

# Sentricare Limited

# SentriCare

## Inspection report

1st Floor, Old Blake House  
150 Bath Street  
Walsall  
West Midlands  
WS1 3BX

Tel: 01922722939  
Website: [www.sentricare.co.uk](http://www.sentricare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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: SentriCare is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 50 people with personal care in their own homes at the time of our inspection

People's experience of using this service:

Records relating to medication administration required improvement. We spoke with the management team about this and they told us they would address this without delay. By the end of our inspection, they had already commenced this work.

The provider's complaints policy required review but everyone we spoke with was happy with the care they received. No-one we spoke with had any complaint about the service. Records showed that any complaints that had been received were minor and had been responded to in a timely and appropriate way.

Staff had person centred information on people's needs and risks and the support provided was personalised to them and their individual requirements.

People told us they received good care and felt safe with staff. They said staff members were kind, caring and respectful.

People and their relatives confirmed that staff usually turned up on time and provided the support they needed in accordance with the people's needs and wishes. Records showed that the support people received was consistent and reliable.

Records showed and people told us that where their needs or choices changed, the management team tried their best to accommodate these changes. People and their relatives said that the support provided was regularly reviewed with them by the management team and that their views were regularly sought by the provider on the quality of the care provided.

From the records we viewed and the feedback we received it was obvious that people's care was planned and well organised.

Staff were recruited appropriately with the required pre-employment checks undertaken prior to employment to ensure staff members were safe and suitable to work with vulnerable people.

Call monitoring records showed that people's visits were rarely missed and that the majority of visits were made on time. This showed that staffing levels were sufficient to ensure each person's visit was completed in accordance with their requirements.

Staff were sufficiently trained to do their job role well and supported by their line manager. Staff morale was

good. Staff told us they were supported by the management team and the provided. Staff felt they provided a good service to people. The people and relatives we spoke with agreed with this.

The systems and processes in place to monitor the quality and safety of the service were effective in identifying and driving up improvements in the service. The provider and management team demonstrated a good knowledge of their regulatory responsibilities with regards to people's care and managed the service well.

Rating at last inspection and why we inspected: This was a scheduled inspection. At the last inspection the service was good. At this inspection, the service was rated good again.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was 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** ●

# SentriCare

## Detailed findings

### Background to this 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: This inspection was undertaken by one adult social care inspector.

Service and service type: SentriCare is a domiciliary care agency. A domiciliary care agency provides support to people in their own homes. The service had a manager registered with the Care Quality Commission. This means 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: This inspection was announced two hours before the inspection took place. This was to ensure that the manager and management team were available in the office to assist with the inspection.

What we did: We reviewed information we had received about the service since the service was registered. We reviewed the information we require providers to send to us at least once annually. This information provides us with background information about the service, what it does well and the improvements the provider plans to make. We also contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

We talked with one person who used the service and four relatives to obtain their feedback on the service. We spoke with people's relatives as some people using the service were unable to talk to us. We spoke with the manager, the care manager and five members of staff.

We reviewed a range of records. This included three people's care records and a sample of medication records. We viewed four staff recruitment files and other records relating to staff training and support of staff and the management of the service.

# Is the service safe?

## Our findings

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

Some aspects of service delivery were not always safe and required improvement. Legal regulations were met

Assessing risk, safety monitoring and management

- Record keeping with regards to medication administration required improvement. Medication charts stated that medication was administered at the agreed time the person's visit was supposed to start. However this was not accurate, as on some days, people's visits did not start until over half an hour later than the agreed start time. This meant that the actual time people's medicines were administered was not recorded. Records however showed people had received the medicines they needed to keep them well.
- Staff needed more guidance on how to administer people's prescribed creams.
- The competency checks on staff practice although regular needed to be done in more detail.
- We spoke with the manager and care manager about this. They said they would make these improvements without delay and improvements to medication record keeping had been commenced before we finished the inspection.
- People's needs and risks were assessed and managed. Staff had information on what support people required and clear guidance on how this was to be provided.
- People's support was regularly reviewed. This ensured that any changes in people's needs were identified quickly and the support adjusted accordingly.
- There were robust monitoring systems in place to enable the management team to monitor the visits staff undertook each day. This ensured that people received the support they needed.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. Staff spoken with knew what action to take to protect people from harm.
- The manager told us that no safeguarding concerns about the service or the support provided had been received.

Learning lessons when things go wrong

- Accident and incidents were clearly documented with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred.
- Records showed that accidents and incident were thoroughly investigated. Recommendations were made after each accident and incident. The recommendations made showed that the provider was using accident and incident information to learn from and prevent similar accidents or incidents occurring in the future.

Staffing and recruitment

- We looked at staff recruitment records. We saw that pre-employment checks were carried out prior to

employment to ensure staff members were safe and suitable to work with vulnerable people.

- We found however that the previous employer references looked at during the inspection did not always match the referees noted on the staff members' job application form. The manager was able to explain the reasons for this but acknowledged that they had not documented the action taken.
- People's daily records showed that staff members turned up to people's home on time, stayed the length of time the visit required and provided the support identified in people's care plan. This indicated that sufficient staff were on duty to meet people's needs.

#### Preventing and controlling infection

- Staff completed an environmental risk assessment on people's home environment. This included issues associated with cleanliness or infection control. Management plans were in place to respond to any risks.
- People's care plans provided staff with clear guidance on what personal and protective equipment to use when providing support. For example, disposable gloves and apron.
- Some people's visits included support to keep the person's home clean after staff had prepared the person's meals or support them with personal hygiene. Records showed that staff consistently undertook these duties.

# 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.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection, there was no-one using the service that required the MCA legislation to be applied.

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

- People's choices with regards to the support they received were well documented.
- Where people's choices changed, for example, where a different visit time was requested, we saw that the management team worked hard to try to accommodate the person's wishes.
- There was evidence of clear lines of communication between the management team and the people using the service. Regular telephone calls were made to people and their relatives to ensure they were satisfied with the service provided. Spot checks on staff practice were undertaken frequently to ensure the support provided was of a good standard.

Staff support: induction, training, skills and experience

- Staff received training to do their job well. Training was provided in a range of health and social care topics. For example, emergency first aid, food hygiene, fire safety, mental capacity act, safeguarding, person centred care, equality and diversity as well as specialist subjects such as epilepsy, diabetes and autism awareness.
- A staff member said "We have non-stop training, mandatory and specialised, I've just done palliative care and doing learning disabilities as well. As client base changes, do different training to keep up to date".
- Staff had regular supervision with their line manager and a yearly appraisal of their skills and abilities.



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

- Some people who used the service required support with meal preparation to ensure their nutrition and hydration needs were met. People's daily logs demonstrated that those who needed this type of support, received it in accordance with their dietary needs and wishes.

Adapting service, design, decoration to meet people's needs

- The service was designed to be delivered in people's own homes to accommodate their needs and wishes.

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

- The service worked in partnership with social services teams and other health professionals such as occupational therapists, district nurses and mental health teams.
- An occupational therapist had complimented the service on how one person's support had been provided. They wrote "Attended today to watch the morning carer with transfer for [Name of person]. They have a good bond with [name of person]. Respected their choices and encouraged their independence. Very impressed".

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The people and relatives we spoke with told us that the staff team were kind, caring and respectful. Comments included "They certainly do treat me with dignity and respect; "Very sociable and chat"; "Oh yes, they are very polite" and Yes, they treat her with dignity. Everything is perfect, as perfect as it can be in the situation" and "Yes, they are very kind and caring".
- We asked people and the relatives we spoke with, if anyone called them from the service when a visit was going to be late. People and their relatives told us they did. This meant that the service cared people were not left worrying whether their support was going to be provided when a visit was late.
- People's comments included "Yes, if they are going to run a little late, they call ahead, I don't mind as long as they let me know" and "Carers are very punctual, if there has been an emergency on the previous call and they are running late they will notify us. Even during the beast from the east (a recent storm), they left their cars about half a mile away and walked to the house".
- We looked at the compliments book the manager had maintained in respect of the service. One person had written "Thank-you for being the best carer in the world". Another person had written "Excellent care. They have great empathy and never let us down".
- A staff member told us that the first language used by some of the people using the service was different to English. The staff member said "We communicate with English, we can use sign language, to understand what they want from us. "We have carers that speak different languages, I can speak languages too".
- Another staff member said they "Doubled up (two staff members attended) calls for clients whose first language isn't English with a carer who speaks their language, but over time you pick up what they want and I have learned a little bit of their language myself".
- It was clear from what staff told us that the service tried hard to support people for a range of backgrounds and cultures.

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

- People using the service and their relatives told us that they had been involved in decisions about their care. They said they had discussed the support they needed when they first started using the service. They said regular checks on their satisfaction with the support provided were undertaken.
- One relative said "SentriCare have come in and asked [Name of person] if they are happy with the service". Another told us "Yes, they came, not long ago. About 3 months. A questionnaire was filled out with care staff.

Respecting and promoting people's privacy, dignity and independence

- People's care files contained clear information on what they needed help with and what they could do independently.

- Staff had information on what support the person received from their family or other relatives, so that the care between staff and family members could be co-ordinated. This showed that the service cared that people's needs were met in the way they preferred.

# Is the service responsive?

## Our findings

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

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

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

- People and their relatives told us that the majority of visits were completed on time. They said that the same staff members visited them most of the time and that staff members knew them well.
- The comments made by people and their relatives included "A regular crew but also different people come along as well, it does change"; "Yes, as far as I know, it is pretty routine with the carers." Yes, more or less, the same people. Two at a time and four times a day" and "Yes, the carers do come on time and always come when supposed to".
- People and their relatives told us the support provided was responsive to their needs. One relative said "The care plan has been updated. Someone came a couple of weeks ago and went through it".
- Another relative told us "The care file has been updated as care needs have changed. It was agreed at four visits initially, but has changed to three, and reinstated if necessary. This was done a year ago. They come once a year and review the plan. They come to us and she (person receiving support) takes part in the discussions" about the support provided.
- Daily records relating to each people's well-being and the support they received were maintained after each visit was undertaken. Records showed that people's choices were respected and that staff provided people with the support they needed.

Improving care quality in response to complaints or concerns

- The home had a policy and procedure in place for receiving and responding to complaints about the service.
- The complaints procedure given to people using the service in their service user guide did not provide people using the service with the names and address of the manager, the provider or the relevant outside organisations they could also complain to. For example, the Local Government Ombudsman. This meant there was a risk they may not know who to complain to.
- People and their relatives had been given a copy of the complaints procedure and said they would ring the office if they had any complaints. No-one we spoke with had any complaints.

End of life care and support

- At the time of our visit, the service did not support people who required end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and arrangements were used to monitor and improve the quality and safety of the service. There was a call monitoring system in place, spot checks on staff practice and regular telephone calls made to people using the service to ensure the service was of a high quality.
- Regular supervision and monthly meetings ensured staff members were clear about their job role and its responsibilities. One staff member said "The management is really responsive, particularly covering call and working patterns". Another said "I think we provide a good service. We have got a lot of good carers and management are always there to back us up".
- The provider had undertaken a survey of the views and opinions of both the people using the service, their relatives and staff. This survey was aligned with the key lines of enquiry that CQC use to assess the service's compliance with the health and social care regulations. It was clear that the provider was fully aware of the expectations and regulations of CQC and the location's registration requirements.

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

- People's care records were detailed, clear and person centred. The support provided was personalised and well-managed.
- The provider and manager were open and transparent. The service was monitored well and staff morale was good.

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

- The provider worked closely with a range of health and social care agencies to ensure people's equality needs were met.
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.