from Sinan which just has their contact details and service user guide, terms and conditions, body map, incident reporting plan, accident form and a medication form. A lady came around and took notes about what kind of care mum needed." Another relative commented, "I haven't seen a care plan as such we just done it add-lib."

In one care plan we looked at there was conflicting information about the nutritional needs of the person. In three care plans we looked at the specific aims for all three people were the same.

This generic and inconsistent approach to care planning meant that any new staff, who did not know the person well, would have difficulty providing the right care for them.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. They told us that the registered manager dealt with complaints effectively. One person we spoke with told us, "Well I just phone the office. Since I've been with them I have not had to complain." Another person commented, "One lady she came and she was not good so I told the office and they changed her straight away." A relative said, "First I complained to the [registered manager] about the carer. A lady called me back in half an hour and asked me what happened. I told them and they changed her."

Not all complaints were being recorded and the registered manager told us they only recorded and tracked

written complaints. This made it difficult to maintain an overview of people's concerns as well as apply any learning and improvement to the service.

We recommend the provider seeks advice and guidance from a reputable source, in relation to complaints management.

Requires Improvement

Is the service well-led?

Our findings

People using the service were very positive about the registered manager and told us he was approachable and always wanted to provide help and support. One relative told us, "The [registered] manager is a very good person he is doing his best. Whenever I call him about a problem the problem is solved."

Staff were also positive about the registered manager and told us he was supportive and friendly. One staff member told us, "He's helpful and he listens when you tell him something." Another staff member commented, "If I want to talk to him, he's a very good man, very open." They told us he was clear about the expectations and values of the service. Staff attended regular meetings and told us the registered manager took on board any suggestions they had to improve the service.

As highlighted in previous sections of this report, several management systems, including those used to support and monitor staff, were being inconsistently applied and important documentation such as care plans and risk assessments were not always being accurately completed.

The service had quality monitoring systems such as surveys as well as management visits to people's homes to check they were happy with their care. People we spoke with could not recall completing surveys or if anyone had visited from the service. One person confirmed that the registered manager had visited. They told us, "Yes, sometime, [the registered manager] coming and check." But other people were not so sure. One relative told us, "They didn't visit us. The [registered] manager phoned the day before. Once they called me to ask if we are happy with the carer." Another relative commented, "No, evaluation of the service. No nothing."

We saw completed surveys for people using the service and their relatives. These contained positive comments. However, these were not dated so it was unclear if these had been completed recently or the year before. This meant that it was difficult to evaluate potential improvements to the service or to address any potential problems.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not always notifying the CQC of any events, safeguarding allegations or other incidents affecting the safety and well-being of people using the service. These notifications are required by law to be sent to the CQC without delay.

The above is a breach of the Care Quality Commission (Registration) Regulations 2009: Regulation 18.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager was not always notifying the CQC of any events, safeguarding allegations or other incidents affecting the safety and well-being of people using the service. Regulation 18(1)(2)(e)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans and risk assessments were often generic and lacked sufficient detail to ensure people's needs, in respect of the service they required, were properly assessed and met. Regulation 9(1)(a)(b)(c)(2)(a)(g)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems used for assessing risks to people's safety were inconsistent and ways to mitigate risks were not always being recorded in sufficient detail. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Management and quality assurance systems were being inconsistently applied and had not identified potential issues with documentation such as care plans, risk assessments and feedback from people using the service.

Regulation 17(a)(b)(c)(d)(f)