

Sana Care Services Limited

# Sana Care Services

## Inspection report

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## Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

**Insufficient evidence to rate**

Is the service effective?

**Insufficient evidence to rate**

Is the service caring?

**Insufficient evidence to rate**

Is the service responsive?

**Insufficient evidence to rate**

Is the service well-led?

**Insufficient evidence to rate**

# Summary of findings

## Overall summary

### About the service

Sana Care Services is a domiciliary care agency that provides support to people living in their own homes. 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. One person was receiving the regulated activity of personal care at the time of our inspection.

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

As the agency was only supporting one person at the time of our inspection, our judgements have been based on the limited feedback gathered from the relative of one person who received a service and another person who had previously used the agency. It was therefore not possible to provide a rating at this time.

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.

Feedback about the service people received was positive and relatives told us that the support provided by the agency had enabled their family member to remain safely in their own home.

People were assessed prior to the commencement of care, from which a personalised plan of care was devised. Risks had been assessed and action taken to safeguard people from the risk of abuse or avoidable harm.

Staff were employed to meet the needs of the people who received personal support. People were supported by regular staff who knew them well. Staff were kind and compassionate in their approach and had developed a good rapport with both people and their families. Staff promoted people's privacy and dignity and encouraged people to retain their independence.

Appropriate measures were in place to ensure staff were suitably vetted prior to appointment. Training was ongoing to ensure staff had the skills and experience to support people effectively.

Quality assurance and governance systems were evolving to be able to ensure effective monitoring of the service as it grows.

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

This service was registered with us on 10 October 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to look at the overall safety and quality of the service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Insufficient evidence to rate**

### **Is the service effective?**

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Insufficient evidence to rate**

### **Is the service caring?**

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Insufficient evidence to rate**

### **Is the service responsive?**

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Insufficient evidence to rate**

### **Is the service well-led?**

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Insufficient evidence to rate**

# Sana Care Services

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 20 September 2022 and ended on 03 October 2022. We visited the location's office on 21 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered in July 2021. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We visited the agency's office where we met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also reviewed a range of records. This included two people's care records and the staff files for two members of staff. We looked at how staff had been recruited, trained and supervised.

Following our visit to the office, we had a telephone call with a relative of the person who used the service about their experience of the care provided. We also completed a telephone interview with the member of staff who is currently providing personal care on behalf of the agency.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. It was not possible to rate this key question at this time. This was because the agency was only supporting one person and there was insufficient evidence to reach a judgment about people's care.

Systems and processes to safeguard people from the risk of abuse

- A relative told us they had never identified any concerns to suggest their loved one was at risk of abuse.
- A care worker understood their responsibility to safeguard people from harm. They said they had completed safeguarding training and were able to talk about different types of abuse and what they would do if they ever had concerns.
- The registered manager stated they had not had any safeguarding concerns raised since starting the agency but showed us they had policies and procedures in place to follow as needed.

Assessing risk, safety monitoring and management

- A relative told us that they felt that staff understood the risks associated with their family member's care and supported them safely.
- The registered manager and care worker were confidently able to discuss the risks associated with the people they had supported and the steps they took to mitigate these.
- Care records reflected how identified risks to people were being managed.
- Appropriate contingency plans were in place to ensure people's care would continue in the event of an emergency. For example, the provider also ran a recruitment agency that supplied staff to care homes and reported that these trained staff could be available to support people in the event that regular care workers were unable to cover their calls.

Staffing and recruitment

- A relative told us they had been able to work with the agency to find regular care workers who were a good match for their loved one.
- A care worker told us they were given the time to deliver the care that was expected and was able to stay longer with their client if needed.
- The agency had an electronic system which was able to monitor people's support in real time. Due to only having one client at the time of this system was not yet being used.
- Staff were recruited subject to appropriate checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included obtaining two written references, a full employment history and the completion of a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check. Where staff had been employed from overseas the registered manager was now taking steps to ensure they had the correct permission to work.

### Using medicines safely

- There were systems in place to support people safely with their medicines and ensure they received their medicines as prescribed.
- Staff received training in the safe administration of medicines. The management team were reminded that as the agency grows, they will need a system in place to prompt regular competency checks to ensure staff practices are regularly observed.

### Preventing and controlling infection

- A relative told us that they had no concerns about the way the agency managed infection control and that staff always left their loved one's home clean and tidy.
- There were appropriate systems in place to manage infection control and staff confirmed that they had completed relevant training. Staff were able to describe the steps they took to prevent the spread of infection.
- The management team told us they had continuously maintained a good supply of PPE and supported care staff to follow government guidelines.

### Learning lessons when things go wrong

- The management team confirmed that they used feedback to learn from their mistakes and improve practices and systems.
- The registered manager explained how a complaint from one person's family had highlighted the importance of matching people with the right care worker and how this was now considered at the point of initial assessment.
- The provider reflected that they were now working with Home Office officials to ensure international recruitment enabled them to provide a stable team of staff with the appropriate rights to work in place.

# 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.

This is the first inspection of this newly registered service. It was not possible to rate this key question at this time. This was because the agency was only supporting one person and there was insufficient evidence to reach a judgment about people's care.

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

- People's needs were assessed by the registered manager prior to support being delivered.
- A relative described the assessment process for their family member as being, "Very detailed and thorough."
- Each person had a care plan. The information recorded was personalised and reflected the needs, wishes and expectations that people had expressed during the assessment process.
- The management team told us they had access to evidence-based practice tools which would be used as required. For example, the Malnutrition Universal Screening Tool (MUST). The MUST tool enables providers to monitor the risk of malnutrition. The registered manager said to date the type of care provided by the service had not necessitated the implementation of these tools but anticipated they would be used going forward.

Staff support: induction, training, skills and experience

- A relative told us that their family member had been supported by, "Some excellent carers" since using the agency.
- Staff said they had the skills and experience to meet people's needs effectively and received ongoing training and support. One care worker told us, "I have developed so much since working at Sana Care and undertaken a lot of new training."
- The management team explained that staff completed e-learning courses through an appropriate online training provider. Face to face training in subjects such as moving and handling and first aid had been completed externally arranged through the recruitment arm of the business. The registered manager agreed to ensure that going forward they verified staff training certificates and undertook a more robust competency check of staff skills.
- The registered manager confirmed that new staff were required to complete induction training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. New staff shadowed the registered manager prior to supporting people alone.
- The agency had a policy for undertaking spot checks and supervisions with staff and the registered manager confirmed the electronic system would be used to schedule these at the appropriate intervals. However, as there was only one member of staff whom the registered manager worked alongside this system was not yet being used.

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

- Staff were not providing support with eating and drinking at the time of our inspection. The registered manager described the processes they would have in place to ensure people maintained adequate nutrition and hydration for those that required this support as part of their care package. We will review this at our next inspection.

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

- Due to the limited number of care and support being provided at the time of our inspection, it was not possible to properly assess how the agency worked with other professionals as this need had not yet occurred.
- The registered manager was able to describe how they would access this support if needed. Information about each care visit was clearly recorded which ensured that everyone involved in supporting people had access to current and accurate information.

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 MCA 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.

- The agency had not yet supported anyone who lacked capacity to make their own decisions, but care records included MCA prompts and the registered manager was able to describe what steps they would take if they suspected a person may not be able to provide valid consent in respect of their care.

# 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.

This is the first inspection of this newly registered service. It was not possible to rate this key question at this time. This was because the agency was only supporting one person and there was insufficient evidence to reach a judgment about people's care.

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

- The relative we spoke with was positive about the care their family member received and told us, "They are caring and some of the interactions we've seen on the camera have been very good."
- Staff demonstrated a good understanding of people's needs which were also reflected in people's care records.
- The registered manager explained how she spent time getting to know people herself so and that she now used this knowledge to better match people with care workers that share similar interests, values or sense of humour.

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

- Relatives confirmed that care assessments had been thoroughly completed to ascertain how people wished to receive their care.
- Staff demonstrated that they understood the importance of respecting people's choices and supporting them to live their lives as they wished.
- Care records included information about people's preferences and expectations of care.

Respecting and promoting people's privacy, dignity and independence

- The relative we spoke with was confident that care was delivered discreetly and with respect.
- Staff were able to describe the steps they took to protect people's privacy. For example, by closing curtains, giving people time and respecting the areas of care people could do independently.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. It was not possible to rate this key question at this time. This was because the agency was only supporting one person and there was insufficient evidence to reach a judgment about people's care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The relative we spoke with told us their family member had received personalised support that met their needs.
- The registered manager and staff were able to give examples of the ways they had supported people in response to their changing needs. For example, by adapting the way care was delivered according to whether people were having a good or bad day.
- Care records showed that people and their families were involved in planning their own care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that they would adapt the way information was provided in accordance to people's individual needs, but that based on the needs of the people they had supported to date, this had not yet been required.

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

- To date the people who had received support from the agency had active family involvement who were involved in their daily lives.
- One family member described how the registered manager had spent time during her care visits sitting with their loved one and doing crosswords together. The registered manager's own account of this activity reflected they understood the importance of supporting people to maintain good mental as well as physical well-being.

Improving care quality in response to complaints or concerns

- The relative we spoke with told us they had previously raised a complaint and that this was acted on quickly and to their satisfaction.
- Records reflected the steps the management team had taken to not just resolve the complaint, but ensure lessons were learned for the future.

#### End of life care and support

- A relative who's late family member had received end of life support from the agency praised the kind and compassionate way their loved one's care had been delivered.
- The registered manager and staff demonstrated the roles they had played in keeping people comfortable and pain-free at their end of their lives.
  
- Care records included information pertaining to people's end of life wishes.
- We signposted the registered manager to the local training available for domiciliary care services in Surrey and they said they would look to arrange this as a way of further developing their staff.

# 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.

This is the first inspection of this newly registered service. It was not possible to rate this key question at this time. This was because the agency was only supporting one person and there was insufficient evidence to reach a judgment about people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from relatives reflected that the agency was very professional and well-managed.
- The registered manager and nominated individual described their vision for growing the agency and that they were committed to not compromising quality when they supported more people.
- The care worker we spoke with stated that the service was a good agency to work for and that they felt valued in their work.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- A relative told us that the registered manager kept them informed about any events that affected their family member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the home.
- The registered manager was currently hands on in the delivery of care, but there were systems in place to monitor satisfaction and quality assure records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had been actively involved in the delivery of care, so regularly spoke with people and families about their care and things they wanted to change.
- Another member of the management team was responsible for seeking remote feedback and an annual quality assurance survey had been devised, but not yet used.

