

Sensitive Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sensitive Care Solutions Ltd., is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 50 people were receiving personal care. 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.

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

People were highly complimentary of the support and care they received and told us they would recommend the service to others. A relative told us, "They are proactive, diverse, and they have managed my expectations extremely well."

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had been recruited consistent with the provider's policy. There were sufficient staff to meet people's needs.

People and family members spoke of the reliability of the service, and the consistency of staff who provided their care. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People received good quality care outcomes, supported by the commitment of all staff to deliver person centred care, considering equality characteristics, and the individual needs and preferences of people.

The provider recognised the importance of staff wellbeing, and how the supporting of staff had a positive influence on the quality of the service provided. Staff spoke positively of the management team and the support they received.

The provider's systems and processes monitored the quality of the service. People's views and that of family members and staff were sought through surveys, which were analysed and used to identify where improvements were needed. A range of audits were undertaken to monitor the quality of care provided. Staff were supported through ongoing monitoring and effective communication, which included regular staff meetings to support the delivery of good quality care.

Partnership working with external professionals, and links with local universities and colleges, supported the provider in delivering good outcomes for people, and supported continuous learning and development of the service.

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

Rating at last inspection

The last rating for this service was good (published 14 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sensitive Care Solutions Ltd on our website at 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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Sensitive Care Solutions 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. 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 carried out by 1 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 homes.

This service is registered to provide supported living. However, at the time of the inspection the provider was not supporting anyone within a supported living setting.

Registered Manager

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

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

Notice of inspection

We gave the service 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 8 family members about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, 2 directors and 6 health care assistants.

We reviewed a range of records. This included 6 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, policies and procedures, audit outcomes and the staff training matrix.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to safeguard people from abuse. Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.
- People had confidence in the staff and the management team to keep them safe and to take any actions required. Many people spoke of the positive relationships they had developed with staff, which contributed to them feeling safe. A relative told us, "Yes in terms of safeguarding they are on the ball." A second relative told us, "My [family member] feels safe with them. The 4 regular carers are excellent. I have no concerns for [family members] safety."
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. Safeguarding and whistleblowing was routinely discussed at staff meetings.
- Staff were aware who to report concerns, incidents and accidents too, which included both internally and external organisations. Staff were aware of the whistleblowing policy. A relative told us, "A year ago [family member] fell and the carer knew exactly what to do. They called 111, informed me and office of Sensitive Care Solutions, the carer had the right protocols."
- Policies had been reviewed and strengthened to provide greater oversight and monitoring in response to safeguarding concerns and lessons learnt. For example, the policy on the values and principles underpinning the provider's approach to people who require help with the use of their money or finances as part of their package of care.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- People we spoke with were aware of equipment and measures taken to keep them safe. A relative told us, "My [family member] has a rotunda and is quite proud that they can use the rotunda and does not have to use a hoist. My [family member] feels safe with the personal care, and understands everything that goes on."
- Guidance was provided for staff to reduce known and potential risks when supporting people to access services. For example, recreation and daily living activities including shopping.
- Staff undertook training in key areas to promote people's safety, health and well-being and had their competency assessed and included, moving and handling people safely, basic life support, pressure area care, continence care and food safety.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To further support people's safety, key information was recorded within people's records. For example, the location of gas and water valves should these need to be accessed by

staff in an emergency

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make informed decisions were considered consistent with the provider's policy.
- People's records included the names of others, including family members, who were involved in decisions relating to care.
- People or their representative had signed an agreement consenting to their care and support.
- Records included where a person's family member had an LPA (lasting power of attorney) for decisions relating to health and welfare and/or property and financial affairs to ensure the appropriate people were involved in any decisions.
- People told us they were involved in decisions about their care, or that of their family member. A relative told us, "Staff talk everything through with [family member]. They give them choices in everything, and make sure they have the remote control with them for the TV and the lights."

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- People told us support was provided by a consistent team of staff and the service was reliable. A relative told us, "We have 4 regular carers, who treat my [family member] with respect." A second relative said, "Staff are on time and we've never had a missed call. They call if they are running late."
- Staff rotas were planned with consideration to protected characteristics as defined by the Equality Act. For example, where people had a preference as to the gender of staff who provided their care, or required staff who were able to communicate with them in their first language. A relative told us, "We have a Gujarati and Hindi speaking carer, which is exactly what we need. This is especially good for social calls; they really have thought about the individual person."
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Using medicines safely

- Systems were in place to support people with their medicines where required. Staff who administered medicine undertook medicines training and their competency was regularly assessed.
- People were confident in the support they received with their medicines. A relative told us, "Staff prompt [family member] with medicines and check that they are taking them."
- People's records provided information about the medicine they had been prescribed and what the

medicine was for. There was clear guidance as to the use of medicine to be given as and when required. For example, to manage pain or anxiety.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves and aprons.
- People and relatives were confident in staff's knowledge and practices to keep them safe from the spread of infections. A relative told us, "In terms of hygiene standards staff always wear gloves and aprons, and I think staff are sufficiently trained." A person told us, "Staff wear gloves, aprons and foot covers."

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team promoted a positive culture that was inclusive and empowering to achieve good outcomes for people.
- People were positive about the quality of care, and of the kindness of all staff. A relative told us, "They have gone above and beyond with [family member]. This has been the best agency so far, and have always gone that extra mile. The managers contact us and they're very easy to speak to. They sort any issues out very quickly and we are extremely happy."
- The provider recognised the importance of staff wellbeing, and how the supporting of staff had a positive influence on the quality of the service provided. Staff spoke appreciatively of the management teams commitment and support of their wellbeing, and of their openness to engage and listen.
- The provider had been accredited as a Disability Confident Employer. The provider's commitment to inclusivity and diversity within the workforce meant staff were able to meet people's needs with understanding, knowledge and empathy.
- Support was provided to people who found accessing services via the telephone difficult due to communication difficulties, including where English was not their first language. A family member told us, "The management team arrange hospital appointments for [family member] and follow it through as sometimes [family member] does not want to go and they will call the hospital to cancel the appointment."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements and had sent notifications to the Care Quality Commission as required by law.

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

- Systems and processes were in place to monitor the quality of the care provided.
- The registered manager analysed the results of audits undertaken in a range of areas. These included timeliness of care calls, information staff recorded within daily notes detailing the care provided, and by the ongoing review of people's needs. This enabled them to identify if improvements or change was required so action could be taken.

- Good quality outcomes for people were supported and monitored by the supervision of staff, and underpinned by going training and assessment of competence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems and processes were in place to seek and receive feedback about the quality of care people received, this was part of the provider's commitment to continuous development and improvement of the service.
- People praised the management team for their approachability and commitment to provide good quality care. A relative shared their views of the management team. "Very approachable, I call them and they always answer. They are very good with sorting things out and we have regular meetings."
- People's views, and that of family members were sought through surveys and quality monitoring telephone calls and visits. Information gathered from surveys was analysed, and a report produced detailing the outcome of the consultation, along with any actions to be taken in response to people's views.
- The provider sought feedback from staff through surveys and meetings. The analysis of surveys showed staff were positive about training, management support and communication.
- A factor in continuous learning and development was supported through the providers support of internship opportunities for local universities. This enabled university students and the provider to share and understand new ways of working, and introduce new ideas and approaches.

Working in partnership with others

- The registered manager and management team recognised the value of working collaboratively with other agencies to achieve good outcomes for people.
- The registered manager and management team liaised with local commissioners where required with regards to people's care and support, which included where people's needs had changed.