

Sinan Care Limited

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Inspection report

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Date of inspection visit:
07 January 2020

Date of publication:
30 January 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sinan Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to 24 people.

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

People trusted the staff coming into their home and felt safe with them. The management and staff had assessed potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

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 have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was reviewed on a regular basis.

All staff had clear roles and responsibilities and understood the values of the service.

Staff had been trained in the management of medicines and suitable policies and systems were in place. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

Staff were positive about working for agency and told us they appreciated the support, encouragement they received from the registered manager.

People who used the service, their relatives and staff had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

People knew how to complain if they needed to and were asked if they were satisfied and happy with the service on a regular basis. Everyone working at the agency understood the need to be open and honest if

mistakes were made.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 22 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of these regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Sinan Care Limited

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 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.

Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected by us on 19 November 2018. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, the training and quality manager and two care staff. We reviewed a

range of records. These included three people's care records as well as records relating to the management of the service, including risk assessments and policies and procedures. We looked at four staff files in relation to recruitment, training and staff supervision.

After the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to safely manage medicines safely and robustly assess the risks relating to the safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Using medicines safely

- After our last inspection the registered manager had reviewed the medicine management policy and procedure to make sure they were following the guidelines for medicines in community care services, published by the National Institute for Health and Care Excellence.
- In most cases relatives dealt with medicines. Where staff assisted people with their medicines, people told us they were confident that staff followed the appropriate procedures. One person told us, "It's all in the box and they just have to ping it out."
- All staff undertook medicine training on a regular basis and confirmed that an observed competency check had been carried out by management to ensure they were following the proper policies and procedures.
- Care plans contained a list of medicines each person was taking as well as information about any possible side effects that staff needed to be aware of.

Systems and processes to safeguard people from the risk of abuse.

- People who used the service and relatives we spoke with told us they trusted the staff and felt safe with them coming into their home. One person told us, "I have had the same two carers for ages and I absolutely trust them." Another person told us, "They have a keycode and let themselves in. I completely trust them which helps me to relax."
- Staff understood the procedures they needed to follow if they suspected abuse. Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. Staff gave us examples of how abusive behaviour could manifest and the effects this could have on people. 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.

Assessing risk, safety monitoring and management.

- The registered manager was identifying, assessing and acting on potential risks for each person in relation

to their care provision. Risk assessments in relation to staff and their working environment had been completed. A person told us, "On the first visit they checked for smoke alarms and to check if there were any pets here, they were very thorough."

- People told us they had been involved in discussions about any risks they faced as part of the assessment of their care needs.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. Information about people's risks was recorded in their care plans.

Staffing and recruitment

- The registered manager was following safe recruitment practices to ensure checks were routinely carried out on the suitability of staff.
- Recruitment 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.
- People who used the service and their relatives told us there were rarely any issues with timings or lateness. People's comments about this included, "You can rely on them," "If she is a bit late she will call me," "One [staff member] had a car crash on the way and called me but still came" and "They never rush to make up any time."
- Staff told us the time they were allocated was enough for the tasks required.

Preventing and controlling infection

- Staff understood their roles and responsibilities in relation to preventing and controlling infections. They told us they were provided with sufficient amounts of personal protective equipment. We saw a satisfactory and relevant infection control policy and procedure. A person we spoke with said, "[Staff] always wears the gloves and things, that makes me feel safe in a funny way."

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these. Staff were clear when they would need to call a doctor or an ambulance.
- The registered manager gave us examples of where they had learned lessons from past experiences and how this had improved the service overall.

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 Requires Improvement. This was because systems used to support staff and monitor their practice were inconsistent. At this inspection this key question has improved to Good. 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

- Assessments of people's needs we saw were comprehensive, expected outcomes were identified, and care and support regularly reviewed. People told us they were involved in this process. A relative told us, "I do this for mum and there is open communication with the [registered] manager."
- People's needs assessments included the person's life history, support needs around mobility, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and care preferences.

Staff support: induction, training, skills and experience

- People told us staff were good at their job and knew what they were doing when providing support. One person told us, "[Staff] know what they are doing."
- Staff told us that the induction process was useful and involved training as well as shadowing more experienced staff before they felt confident to work alone. One staff member said about the induction process, "It made me feel more professional."
- Staff told us, and records showed that staff were provided with the training they needed to support people effectively. A staff member told us, "We have a lady who trains us. I enjoy the training, it's quite fun."
- At the last inspection we made a recommendation about supervision. Staff confirmed they received regular supervision from the registered manager and felt supported by this process. One staff member told us, "I feel cared for and he [registered manager] is a good listener." Another staff member commented, "It's about communication, generally how I'm doing, giving me positive and negative feedback. He always asks me if there's anything I need."

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

- At the time of the inspection people only required minimal assistance with eating and drinking as people's meals were provided by their family. People told us they were satisfied with the support they received with eating and drinking. One person said, "[Staff] will dish up a lunch that has been made for me, that's always made to look good. I need a lot of water and they never forget to leave my bottles. They make a sandwich which I'll have later, and they will do anything I ask them to." A relative commented, "[Staff] encourage him to eat because he doesn't want much."
- There were records being maintained that staff had completed food hygiene and infection control training.

- Staff understood people's cultural or religious requirements in terms of food and drink and gave us examples of how this was respected.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager understood where they may need to refer people to other services such as occupational therapists, physio therapists and speech and language therapists. We saw a number of examples where the registered manager had referred people to the appropriate services. A relative told us, "The [registered] manager is helping me to get extra help after [my relative's] discharge as he will now need more help."

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Currently no one required staff to attend hospital or GP appointments as relatives undertook this task.
- People and their relatives gave us examples of where staff or the registered manager had called out the doctor or other healthcare professionals when they had been ill. People using the service and their relatives told us they appreciated this advice. One relative told us, "Yesterday I was alerted by [staff] that they were concerned about [my relative's] condition and they were quite right. The doctor came and took the action that was needed."

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 and found that it was. People's ability to consent to care and treatment was recorded in their care plans. The registered manager told us that most people could consent to their everyday care and treatment. Where people were not always able to consent, they were supported by their family and we saw that best interest meetings had taken place to ensure the person was placed at the heart of the decision making process.
- Staff told us that they had completed this training and knew what the MCA was about and what was expected of them.
- People told us that staff asked their permission before assisting them, offered choices and valued their decisions. One person said, "They did at the beginning but now we're in a routine and it's all part of our chat, it's nothing formal."
- Relatives told us that staff understood the different ways that people communicated their consent to care and respected this.

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 that 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

- People and their relatives told us they received a caring service from staff who were respectful and thoughtful. A relative commented, "[Staff] treat my relative as if they were a member of their family."
- Each person was allocated one member of staff who visited on a regular basis and meant that people had a consistent service. One person told us, "I have experienced a lot of agencies over the years and these are very good. They have stuck to the protocol of keeping one carer and always let me know if she is off for any reason."
- People told us that staff respected and valued their diversity, including their culture and religion. A relative told us, "It's wonderful that my relative has someone who can share her language and culture. She helps to prepare her for prayers at lunch time, that is so important." Another relative commented, "Sharing a language and culture has helped mum have a routine with people who understand her. They have built a rapport that has been very important."
- Staff understood the importance of respecting people's differences and the need to challenge any forms of discrimination. They gave us examples of how they valued and supported people's protected characteristics to ensure no one receiving care was disadvantaged in any way.

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

- People and their relatives were involved in the assessment, planning and review of their care provision. One person told us, "The [registered] manager has a better understanding of what's needed, but he talks me through it."
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves.
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible.
- People and their relatives consistently told us staff treated them with dignity and respect. One person told us, "I always smile because [staff] have a washing routine, start at the top and cover the bottom and then dress me at the top and do the bottom. I never feel embarrassed and they are so gentle." A relative commented, "They treat everyone respectfully, like they were their mum or aunty. It's part of our culture."
- 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.

- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant that people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure that people's needs were holistically assessed and recorded as care plans were often generic and lacked specific details about the individual. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in planning their care, from the initial assessment through to reviews and updates when required. People who used the service and their relatives confirmed they had been involved in planning, reviewing and updating their care plans as required. A relative said, "I explained that I can't do it all anymore and their high level of care and understanding means that my relative can stay living at home."
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.

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.

- The registered manager was aware of the AIS and records showed they had identified people's individual communication needs and recorded this for staff. Staff spoke to people in a way they understood and, in line with their individual communication requirements, as detailed in their care plan. One person told us, "It is a struggle for my English, so it helps to speak my language, [staff member] understands me."
- The registered manager told us how they supported people with sight problems and that information for people could be available in large print. One person said, "I can't read English, so [staff] tell me what they are writing."

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. As the registered manager was in regular contact with people, they told us they would always speak with him if

they had a concern. A relative told us, "There wouldn't be any need to complain because you can call the [registered] manager anytime to talk about something."

- People told us that, if they had raised a concern the manager had dealt with this promptly and had apologised if things went wrong. One person commented, "I once didn't like someone and rang the [registered] manager and they never came again. She wasn't nasty, we just didn't suit each other, and he understood that."
- The registered manager told us that any concerns or complaints that had been received were also discussed at management meetings to learn from and improve service delivery.

End of life care and support

- The provider had an end of life care planning policy.
- The registered manager told us that currently no one using the service required palliative care. However, the relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.
- Staff had completed training in 'death, dying and bereavement'.

Is the service well-led?

Our findings

Well-Led – this means 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure that the leadership, governance and culture supported the delivery of high-quality, person-centred care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed at staff meetings and during supervision sessions.
- The registered manager had a clear understanding about person centred care and how this was communicated to staff. Staff confirmed they understood the principals of putting people at the heart of their own care planning and decision making. One staff member commented, "It's not about me, it's about the [people using the service]."
- People who used the service and their relatives were very positive about the registered manager and how the service was run. One person told us, "I have the [registered] manager's phone number and I don't bother him, but I can ring if I need to." A relative commented, "He cares a lot and stays in touch."
- Staff told us they felt valued, respected and supported in their role. One staff member told us, "[The registered manager] asks how we are and if we're happy, if we have any problems. He encourages you. It's nice to feel taken care of." Another staff commented, "He's good, nice and calm. I feel confident to talk to him anytime. He is very supportive, if anything happens he will be there for me."
- Staff confirmed there was equal treatment of employees. The registered manager told us, "We recruit staff from diverse backgrounds to meet individual gender preferences, the cultural and religious values of our service users. We take consideration of protected characteristics as defined in the Equality Act 2010."
- People told us they were regularly contacted by the registered manager and office staff to ask them for feedback on the quality of the service and they also received spot checks by the registered manager to check the quality of the service. We saw completed quality assurance checks. These were very positive about the quality of care provided by staff and management. Comments included, "[Staff member] is very caring, she gives excellent service, we are very pleased with her care. She always makes sure my mum is comfortable before leaving. She goes above and beyond her care." There were also regular surveys for people using the service and their relatives. The results from these surveys were also positive about the

service.

- The registered manager told us, and records showed that the information captured by the various quality assurance systems fed into a larger service improvement plan which was regularly discussed with the provider and staff.

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

- Both the registered manager and staff understood their responsibility to be open and honest if mistakes were made. The registered manager told us, "If we do something wrong, you have to hold your hands up."

Working in partnership with others

- From discussion with the registered manager, staff and relatives, it was clear the registered manager was transparent, collaborative and open with all relevant external stakeholders and agencies.
- We saw the registered manager worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities, community groups and health care professionals. He told us, "Our offices are located within a local community centre. Our staff have access to after school facilities for their children giving them time to cover care calls within those times. The links have also helped with skills development, sharing of good practice, sharing funding sources in the borough."