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Sensiway Care Services

Inspection report

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Date of inspection visit:
05 February 2020

Date of publication:
27 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sensiway Care Services is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Derby and surrounding areas. At the time of the inspection visit there were two people using the service.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and nutrition. Where they do we also consider any wider social care provided.

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

The provider had not completed recent training or refresher training on mandatory courses which was essential for them to be able to carry out their roles. Competency assessments had not been carried out and therefore there was no reassurance that the provider was competent to deliver some aspects of care.

The provider had not ensured that safe recruitment, governance and quality assurance procedures had been fully established. We saw no evidence that a person's identity had been checked or proof of address. Medicines were not being administered at the time of our inspection but there was no provision for medication training or competency checks. This posed a risk to people using the service, who may need support to manage medicines in the future.

There was a procedure to record, monitor and investigate any accidents/incidents which may occur, none had occurred at the time of our inspection.

The provider knew people well and worked with them and their family to develop care plans. Relatives told us that the provider was very professional and listened to people about how they would like care provided.

Relatives told us that they felt the service was safe and that the provider was caring.

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 inspection was 14 May 2017 and the service was rated good.

Why we inspected

This was as planned inspection based on previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always Safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led

Details are in our Well-Led findings below.

Sensiway Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, the second inspector was shadowing the lead inspector as part of their induction.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours notice of the inspection, this was to ensure someone would be in the office to assist us with the inspection.

The inspection took place on 5 February 2020 when we visited the office location and spoke with the provider, we also looked through records. On 6 February we phoned relatives of people living at the service as they provided care and had ongoing contact with the provider. People using the service? were happy for relatives to give feedback.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share with us information and this was included as part of the inspection. We looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We took all

the information into account when we inspected the service and making the judgements in this report.

During the inspection

We spoke with the provider and two relatives of people who used the service. We reviewed the care records for two people using the service, and other records relating to the management oversight of the service, such as staff training and medication records, staff rotas, incident recording and complaints.

Following the inspection

We made phone calls to relatives of people using the service and continued to seek clarification from the provider to validate evidence we found on inspection. The information which the provider sent has been used in the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Staffing and recruitment

- The provider did not follow safe recruitment and selection processes. Staff recruitment files did not have proof of identity or address. Criminal record checks had taken place but had not been reviewed every three years in line with best practise guidance.
- At the time of our inspection the provider was delivering all the care provided by the service. The provider told us that they were recruiting two staff members as they were hoping to increase the number of people who use the service. There was no evidence of how staffing levels were calculated or a strategy of how the increase in people using the service would decide the staffing requirement.

Using medicines safely

- Medicines were not managed safely. The provider supported people to take their medication and had given medication when required. However, the provider was not trained in administering medication and no competency assessment had been carried out. The provider had suitable training after the inspection and had been assessed as competent.
- The provider told us that people using the service had most of their regular medicines given by their relatives or the district nurse which mitigated the risk with people using the service. However, this would need to be addressed as a matter of urgency as any new people employing the service may require medicine to be managed by staff.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed prior to any service commencing, however there was no information on how or when the information needed to be reviewed.
- Environmental risk assessments had also been completed. These were to highlight potential risks around safety in people's homes.

Systems and processes to safeguard people from the risk of abuse

- One relative told us "Most certainly, the service is safe, I can't praise [registered manager] highly enough, they are caring and compassionate."
- The provider's safeguarding policy provided staff with guidance on what they should do if they felt the safety of people was at risk. This included the provider reporting any concerns to the local authority and the CQC when they had been notified of any allegations of abuse or neglect. To date there had not been any incidents that required reporting.

Preventing and controlling infection

- One relative told us "[name] always wears gloves and an apron and changes these if they become soiled."

- The provider told us that they had personal protective equipment in people's homes. This included gloves and aprons used during personal care.

Learning lessons when things go wrong

- Processes were in place that ensured any accidents or incidents were recorded and investigation. There had been no accidents or incidents at the time of our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Staff support: induction, training, skills and experience

- At the time of our inspection the provider was delivering care and support for people who were using the service. The provider told us that they had undertaken training several years ago but had no knowledge that training should be regularly reviewed and refreshed. This most a risk when moving and handling people using a hoist or other equipment which requires specialist training.
- Training was not current and there had been no practical training on elements which require competency checks. This meant that the provider had not been assessed as competent in these key areas which meant that people were at risk of unsafe practise.

Failure to ensure suitably qualified, competent, skilled and experienced persons is a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People using the service were mostly supported by family members to access healthcare services. The provider was aware of the people's healthcare needs and supported families when required.
- Care plans included details on their healthcare and how people liked to be supported. However, there was no evidence of when the support plans had been written and no date for review.

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

- Risk assessments were completed but not in all areas and there was no evidence of regular reviews.
- Assessments covered areas of people's individual care needs and the way they preferred the care to be delivered.
- Relatives told us that they had agreed times and that those times were always adhered to.

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

- People were supported to have a diet that met their cultural preferences, and enough to eat and drink, and maintain a balanced diet.
- People's care plans included information about fortified diets where the person had reduced appetite due to a health condition.
- Relatives told us that they usually provided meals but the provider would when asked. One relative told us, "[Name] is not eating at the moment but they encourage them to drink." This was to ensure that the person had calories through fortified drinks when they refused meals.

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

- The provider told us that they had regular contact with the GP and district nurse and worked closely with them to provide care and support to people.
- One relative told us that they were happy with the way the provider noticed when health conditions changed and the provider liaised with different health professionals.

Ensuring consent to care and treatment in line with law and guidance

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and any made on their behalf, be made in their best interests.
- One person and their supporting relatives confirmed staff sought their consent before care was offered. There was a copy of a consent form in the office copy of the care plan.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us " We couldn't ask for a better carer, they are brilliant." Another said "it's a Rolls Royce service, the best service we have had."
- We saw that there was very detailed information in the care plan, outlining what is required at each visit. The provider told us how they respected equality and diversity and the individual needs of those who used the service.

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

- Relatives explained how the provider and had built a good relationship with the person being provided with care.
- People were encouraged to be involved in developing their care plan, where they were unable to people's relatives were involved where appropriate.
- The provider was aware of providing an advocacy service. This meant that people would have access to someone independent who could speak up on their behalf if they felt unable to or had no close relative to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- The provider told us how they ensured that people were treated with dignity and respect and how they closed the curtains and covered people when delivering personal care.
- People told us that the provider talked whilst care was being delivered which they found reassuring.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

- An assessment of people's needs was carried out before staff provided a service. Care plans had been written but required further development and regular reviews. The provider told us that they had carried out some work on care planning since our last inspection and planned further development.
- Relatives told us that care was always delivered on time.
- Care plans included detailed information about what people expected during the visit from staff and how they were to provide individualised support at each visit. The provider knew people's support needs and were able to explain how they provided this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us that they could provide information in large print or pictorial format if it was required. At the time of our visit we saw no evidence to show alternative formats were available to people if needed.

Improving care quality in response to complaints or concerns

- Relatives said they had no concerns regarding the care provided. People were confident any concerns would be taken seriously and felt that they could approach the provider.
- People were provided with a copy of the complaints policy along with other documentation when they commenced with the service.
- The provider said they had not received any complaints to date. They said all complaints would be recorded and analysed and feedback provided in line with the company policy and procedure.

End of life care and support

- At the time of our inspection there was no end of life care planning. The provider told us that this was something that they were looking to develop.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

- The provider did not have oversight of the service quality and performance, There was no competency assessments in place for the provider or staff to ensure that they were competent to carry out their duties.
- There was no clear strategy about developing the service, how this would develop and how they would manage, monitor and support new staff.
- The provider was not always clear about the role and the risk around regulatory requirements. Policies had been written by the provider but there was no mechanism to review these as legislation changed. There was no date on policies and no author.
- The provider did not have relevant up to date training around medication. There was also no competency checks in place to ensure that medicine were administered, monitored and managed safely.

The lack of oversight and management of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives spoke positively about the provider and told us they felt well supported. One relative told us "They have a lovely manner with [name] and are very good with the rest of the family."
- The provider had forged a good relationship with people using the service and listened to their views and engaged with relatives.

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 responsibility to be open about any incidents with family members and regulators where appropriate.
- The provider understood the regulatory requirements such as notifying CQC of certain incidents.

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

- At the time of our inspection there was no one using the service who had protected characteristics. There was an equality and diversity policy and the provider told us that they would provide for culturally diverse needs.

Continuous learning and improving care

- The provider did not have a method of obtaining people's views on the service but told us that they would be developing a questionnaire.
- The provider delivered the care to people using the service and therefore had regular interaction and discussion to obtain feedback.

Working in partnership with others

- The provider worked in partnership with other social care and healthcare agencies to provide care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of oversight of the service and a failure to manage and mitigate risk.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to ensure suitably qualified, competent, skilled and experienced staff deliver care.