

Sentricare Limited

# Sentricare Birmingham

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

### About the service

Sentricare Birmingham is a domiciliary care service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting 240 people with 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

Some people often experienced late care calls, which impacted on their lives and caused frustration. People's care records did not clearly identify the level and nature of support they needed with their medicines. Two people we spoke with raised concerns about staff use of personal protective equipment (PPE). Some people raised concerns about staff's attitude and approach to their work. Some people felt they did not have the access they needed to their care records.

Staff understood how to identify and report abuse. The risks associated with people's care needs had been assessed and plans developed to manage these. Staff reported accidents and incidents involving people and management reviewed these to identify action needed to keep people safe.

Staff received an induction and training designed to give them the knowledge and skills they needed to work safely and effectively. People had support to prepare meals and drinks, where they needed this. People's needs were assessed, and this information was used to develop effective care plans. Staff understood people's right to make their own decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans included information about their preferences and personal histories to help staff get to know them well and provide support the way they wanted. People's cultural and religious needs were assessed and addressed. The provider took steps to protect people's privacy.

People knew how to raise concerns and complaints and the provider had systems in place designed to ensure these were investigated and responded to. People and, where appropriate, their relatives were involved in the assessment of their needs. People's communication needs were considered, and staff were provided with information to promote effective communication.

Staff felt supported by management and able to raise concerns or suggestions in relation to the service.

Systems were in place to gather and review feedback from people and their relatives on their experiences of the care provided. The provider completed audits on key aspects of the service to identify areas for improvement.

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

This service was registered with us on 21 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not previously been rated.

#### Follow up

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?

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 not always caring  
Details are in our caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was responsive  
Detail are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well led  
Details are in our well led our findings below

**Good** ●

# Sentricare Birmingham

## 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. 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

The inspection was completed by two inspectors who visited the location's office. Three inspectors completed telephone calls to people using the service. In addition, an Expert by Experience also completed telephone calls to people using the service. 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 person care to people living in their own house and flats. The service had a registered manager in post who is 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 service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 December 2021 and ended on 11 January 2022. We visited the location's office on 21 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with a care co-ordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including six people's care records. We looked at records relating to the management of the service. These included systems for managing complaints, checks undertaken on the health and safety of the service and compliments records. We also looked at records relating to the recruitment of staff.

#### After the inspection

We spoke with 42 people who used the service, six relatives, nine staff and the local authority. We also reviewed an additional three people's care records and requested additional documentation from the provider, including evidence of audits completed on the service and staff training records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- We received mixed feedback from people and their relatives on staffing arrangements at the service and whether they received a reliable and consistent service. Some people and their relatives expressed frustration that they had often experienced late care calls, which impacted on their lives. For example, one person said staff had been three hours late for their lunchtime call.
- We discussed the concerns raised around late calls with the nominated individual. They acknowledged this issue and told us they had met with the local authority to discuss potential solutions to staffing difficulties and the punctuality of people's calls. They explained they prioritised people with time-critical calls whilst recruitment efforts were ongoing, such as people who needed support with their medicines. They told us they would ensure people were aware of the time window within which their calls would be completed.
- Prospective staff underwent pre-employment checks to ensure they were suitable to support people in their homes.

### Using medicines safely

- People's care records did not always identify the level of support they needed from staff with their medicines. This increased the risk of people not receiving the help they required to take their medicines as prescribed.
- The nominated individual told us people's care records would be amended to ensure staff had clearer direction on the help they needed with medicines. Following the inspection, we had confirmation from the nominated individual to show this has been completed.
- Staff told us, and records confirmed, they had received medicines training.
- Where staff supported people with their prescribed medication people were happy with how this was managed. One relative said, "The staff give the tablets correctly."

### Preventing and controlling infection

- Most people and relatives we spoke with confirmed staff wore appropriate personal protective equipment (PPE). However, two people said staff did not always wear masks when providing their support. We shared this concern with the provider who advised us that it would be addressed as a matter of priority.
- Staff told us the PPE they needed was available to them. A staff member told us, "We [staff] were never short of PPE at any time through the pandemic." We saw stocks of PPE were available in the office for staff to collect when needed.

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

- Staff were aware of the different types of abuse and the signs of abuse to look out for. A staff member said, "If I had any concerns at all I would report to the manager." All staff spoken with knew how to raise concerns and the different agency that could be involved.
- The provider understood the need to notify us and other relevant agencies of any safeguarding concerns.

#### Assessing risk, safety monitoring and management

- Staff had the information they needed about the risks to people to enable them to support people safely. A staff member told us "We know what to do to keep people safe. All the information we need is electronic, so we always have access to it which is valuable in case of an emergency."
- Risk assessments had been completed in relation to the risks associated with people's care needs and included plans for managing these risks.
- Staff received training to enable them to support people safely. This included, for example, diabetes training provided by the local district nursing team.

#### Learning lesson when things go wrong

- Staff reported and recorded accidents and incidents involving people who used the service.
- The management team reviewed these events to identify learning for the service and the action needed to reduce the risk of reoccurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We received mixed feedback from people and their relatives on whether staff had the right knowledge and skills to support them. One person told us, "I think some [staff] are [well trained] and some need more training particularly with manners." A relative told us "They [staff] know what they need to do and they do their job well." We discussed the concerns raised around staff training with the nominated individual. They assured us, and staff training records demonstrated, staff received regular training and updates when required to ensure they had the knowledge and skills needed to meet people's needs. This included training from external healthcare professionals to help staff play their part in managing people's health needs.
- Staff we spoke with confirmed they received a range of training. A staff member said, "The training we [staff] have is good and we do different things. I feel I have learnt a lot." Another staff member said, "I feel competent to carry out my work. If I am unsure, I ring the office to speak with the manager."
- Induction training was in place to support new staff into their role. This included on-line training, some face-to-face training and shadowing more experienced staff. One staff member told us, "I had never worked in care before so any guidance I had from managers and other staff was helpful. I found the induction training was good."

Supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Where required, staff assisted people with the preparation of food and drink. A relative said, "We [family] ensure the fridge and freezer is full. They [person] tell the staff what they want to eat and drink. It works well as [person] has a range of food and drink to select from."
- People were supported by staff who were aware of their healthcare needs. A relative said, "If staff are worried about them [person], they telephone me. Sometimes they have contacted the doctor for me."
- Staff worked with health and social care professionals to ensure people's health needs were monitored and addressed.

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

- People told us the overall care provided reflected their needs, although some people raised concerns about the lateness of care calls. One person told us, "[The] care is very good. They [staff] are very caring and polite." Another person told us, "[My] carer is very good. She does six days a week we have a good rapport. This gives me peace of mind."
- People's care plans were person-centred, reflected their assessed needs and were kept under review to ensure they remained effective.
- People's care needs were assessed prior to their care starting and this information was used to create their

initial care plans and risk assessments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 had been considered when their needs were assessed.
- People and relatives confirmed staff involved them in decision making about the level and nature of the care and support provided.
- Staff told us how they sought people's consent and offered choices to people during their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The significant issues some people and relatives experienced around late care calls did not reflect a caring approach.
- Most people and their relatives told us that staff were kind and friendly. One person using the service said, "They are lovely staff. They work in hard times. My staff always have a lovely smile when they come in." Another person told us, "My carer brightens my day. She makes me laugh. She is kind and very considerate of what I want doing. She never rushes me; she takes her time and makes sure I am ok."
- However, some people raised concerns about staff members' attitude and approach towards their work. One person said some staff could be rude towards them. Another person spoke about the need for staff to have better manners. A further person referred to staff rushing them and talking to them 'like a child'. A relative felt staff lacked empathy in their work with people. We discussed this issue with the nominated individual, who assured us they would remind all staff of the need to treat people with courtesy.
- People's care plans included information about their preferences and personal histories to help staff get to know them and how they liked to be supported.
- Staff told us they got to know the people they supported well. One staff member told us, "It's about what the person wants and how they would like things to be done. That's what matters."
- The service was committed to meeting people's cultural and religious needs. People had been asked about their cultural and religious needs, so these could be addressed.

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

- Some people expressed frustration over lack of access to their care records, which were held electronically. We discussed this with the nominated individual who explained paper records had been replaced with electronic ones due to the Covid-19 pandemic. They assured us people could request a copy of their care records at any time and that they would make this clearer.
- Care plans were developed with the involvement of people and their family members whenever possible
- Staff had information about people's communication needs in order to ensure they were able to involve them in decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the need to respect people's privacy and dignity and they maintained people's independence wherever possible. A person told us, "I like to do what I can for myself the staff just help me when I want them to."
- The provider respected and protected people's right to confidentiality. The nominated individual

explained how people's paper and electronic information was kept secure in the office and staff maintained the security of the electronic information when carrying out their duties.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise any complaints or concerns about the service.
- However, we received mixed feedback from people and their relatives about how the provider had responded to and acted on their complaints and concerns. A relative told us, "I ring the office if I need to confirm something and find them very helpful. I have not ever made a complaint because any areas or concern I have had have been addressed." However, one person said, "I have complained, and nothing happened." Another relative said, "Staff show up extremely late. Sometimes staff don't even have time to say hello before they have gone. I have complained about this, but nothing has happened."
- We discussed this concern with the nominated individual. They told us they took complaints and concerns about the service seriously and investigated these. We saw they recorded complaints received and the action taken in response to these.
- The provider had a complaints policy in place, designed to ensure complaints were handled in a fair and consistent manner.

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

- People and, where appropriate, their relatives were involved in the initial assessment of their needs.
- People's care plans were developed based on their assessed needs and included information about their personal history and preferences to promote a person-centred approach.
- People's care plans were kept under review to ensure these remained effective.
- Staff understood the need to follow people's care plans and to report any significant changes in people's needs to management.

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.

- Information on people's individual methods of communication was included in their care plans.
- The provider confirmed information could be provided in alternative accessible formats, such as large print, and in other languages if required.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.

- The provider understood the need to work closely with people, their relatives and healthcare professionals, including GPs, to ensure people's preferences and choices for their end of life care were acted on and they had the support they needed.

# 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.

This is the first rating inspection for this newly registered service. This key question has been rated 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; 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

- Spot checks to confirm staff were working in line with the provider's expectations had not routinely been completed since the start of the Covid-19 pandemic due to staffing difficulties. However, monitoring calls were made to a random sample of people each day to obtain direct feedback on how well staff were meeting their needs.
- Staff told us they felt supported by the management team and the training and information they needed to meet people's needs.
- The provider understood their responsibility under the duty of candour to act in an open and transparent way in the event things went wrong with the delivery of people's care.

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

- The provider had a registered manager in post. However, they were unavailable at the time of our inspection and we met with the nominated individual in their absence.
- The staff we spoke with were clear about their respective roles and responsibilities and what was expected of them.
- The provider understood the need to notify us about relevant changes, events and incidents affecting the service and people who used it.
- Staff attended supervision meetings to receive feedback on their performance and discuss potential areas for improvement.

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

- Annual surveys were sent to people and their relatives to invite their feedback on the service. The management team analysed feedback provided to identify learning for the service and issues to be addressed.
- People and relatives understood how to contact the location's office to discuss concerns and had an on-call number they could use when this was closed.
- Staff meetings were held to provide staff with important updates and involve them in decisions about changes to ways of working.
- Staff felt able to raise any concerns or worries they may have about the care provided. They were

confident issues raised with management would be investigated.

- People's equality characteristics were taken into account to ensure their needs could be met.

#### Continuous learning and improving care

- The provider had quality assurance systems and processes in place designed to enable them monitor and improve the safety and quality of people's care. This included audits of people's care plans, accidents and incidents, medicines and complaints.
- However, although people's care calls were monitored, frequent late calls remained a concern to some people and their relatives and the provider had not identified an effective means of ensuring staff punctuality. We spoke with the local authority who confirmed the provider had consulted with them about the timing of people's care calls during the pandemic and how they could reduce the number of late calls.
- The management team were receptive to our feedback from the inspection and, through their quality assurance processes, had already identified some of the concerns we found. Following our inspection, they shared further details of actions being taken to address these concerns, including people's late care calls.

#### Working in partnership with others

- The provider understood the need to work in partnership with and share information with other agencies, including the local authority and community health and social care professionals, to ensure people received joined-up care.