

Sahan Cares C.I.C.

# Sahan Cares C.I.C

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sahan Cares C.I.C is a domiciliary care agency providing personal care and support to people living in their own homes in the London Borough of Hillingdon. The organisation is a family run business, and this is their only location. They operate a social enterprise offering employment to refugee women within the local community.

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. At the time of the inspection, 68 people were receiving personal care support.

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

People using the service and their families were happy with the care they received. They told us they had been involved in planning their care and were able to make choices. They said the staff respected them and treated them with kindness. They had good relationships with the staff.

The staff were well supported. They had the training and information they needed to care for people safely and well.

People received their medicines safely and as prescribed.

People's care was appropriately planned, and their needs were met in a personalised way. The provider had assessed and planned for risks to their safety and wellbeing.

There were effective systems for monitoring and improving the quality of the service, which included responding to and learning from complaints, incidents, accidents and safeguarding alerts. There were regular audits and analysis of the service. The staff were well informed through team meetings. Staff were supported to develop new skills.

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 and update

The last rating for this service was requires improvement (published 5 August 2021)

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 improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 31 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sahan Cares C.I.C on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by one inspector. An Expert by Experience supported the inspection by making telephone calls to people using the service 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### 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 23 March 2022 and ended on 31 March 2022. We visited the location's office on 31 March 2022.

#### What we did before the inspection

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 looked at all the information we held about the provider including their action plan following the last inspection.

We contacted four people who used the service and the relatives of five other people to ask for their feedback and experiences.

During the inspection

We met the registered manager and operations manager. We looked at records the provider used for managing the service, which included the care records for six people who used the service, medicines administration records, records of complaints, incidents, meeting minutes and audits. We also looked at the recruitment, training and support records for six members of staff.

After the inspection

We reviewed written feedback from 12 members of staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Learning lessons when things go wrong

At our inspection of 31 March 2021, we found the provider's systems for learning from safeguarding alerts, incidents and accidents were not being operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had developed good systems for reviewing, analysing and learning from things that went wrong. They kept clear records of all accidents, incidents and adverse events. These showed what had happened and how staff had responded at the time.
- Additionally, the management team completed a monthly audit and assessment of all adverse events. These audits included key findings and lessons learnt, along with a record of action taken.
- We saw evidence the provider had been proactive in response to these events, as well as complaints and safeguarding alerts. They had discussed these in team meetings, introduced new training for staff, updated care plans and sought advice and support from external sources, such as healthcare professionals and training organisations.
- The registered manager also worked closely with other care providers and registered managers from local services. They told us they shared feedback and experiences so they could all share lessons learnt.

### Assessing risk, safety monitoring and management

At our inspection of 31 March 2021, we found risks were not always assessed, monitored or managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Risks to people's safety and wellbeing were assessed and planned for. The assessments were comprehensive and personalised. There were clear plans for staff to follow to reduce risks and support people to make choices and be independent.
- Where staff used equipment to help support people, there was information about this and staff were trained to safely use the equipment. The staff were reminded (through care plans) to ensure people's safety when they left them, such as making sure call alarms were accessible.
- Following incidents where staff had been put at risk of harm, the provider had liaised with external

professionals to develop positive behaviour support plans for some people. These outlined proactive strategies staff could use to keep themselves and the person they were supporting safe. The provider had organised for training and information for the staff so they knew how to provide safe and appropriate care when people became agitated or aggressive.

- People using the service and their relatives told us they felt staff managed risk well, supporting them to move safely in their homes and always using equipment correctly.

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

- There were procedures designed to protect people from abuse. The staff were trained in these and discussed how to recognise and report abuse with their line managers, through meetings and training.
- People using the service and their relatives told us they felt safe with the staff and the care from the agency.
- The provider had worked with the local safeguarding authority, reporting suspected abuse when needed. They had helped to investigate concerns and put in place systems to help protect people from harm.
- The provider had analysed safeguarding alerts to look for trends and any areas of concern. They had systems to help mitigate these concerns. For example, they had identified people were placed at risk from inappropriate hospital discharges. The provider had reviewed their admissions procedures to make sure they had additional checks before people left hospital. They had also met with the local hospital discharge teams to discuss their concerns.
- There were suitable systems for helping people with shopping, which included procedures on handling people's finances, clear record keeping and audits by managers.

#### Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. People told us the care workers arrived on time and completed all the care tasks. Records of care provided confirmed this. People found staff were suitable and well trained. Some of their comments included, "They are on time, they are nice people and a nice company, I would recommend them", "They are good carers and make sure everything gets done", "They are never late" and "They always do their job and if they are held up they call me."
- The staff were clustered into small groups working in specific geographical areas. This meant people were supported by the same group of familiar staff. There was limited travel time between visits because all work for the cluster was within a local area.
- There were appropriate systems for recruiting and selecting staff. These included checks on their suitability, assessments of their knowledge and competencies as well as a thorough induction and training.
- Many of the staff had worked at the service for a long time and there was good staff retention.

#### Using medicines safely

- People received their medicines in a safe way and as prescribed. People who were supported with their medicines told us they were happy with this. One person told us the staff had helped to develop a system to remind them to take their medicines which enabled them to remain independent.
- There were appropriate procedures for managing medicines and the staff received training about these. The management team carried out regular assessments of staff competencies and knowledge when administering medicines.
- The provider had assessed the risks relating to medicines for each person, including potential side effects. The staff kept clear and accurate records of support with medicines and these records were checked and audited each month.

#### Preventing and controlling infection



- There were suitable systems for preventing and controlling infection. There were procedures about infection control and for COVID-19. Staff were trained to understand about good infection prevention and control.
- People using the service and their relatives told us the staff wore personal protective equipment (PPE) like gloves and masks, washed their hands and followed good hygiene procedures. Spot checks by the management team to observe staff included checking whether they demonstrated good practice in this area. The staff told us they had enough PPE.
- COVID-19 and infection prevention and control were discussed at regular team meetings to make sure staff were aware of the latest government guidance. The provider also wrote to people using the service and their families to make them aware of government guidance and how they were following this.
- The provider had assessed the risks relating to COVID-19 for staff and people using the service. They had plans to help minimise the risks. They had organised for local religious leaders and medical professionals to meet with the staff and speak with them in their own language to help them understand the benefits of the COVID-19 vaccinations. Staff undertook COVID-19 tests in line with government guidance.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our inspection of 31 March 2021, we found care was not always planned in a person-centred way. We made a recommendation relating to this. At this inspection, we found enough improvement had been made.

- People received personalised care which met their needs and reflected their preferences. Care plans were developed with the person and their representatives. They contained clear information with personalised details. There were plans about people's health conditions and how these may affect them.
- Staff kept records of the care they provided. These showed care plans were being followed.
- People using the service and their relatives told us their needs were met. Staff respected their choices and offered personalised care. They told us they had been involved in planning and reviewing care, and that the agency were willing to make changes when needed.

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.

- People's communication needs were being met. Staff spoke a range of different languages, and where possible the agency matched staff who spoke people's first languages. Information about the service and care plans were available in different formats if requested.
- People's sensory needs were assessed, and communication care plans were in place. There were clear directions for staff on how to support people in a personalised way, including allowing people time, using their preferred names and information to help staff understand about their individual communication style.

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

- Some people received support with social activities and trips into the community. When this was part of people's planned care there were detailed assessments of any risks relating to this and plans to describe how people needed and liked to be supported.
- The registered manager told us they encouraged staff to spend time talking with people or taking part in some activities if they had the time and people wanted this. Some people confirmed this by telling us how

the care workers supported them by playing card and board games. Relatives told us care workers made sure the person could access their books, television remote, or other chosen activities before they left at the end of the visit. People told us they had a good relationship with the care workers and chatted with them when they provided care.

- Care plans included information about people's past, culture, religion, as well as places and people who were important to them. This helped the staff to understand about the people they were caring for.
- During the pandemic and times when people felt isolated, the staff had helped people to phone and video call relatives.

#### End of life care and support

- There were systems in place to record people's wishes and needs for end of life care. The provider developed advanced care plans based on questions they asked people about their wishes, religious and cultural needs and any funeral plans.
- The provider did not specialise in palliative care, but provided personal care and support alongside nursing teams when this was needed.

#### Improving care quality in response to complaints or concerns

- There were appropriate systems for responding to complaints and concerns. The procedures were shared with people using the service and staff. People and their relatives told us they knew who to speak with if they had concerns and felt these would be appropriately addressed.
- Records showed complaints had been investigated, and action was taken to improve. Improvements included discussing the complaints in staff meetings, as well as additional training and support for staff.
- The provider reviewed and analysed complaints on a regular basis to identify trends. They found there had been a reduction in complaints, which they felt was due to better spot checks and regular monitoring where people were able to raise any concerns, and these were dealt with immediately.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our inspection of 31 March 2021, we found the provider did not always effectively operate systems and processes to monitor and improve the quality of the service, or to monitor and mitigate risks. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider operated effective systems and processes for monitoring and improving the quality of the service. They had made improvements to the service since the last inspection. The registered manager told us they had reviewed areas which needed improvement and had sought support and advice from others to develop the service.
- Improvements included better auditing and analysis of the service, including analysis of complaints, incidents and accidents. There were clear plans for improvement which included communicating where improvements were needed to all staff.
- The provider had also increased the number of spot checks they made on staff caring for people, improved care plans and risk assessments and asked stakeholders for regular feedback about their experiences.

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

- There was a positive culture at the service, which empowered people and helped ensure they received personalised care. People were involved in planning and reviewing their care. The staff were familiar with them, many having worked with them for years.
- People using the service and their relatives confirmed this. Some of their comments included, "They are always upbeat and jolly and cheer [person] up", "They speak the same language as [person] and are caring and understand [their] needs", "They are brilliant, really caring" and "They listen to me and are nice and polite."
- The provider's own quality monitoring through surveys, speaking with people, reviews of care and compliments they had received also reflected this. One relative had written to the provider commenting, "The carers are wonderful. They are warm, compassionate and extremely professional. They care for [person] as if [they were] their own relative, maintaining dignity throughout."

- Staff told us they liked working at the service. They felt well supported and had opportunities to develop and learn new skills. They told us they would recommend the agency as a place to work and for care. Some of their comments included, "[There is] flexibility and a family atmosphere", "I would want my loved ones to be looked after by Sahan Cares" and "They are thoughtful and caring towards their clients."

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 provider understood their responsibilities under the duty of candour. Following complaints, they had apologised to people, and given them feedback about their findings and what they would do to improve.
- The provider had policies regarding duty of candour and submitting notifications to CQC. They had discussed concerns and where improvements were needed with CQC and the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff understood their roles and responsibilities. There was a range of policies and procedures which had been regularly reviewed and updated. These incorporated links to guidance and legislation.
- The agency was a family run business and the owner was the registered manager. They were supported by other family members acting in managerial roles. The managers were appropriately trained and had a good understanding of legislation and good practice. They worked with others to keep themselves updated.
- People using the service and their relatives told us the management team were open and approachable when they needed to speak with them.
- The agency was a social enterprise, employing refugee women who lived in the local area, and developing their skills and knowledge through a good range of training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service, staff and others. They asked all stakeholders to complete satisfaction surveys annually. Following their last inspection, the provider asked stakeholders to complete an additional survey to find out if they felt there were any areas of improvement needed. The management team had analysed the survey responses. These were positive from all stakeholders; however, the provider had developed a plan for improvement where they felt this was needed. For example, they were organising specialist training from external healthcare professionals where there was an identified healthcare need which they were unfamiliar with.
- The provider also made regular contact with people using the service and their relatives, through telephone monitoring, visits to check on staff while they provided care and regular reviews of care plans.
- People were involved in planning their care, and the provider had assessed their diverse needs and helped to plan for these. For example, religious and cultural needs and their disabilities.
- The provider supported their staff, who were refugee women, to take part in a range of training, and they were working with a local university and hospital to help some staff access nursing associate training.
- They had schemes to support the staff during times of financial hardship, such as early payment schemes. They had also sourced counsellors from the same culture who spoke the staff members' first language, and they supported staff who needed this service to access it.

Working in partnership with others

- The provider attended local authority forums and groups with other registered managers and care organisation to share ideas and good practice. They had consulted Skills for Care (a workforce development and planning organisation for adult social care in England) when developing their procedures and systems.

- They had also organised for training from specialist nurses and other healthcare professionals asking for their support in developing the care plans for some people.
- The management team had developed links with local community groups and the local mosques. They were looking at ways they could support some of the poorer community members, including setting up a food bank at the service. They were also working with a vaccine development company to discuss how better to promote vaccines to people from the BAME (black, Asian and minority ethnic) community.