

Sahan Cares C.I.C.

# Sahan Cares C.I.C

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sahan Cares C.I.C. is a domiciliary care service for people living in their own homes in the community. At the time of our inspection, there were 81 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

During the inspection we reviewed the provider's safeguarding investigations and found not all of these were completed. Notifications the provider was required to send to CQC were not always submitted in a timely manner.

Risk assessments were not always detailed enough to provide staff with guidance for safe care or implemented effectively to help reduce risks to people. Care plans did not always provide relevant information. For example, end of life wishes.

The provider had systems in place to monitor, manage and improve service delivery to people, but these were not always effective and did not always identify issues raised at the inspection.

We recommended the provider follow national guidance around medicines, infection prevention and control and recording people's preferences.

Safe recruitment procedures were followed, and staff were supported through induction, training and supervision. Staff followed appropriate infection prevention and control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

There was a complaints procedure in place and the provider knew how to respond to complaints.

People, relatives and staff reported the care manager was available and responsive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 April 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We identified breaches of regulation in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sahan Cares C.I.C

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector. An Expert by Experience carried out telephone interviews with people receiving care and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 25 February 2021 and ended on 08 April 2021. We visited the office location on 31 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. We spoke with seven people who used the service and 19 relatives. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our

judgements in this report.

#### During the inspection

We spoke with the registered manager and operations manager. We reviewed a range of records. This included eight people's care and medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with eight staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from the risk of abuse, including safeguarding adult policies and procedures. However, these were not always used effectively.
- We were provided with a log of safeguarding concerns which indicated there had been 10 safeguarding alerts during 2021 and two in 2020. When we reviewed the safeguarding records there were only seven of the 12 identified on the log sheet were available and the provider did not provide completed records for the remaining five to demonstrate these had been investigated and relevant lessons learned were implemented to improve service delivery.
- The provider recorded incidents and accidents. We saw two different people had falls in November and December 2020. The action recorded on the incident form for both people was 'to monitor' them and their care plans were updated to reflect the falls. The outcome for one person was an OT referral and sensors to be put in place. This was recorded in December 2020, but at the time of the inspection, the care plan had not been updated between December 2020 and March 2021 to reflect the OT's recommendations and if sensors were put in place. This meant the care plan was not providing staff with the most up to date guidance.
- The provider did not always have clear systems for learning lessons when things went wrong. Incidents, accidents and near miss incidents were recorded and there was a record of immediate action taken. We saw risk assessments and care plans were updated to reflect the incidents but had not been updated to reflect the outcomes of the action taken. For example, where referrals had been made to other agencies what their recommendations were, or where equipment was suggested to help reduce further risk, if this was put in place.

Failure to assess and improve the quality of the service, respond to risks identified during safeguarding alerts and to keep records of these, put people at risk of receiving unsafe and inappropriate treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff provided safe care and support. Comments included, "I trust them (staff and agency) implicitly. I'm happy with them in my home. I couldn't do without them", "Totally safe. I know them and they know me" and "They're totally trustworthy."
- Staff had up to date safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and safeguarding was discussed at staff team meetings.
- After the inspection the provider sent us three acknowledgment letters to families who had raised

safeguarding alerts, to help demonstrate how they responded to safeguarding alerts. The provider enclosed disciplinary letters sent to staff, supervision and training completed as a result of the safeguarding. This helped to ensure staff had the skills required to care for people safely.

- We saw evidence incidents and safeguarding issues were raised in team meetings to help mitigate future risk.

#### Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe including risk management plans to help reduce the risk of avoidable harm to people. However, during the inspection we found risk assessments were not always detailed enough to provide staff with guidance for safe care or implemented effectively to help reduce risks to people.
- Two people had general risk assessments which identified they required repositioning. The medical history for one person indicated they had 'an ulcer on their right hip' and for the other that they had developed a 'sore' on their bottom and right leg. The risk assessments stated 'carers to reposition [person] from side to side' but the risk assessment did not provide specific guidance for the care workers on how to monitor and record skin integrity. In addition, they did not have information on how to reposition the person in terms of frequency of turns or which side to position the person on to reduce the risk of developing pressure ulcers or existing pressure ulcers getting worst. While staff used the daily logs to record some people's change of position, we noted that this was not being consistently recorded in terms of when people were repositioned and the sides they were repositioned to, so that it was clear what the next position of the person should be. The lack of guidance in the risk assessments and care plans and the lack of records around people's repositioning regime meant that people were not being adequately protected against the risk of developing pressure ulcers.
- Another person used a three wheeler mobility aid, however there was no mobility risk assessment to provide staff with guidance about what the risks were to the person when they were trying to mobilise and how these could be mitigated.
- The care plan for a third person identified they were living with chronic obstructive pulmonary disease (COPD) and diabetes. There were generalised risk assessments for COPD and diabetes but no care plan or guidelines for staff about how the conditions affected the person or what staff needed to be aware of concerning the conditions. This put the person at risk of receiving unsafe care.
- The provider shared further documents two weeks after the inspection. These included a daily task list for one person, a medicines administration record for one person and three different risk assessments for three different people concerning repositioning, diabetes and COVID-19. However, these were not sufficient to mitigate risk or provide staff with clear guidance.
- The 'Your food and nutrition' in the care plan for a fourth person stated, '[Person] is not able to swallow their normal food. Carers to blend the food for [person] and encourage them to eat. Carers to ensure [person] is eating a healthy and balance of food and drink. This will reduce the risk of dehydration and malnutrition.' The care plan did not indicate if the person had been assessed by the Speech and Language Therapy team to identify how their food should be prepared. A risk management plan was not in place in relation to the person experiencing swallowing issues, there was no guidance in place as to how thick the blended food should be and how to support the person if they started to experience difficulties when eating. This meant the person may not receive the appropriate support to reduce their risk in relation to swallowing food.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed risk assessments for moving and handling and for medicines.

#### Using medicines safely

- The provider did not always ensure information was provided for care workers in relation to medicines management.
- One person's medicines risk assessment said they needed 'prompting' and noted the medicines prescribed for Parkinson's Disease were time critical. This meant they had to be taken at specific times of the day to ensure they were effective. However, there was no guidance for care workers relating to why these were time critical and what to do if they were not taken at the correct time.
- The medicines risk assessment for two people had guidance for the staff to ring 111 if there were side effects from the medicines that had been administered but the risk assessment did not indicate what side effects the care workers should be looking for. This meant they would not know when they should call 111 as the side effects were not described.
- Records of medicines administration (MAR) were not detailed enough because they did not record the medicines prescribed or the time the medicines should be administered. After the inspection, the provider sent us a monthly review for one person, a medicines audit dated December 2020 to February 2021 and confirmation staff had undertaken annual medicines competency testing, to demonstrate medicines were managed safely

We recommend the provider follow national guidance around the safe administration of medicines.

- We saw examples of completed medicines competency testing for care workers with a feedback plan. At the time of the inspection the provider was not able to evidence all staff had undertaken competency testing. However, evidence of this was provided after the inspection on 18 May 2021.

#### Preventing and controlling infection

- The provider had a business continuity plan which included how they were responding to the COVID-19 pandemic and an infection control policy and procedure dated January 2021. However, we were not assured the provider always had robust systems in place to effectively prevent and control infections.
- The provider's risk assessments for COVID-19 were not robust enough and did not include indicators such as age, ethnicity, weight, underlying health conditions for people. They focused on control measures staff could take such as the correct use of PPE and following good infection control practices but did not identify what factors specific to the individual put them at a higher or lower risk from COVID-19. This meant risks to people's health and safety were not appropriately assessed or monitored.
- Staff COVID-19 risk assessments stated the 'reason for risk' was 'staff member is vulnerable / at increased risk'. There was a list of risk factors at the back of the risk assessment but did not indicate which ones were relative to the staff being assessed.

We recommend the provider follow national guidance regarding the effective prevention and control of infections.

- Staff had relevant training and were provided with protective equipment such as gloves and aprons to protect people from the risk of infection. People and relatives said, "They wash their hands and wear PPE and wrap it up at the end. It goes into my bin", They put aprons, gloves and masks on as well as shoe covers. Yes, they wash their hands and use sanitiser too. Feels very safe" and I feel quite safe as they wash their hands and use protective clothing which they roll up and put into my bin when they leave."
- Staff had weekly tests for the virus and were given information about getting the vaccine for which there was a high uptake of within the staff team. Support included information being provided to staff in their own language from a GP and a religious leader.
- Spot checks included a section on infection control. We saw when the provider observed a staff member not wearing PPE correctly, they addressed this in supervision with them and provided training.

### Staffing and recruitment

- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks.
- Relatives told us care workers generally arrived on time and stayed for the agreed length of time. Comments included, "Yes they arrive pretty much on time and do what's got to be done", "They mostly arrive on time. They ring me if they're running late", "I have to allow for traffic but mostly on time yes" and "They stay for their allotted time and are pretty good getting here on time."
- There were enough staff to meet people's needs and staff told us they had enough time to travel between calls.
- Rotas indicated people received support from the same staff which provided consistency of care. Relatives confirmed this and said, "Yes the same carers come. We've never had a new one that we haven't seen before. The main ones are the original regulars" and "Saturday and Sunday they're different staff, but the same ones come Monday to Friday."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs prior to beginning a package of care, to confirm these needs could be met safely. These assessments formed the basis of people's care plans.
- The provider liaised with the local authority to help ensure people's needs were met within the care plan.
- People were not aware of their care plans, but they were aware of the daily logs always being completed.

Staff support: induction, training, skills and experience

- The provider had not employed any new staff in the last year and had a stable staff team.
- People were supported by staff who had relevant training and support from the provider.
- Staff completed refresher training annually to keep their knowledge and skills up to date.
- The provider undertook regular telephone spot checks with people using the service to help monitor staff competency when delivering care.
- Staff files we reviewed indicated people had supervision and appraisals yearly. The provider also held team meetings for staff which gave staff the opportunity to reflect on their practice and raise any issues.
- People we spoke with felt staff had appropriate training and told us, "They hoist me so carefully. They are really lovely", "Well trained and well mannered" and "Yes they know what to do. They're excellent carers."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. The service did not prepare any meals but warmed up food for people. Where required they also recorded people's food and fluid intake.
- Care plans included some information about people's food preferences and dietary needs.
- A relative told us, "Yes, they feed her and leave everything nice and clean. They reheat meals in the microwave. They go above and beyond, they're truly great."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans included information about other health and social care professionals involved in people's care such as dieticians and district nurses.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider told us no one had required a mental capacity assessment or best interest decision, which indicated people either had the capacity to make their own decisions or someone with the legal authority to, for example lasting power of attorney, could make decision on their behalf.
- The provider had forms for people to sign to indicate they had consented to their care and treatment. These could be signed by the person, if they had the mental capacity to consent, or by their legal representative. During this inspection we found some consent to care forms had been signed by friends and relatives without the legal authority to sign on people's behalf. After the inspection, the registered manager emailed us a verbal agreement form for one person which indicated their friend could sign on behalf of a person using the service.
- In other cases, where people were able to sign their consent to care form, or where someone else had the legal authority to do so, consent forms were signed appropriately.
- The provider had an MCA policy and staff received training on the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider tried to ensure people were well treated and supported. People and relatives told us, "They're first class, really the best and I want to sing their praises" and "Kind, caring and very careful with me. Very respectful."
- People's preferences for how they liked personal care was respected and they confirmed they were given the choice of a male or female carer.
- People confirmed they were given the choice of carer.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved in decisions about their care. Comments included, "I feel involved in what they [staff] do for me", "The carers write up everything they do for me. I feel involved, yes" and "I know they know about the care I need obviously. What I will say is they always listen to me. I feel in control."
- Staff told us how they supported people to make choices. They said, "We ask clients what they like and we show them."
- People and their relatives were contacted by phone for feedback on the care being provided.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and tried to maintain people's privacy and dignity. People said, "So kind and so caring. Respectful too. When they help me shower they cover me up quickly and it's the same when they help me to wash and dress. I feel confident with them" and "They help me get dressed quickly. I never feel embarrassed."
- Independence was promoted and people told us, "They encourage me, yes, to do as much as I can", "I choose my clothes and they help me to shower" and "They do anything I want but if I do things they encourage me."
- Staff were able to tell us how they helped maintain people's privacy and dignity particularly when assisting with personal care. One staff member said, "Always talk to them and ask if it is okay to do this. I ask what they can do for themselves. Always show them they are in charge of themselves."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans were not always person centred or consistent in providing information and guidelines for staff so they could meet people's needs and preferences.
- The beginning of the care plan asked people what they liked to be called, their religion, ethnicity and language spoken. However, there was little information about people's social history or interests to provide staff with context when communicating with the person.

We recommend the provider follow national guidance around recording people's preferences in relation to their care and support.

- During the inspection we found information regarding people's end of life care wishes were not part of the care plan and no end of life care plans were produced when we gave feedback to the registered manager at the end of the inspection. Following the inspection, the provider sent us samples of people's end of life wishes as evidence people had end of life care plans and explained they had realised after the inspection that they had completed end of life forms and had filed these separately.
- The tasks lists indicated how the person liked to receive personal care, what types of foods they should be offered and to leave a drink within reaching distance.
- People were supported by the same staff to provide consistency. People and their relatives told us staff understood their needs and provided support as per the person's wishes. Comments included, "I have the same staff and they know exactly what to do", "They do the job whatever I ask of them" and "The carers ask what I want and then take the next meal out of the freezer. Works well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had a section to record communication needs, but the guidance was not always robust enough. One person's communication record stated, 'Due to the stroke [person] is not able to communicate verbally. [Person] uses some hand gestures to communicate' and 'Carers to speak loudly and clearly to ensure they understand [person's] needs.'

- Staff told us, "Wearing a mask makes it difficult to communicate so we use hand signs and body language [cues]."
- One relative said, "They communicate quite well and speak a little Hindi which is good for [relative]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans did not record people's social or cultural interests, except to identify their ethnicity. However, the way people spent their time and the activities they were engaged in daily was recorded to provide staff with context when supporting them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure to respond to any complaints received. When we asked to see complaints made against the service, the provider emailed us the local authority's contract monitoring spreadsheets which recorded complaint outcomes. However, these were not up to date as the most recent spreadsheets were dated December 2019 to February 2020 and February 2021 (which included November 2020 to January 2021). This meant there was no information around complaints between February and November 2020 or for February and March 2021.
- People and their relatives told us they did not know who the manager was, but this was in part because they had never had to complain. Comments included, "I have no concerns or complaints", "I have no office contact. No need. I have no complaints it all works well" and "No complaints, no, but when I've rung they're okay and have easily sorted things out."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider had quality assurance systems in place to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified the issues we found during the inspection. The audits did not always contain action plans and lessons learned to improve the service.
- The provider's quality assurance systems had not always identified and addressed that people's care plans needed to be updated as they did not always provide personalised information about their health conditions and care needs.
- During the inspection we saw risk assessments were not always carried out and risk management plans did not always have enough detail to mitigate potential risks.
- The provider told us they had care plan audits which we saw included auditing two to three people's care records monthly. While these audits were carried out, these were not always effective as they did not identify areas of concern found during the inspection. This included care plans lacking content details about the care planned for people and risk assessments lacking details about the risk management plans for people.
- Records were not always contemporaneous and complete and therefore were not always able to provide adequate guidelines to care for people in a safe manner. For example, records did not always record the outcomes of referrals to other agencies or if recommended equipment was put in place.
- The provider was emailed a list of documents to be seen during the inspection two days prior to the inspection. However, all the requested information was not readily available at the beginning of the inspection. For example, although we asked to see safeguarding investigations including what preventative measures had been put in place as a result of the investigation, these were not given to us until after 5pm and were incomplete when compared to the safeguarding log. At the time of the inspection there were no end of life records in people's files but two weeks after the inspection the provider said they had been completed. This indicated files were not complete to reflect the up to date information about people's needs and these may not be readily accessible to care workers should they require the information while caring for people in the community.
- Prior to the inspection, the registered manager identified they had not sent notifications relating to the safeguarding concerns at the time they occurred. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify the CQC about. The provider informed the CQC on 22 February 2021 and said this was down to an administrator failing to submit these notifications in a timely manner. However, three notifications from this time were not submitted until

the day of the inspection on 31 March 2021. This meant the provider had not had not sent notifications relating to safeguarding concerns to the CQC in a timely manner. When we discussed this with the provider, they assured us they would now send in notifications in a timely manner.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider undertook telephone calls to people and their relatives to check if they were happy with the service. The records indicated people were positive about the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their roles and had a clear management structure.
- People and relatives knew who the managers were and felt able to raise concerns with them.
- There were a range of policies and procedures which linked to relevant legislation and guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us the provider promoted an open culture and was available to people using the service. Comments included, "The manager is [name] who I've found helpful and professional" and "The manager [name] is very good and the young man in the office is very helpful."
- The staff we spoke with were happy working for the provider and said, "They helped us and gave us one to one interviews with the coronavirus. When we need something, they [managers] give it to us" and "The managers are good. If anything happens, I give the managers a call, It's easy to contact them."
- The provider was committed to supporting their staff during the pandemic including providing a psychotherapist who staff could have wellbeing sessions with in their own language.
- The provider was a social enterprise and committed to providing employment opportunities and support to people within their community who may not have been able to access these opportunities without the provider's understanding of community issues and their ability to support people in this area.
- The provider had systems and procedures to monitor and assess the effectiveness of service delivery. This included surveys and phone calls to get feedback from people using the service. People told us, "I had a survey form thing recently. The staff are the best thing. You can't fault them", "They've sent a survey. I think the staff are angels. They give me strength and they're always cheerful and pleased", "I've recently had a phone call to check that all is well and now there's a survey that's come to complete. Continuity of staff is great and their attitude which is kind, caring and helpful of course", "I had a phone call last week" and "I've got a survey to do. I think the best thing is the personalities of the carers who are helpful and kind and turn up."
- Team meetings were held to share information and give staff the opportunity to raise any issues. When a safeguarding alert had been raised, we saw this was discussed as a learning opportunity at team meetings.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12 (1)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>