

Sentricare East Mids Limited

SentriCare East Mids Ltd

Inspection report

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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:

The office of the service is in central Derby.

The service provides personal care to people living in their own homes who need some support in living their lives.

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

People and relatives said that safe personal care had been provided to meet people's needs.

Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

Risk assessments were in place to protect people from risks to their health and welfare, though some needed more detail to specify the exact risk and how to deal with this.

Staff had been trained in safeguarding (protecting people from abuse). Staff members understood their responsibilities to safeguard people and to contact relevant agencies if needed.

The registered manager was aware that certain incidents, if they occurred, needed to be reported to us, as legally required.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs. Further specialist training was needed on people's health conditions.

Staff members understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. Capacity assessments were not in place to determine how best to support people who did not have capacity to decide aspects of their lifestyles, though this did not have any impact on the service people received.

People and relatives told us that staff were very friendly, caring and kind. They said they had been involved in making decisions about how and what personal care was needed to meet personal care needs.

Care plans contained personalised information about people's preferences and likes and dislikes, though there was little information about people's history, which would help staff to ensure that people's needs were fully met.

Staffing levels were sufficient to always provide people with the care they needed.

People and relatives were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run. Staff members said they had been supported in their work by the registered manager.

Audits to measure that a quality service had been provided to people were carried out.

Staff worked in partnership with relatives so that people got the support they required from other agencies.

Rating at last inspection:

The service was rated Good at the last inspection. Our last report was published for the inspection of August 2016.

Why we inspected.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up.

We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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

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 remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service rating remains Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service rating remained as Good.

Details are in our Well Led findings below.

Good ●

SentriCare East Mids Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector conducted the inspection.

Service and service type:

SentriCare East Mids Ltd is a home care agency that supports people who live in their own homes. Not everyone using the service receives the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced two working days in advance. This is because we wanted to make sure that the management was available to assist us to carry out the inspection.

What we did when preparing for and carrying out this inspection:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitored the care and support people received and Healthwatch Derby, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During the inspection, we spoke with two people provided with personal care and four relatives. We also spoke with the registered manager, the provider and two care staff.

We reviewed a range of records. This included accident and incident records, three people's care records and medicine records. We also looked at three staff recruitment files.

We asked the registered manager to email further information to us, so that we could judge whether a quality service was provided to people.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good; Systems to keep people comprehensively safe and protected from avoidable harm were in place.

Assessing risk, safety monitoring and management.

- Staff had been trained about what to do in the event of fire.
- Staff members had a good understanding of people's needs to keep people safe. For example, observing people skin to check whether pressure area care was needed.
- An assessment of health and safety of premises had been carried out for people's homes.
- The registered manager had assessed some risks to people. Information was in place of what action should be taken to reduce these risks though some detail was not in place for some issues such as supplying creams and medicine. The registered manager said these issues would be followed up.

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

- People and relatives confirmed that people felt safe with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Staffing and recruitment

- There were enough staff to meet people's needs. People and their relatives told us that staff were always available for support to meet personal care needs.
- Staff said there were always enough staff attending calls to keep people safe. For example, for using a hoist to move people.
- People were supported by staff who were suitable to work for the service. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely

- People and their relatives said that staff had prompted people to take their medicines when they were supposed to. One person stated in a service user survey that staff had not often prompted them. The registered manager said this would be followed up with the person.
- Some people were safely able to administer their own medicine. One person said, "I self administer my own medication and staff leave me to do this."
- Records showed that people had usually received their prescribed medicines. There were some gaps in records. There was evidence that the registered manager had taken action with staff to ensure that medicines supplied to people were always recorded to prove this had been supplied.
- The provider had a detailed policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.

- A medicine audit checked that medicine had been supplied to people as prescribed.

Preventing and controlling infection

- People and their relatives said that staff always observed infection control by using equipment to ensure infections weren't passed on to them.
- Staff were aware of the need to use protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed on.

Learning lessons when things go wrong

- The registered manager said that they were aware of the need to learn if situations went wrong. Evidence of these situations were supplied to us. For example, for staff to always record when medicine was supplied to people.

Is the service effective?

Our findings

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

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Staff said that care and support plans helped them to provide care that met people's needs.
- People and relatives said personal care needs were fully met by staff. One person said, "Staff are fantastic. They always help me and I am very satisfied with what they do for me."
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People staff were trained to do their jobs. A person said, "Staff do everything I need. They are gentle."
- People were supported by staff who had received ongoing relevant training.
- Staff said if they requested more training, the registered manager would arrange this for them.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- New staff were shadowed by experienced staff. Shadowing was of a short period which could cause issues with delivering care from inexperienced staff. The provider said this practice would be reviewed, though after shadowing experienced staff, new staff were always paired with another staff member to provide continued support.
- Staff had induction training which included relevant issues needed to provide personal care. The training did not include the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. The registered manager said this training was currently being considered for new staff.
- Staff had not received specialist training in people's health conditions, though this did not appear to have an impact on the care provided by staff, as expressed by the people and relatives we spoke with. The nominated individual said it would be useful for staff to have an awareness of people's conditions and this training would be provided to staff.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- A person told us that staff provided good food and food of their choice.
- Staff asked people what they wanted to eat and drink.
- Where staff supplied food and drinks, they had information about people's needs to ensure that the food was safe for people to eat and drink.
- Staff were aware of people's dietary requirements.
- People had food provided that respected their cultural choices.

- People and relatives told us that people were offered drinks by staff and always left a drink between calls. This helped to prevent people becoming dehydrated.

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

- People said that if they needed to see a doctor, this was reported to their relative. A relative told us that staff had been very observant and reported signs of illness which meant a quick referral to a GP for treatment.
- Staff were aware of the need to contact health professionals when people were unwell and gave us examples of doing this.
- People saw other health professionals such as nurses and occupational therapists to meet their health needs.
- People's health and wellbeing was supported by staff as recorded in records of people's care.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.

- People were able to consent to their care and the registered manager was aware of the requirements of the MCA. The registered manager said written assessments of people's mental capacity would be carried out. This would include where there was a need to agree any best interest issues with people and their relatives.
- Staff worked with people to consider and understand their options and respected their decisions in relation to their care needs.
- At the time of inspection, nobody receiving the regulated activity had been deprived of their liberty.
- People told us that staff asked their permission before personal care was provided.
- Information in care plans directed staff to communicate with people and gain their consent about the care they were providing.
- Staff members told us that they asked people their permission before they provided care.

Is the service caring?

Our findings

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

Good: 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 said that staff were kind and caring. A person said, "Staff are lovely." A relative told us, "Staff are so good. They are great to [family member] and also to me. They never rush and always ask if they can do anything else."
- People and relatives said that staff listened to what they said, and that people's wishes were respected.
- A person said there was respect for their cultural practices such as staff being respectful when they wanted to pray.
- People's cultural and religious wishes were recorded in care plans.
- The medication policy included the need to ensure that medicines did not contain products that were in conflict with the person's religious preferences.
- People's wishes about the gender of staff that supplied medicine to them were included in the medication policy.
- The registered manager matched staff with people based on their language needs.
- The service user handbook, provided by the service, stated that staff should treat people equally whatever their backgrounds. There was a statement about non- tolerance for any discrimination against people whatever their race or religion. The registered manager provided evidence of respect for people's sexual orientation.

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

- People and relatives told us that they had been involved in care planning at the beginning of their involvement with the service. This was also evidenced in records.
- Reviews of people's care had taken place. People and their representatives had been consulted about whether care still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. A person told us, "Staff respect [family member] when the bathroom is used. They always close doors and windows when necessary."
- People and relatives said staff ensured people could choose their lifestyles, such as food and what clothes people wanted to wear.
- Care plans had information about people's preferences such as how they wanted their drinks to be made and ensuring drinks were of the temperature that people preferred.
- People and relatives said staff supported people's independence.
- Staff members described how people were encouraged to do things for themselves that they could do, such as washing areas that they were able to reach.
- People said they had choice in how they lived their lives. A person said, "Staff always ask me how I want

things."

- People said that staff respected their confidentiality. This was emphasised in the staff induction programme when they started work and reinforced by the staff handbook.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care

- People and relatives said they always received the personal care they needed.
- People and their relatives said the right number of care staff always attended calls as set out in the care plan.
- People and relatives said calls were timely.
- Care plans had information about people's preferences and likes and dislikes, though this did not fully cover their life histories. This meant staff did not have comprehensive information to assist them to provide people with all their individual needs. The registered manager said this would be followed up.
- Staff members were aware of people's important routines.
- Relatives said that staff had effective methods of communication with their family members who had these needs, such as taking time to listen to a person, and pointing to things.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs. For example, the provider said that documents would be provided in different formats to meet people's diverse needs, if needed.

Improving care quality in response to complaints or concerns

- A small number of complaints had been received from relatives since the last inspection. These had been investigated and a verbal response provided to the complainant. A written response to the complainant had not been sent. This would have provided evidence of the investigation and outcome. The provider said this would be carried out in the future.
- People and relatives we spoke with told us they had no current complaints about the service. In the past they had spoken to the registered manager about minor concerns and these had been quickly sorted out.
- There was a complaint policy and procedure in the service user's guide. The procedure did not include all relevant information such as how to contact the complaints authority and the role of the local government ombudsman. It also implied that CQC would investigate individual complaints, which CQC does not have the legal power to carry out. The provider said the procedure would be amended to include this information.

End of life care and support

- There was no system in place in care plans to record people's wishes and preferences when they wished to discuss this. The provider said that when the time was right, end of life wishes had been discussed. However, they said a system would be put in place so that people could set out their wishes in advance to ensure information was always available so wishes could always be followed.
- Staff had not been trained in end-of-life care. The registered manager said this would be arranged.

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.

Good; 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.

- Audits were in place to monitor the service and drive improvement for issues such as whether people's care needs had been met, whether medicine had been prompted or provided and risk assessments in place to keep people safe.
- Management carried out checks on staff to assess whether they were providing a good quality service.
- Staff members felt supported in their role and told us the registered manager promoted a high standard of care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives all told us they would recommend the service. One person said, "I would definitely recommend this company for excellent care." A relative told us, "I have never had such a good company."
- The registered manager was aware of the need to send us notifications of important events so that we could check that appropriate action had been taken.
- The previous inspection rating was displayed in line with our requirements.
- People's care was regularly reviewed to ensure it met their individual needs.
- Staff were clear on who they would report concerns they had to management and felt confident in raising these issues.
- The service had an appropriate statement of purpose. This set out the aims, objectives and ethos of the service to provide people with person centred care.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care, to provide a written apology and explanation of events to the 'relevant person.'

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

- Staff were supported and able to develop in their role. Staff members confirmed they always received regular supervisions and support from the registered manager.
- Staff members spoke positively about the culture of the service and described how all staff cared that people they supported were kept safe and provided with respectful and dignified care.
- Staff members understood their roles and responsibilities. There were clear lines of delegation.

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

- The views of people and relatives were sought in reviews.

- There had been a recent survey of people and staff views. This had been very positive in recording their satisfaction with the running of the service. One person expressed some dissatisfaction with the service. The registered manager said these comments would be followed up.
- People and relatives told us the registered manager was someone they felt they had a positive relationship with as she was proactive in sorting anything out efficiently and quickly.
- Staff had received training about equality and diversity to ensure staff were able to support people's needs, whatever their background or preferences.
- Staff reported any incidents of concerns to relatives to ensure swift referral to outside professionals such as the GP and district nurse if medical assistance was needed.