

Sentinel Care Limited

Sentinel Care Services

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

Sentinel Care Limited is a domiciliary care service providing support to 104 older people in their own homes, some of whom have been diagnosed with dementia care needs. 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. At the time of inspection, 80 people were receiving a regulated service.

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

People received safe and effective care and support. Risks were assessed and managed to reduce the likelihood of avoidable harm and changes in circumstances were immediately addressed to ensure people remained safe. People received timely support from a consistent staff team. Systems used for the management of medicines were safe and people received their medicines as prescribed.

People's needs were assessed and reviewed to ensure their care needs were met. Care plans were updated promptly so staff always had access to the most current information.

Staff received training relevant to their role and had good support from the provider, registered manager and colleagues.

Staff sought people's consent before providing care and decisions about people's care and treatment were made in line with law and guidance. People received enough to eat and drink to maintain their health. People were supported to access healthcare agencies when required. The provider worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate support.

People's care was responsive to their changing needs. People, and their relatives, were involving in the assessment and planning of their care and communication was good to enable people to work together to ensure people's needs were met fully. People knew how to raise a concern and always felt listened to.

People, relatives and staff felt the service was well managed. People, and staff, had regular opportunities to share their views about the service. The provider carried out audits to ensure the quality of care provided.

People were supported to make choices and retain control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice.

Why we inspected: This was a scheduled inspection based on the previous rating.

Rating at last inspection The last rating for this service was good (published September 2016).

The service met the characteristics of 'Good' in all areas; more information is available in the full report below.

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

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Sentinel 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

The inspection was carried out by one 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 houses and flats.

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 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.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our inspection. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service.

During the inspection

During the inspection we spoke with 11 people who used the service and five relatives. We also spoke with the provider, the registered manager and six support staff. We reviewed a range of records. This included three people's care records and medicine administration records. We also looked at quality assurance records, as well as three staff recruitment and training records. In addition, spoke with a social care professional who worked regularly with the agency.

Is the service safe?

Our findings

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

This key question was rated as good. This meant people were safe and protected from avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People told us that they received safe support. One person said, "Of course I feel safe, they [staff] are a lovely bunch." People told us they felt safe because staff secured their property and important information was always recorded. One person told us, "[Staff member's name] always makes sure that the door is locked so that I am safe when they leave the house." A relative said, "[Person's name] is definitely very safe and very well looked after."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident concerns would be listened to and acted upon.
- The registered manager was aware of the procedures to follow to report abuse in order to protect people and the provider had used the process effectively to safeguard one person who used the service.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively. Staff told us how they routinely checked for new risks and hazards and reported them promptly to senior staff who responded promptly to review and minimise the risks.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and if necessary their family, staff and other professionals to do this.
- Staff told us how they checked the environment was safe before leaving. One staff member told us how they had added an additional observation to the list of checks before leaving. This addition had made the person safer in their home so had a positive impact on their wellbeing.

Staffing and recruitment

- People spoke positively about the staff employed by the agency. People spoke of positive and close working relationships. One person told us, "I regard the carers as friends/guests in my home."
- People told us staff usually arrived on time and if they did, that delays were communicated with them. No one had ever missed a call.
- Staff were employed in sufficient numbers to ensure people had consistency. People told us that the carers always tried to be punctual and always had enough time to provide the care they needed without rushing. They said they always took the time to have a chat while doing their job.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. People had varying levels of support and this was received as per their care plan. Some people were independent. One person told us, "I self-medicate, but the carers always ask me if I have had my tablets."
- Systems used to manage medicines were safe and the provider showed us how they monitored administration and were able to update the care plans immediately as and when medicines changed. This meant people continued to receive the medication they required to remain in good health.
- Staff told us they received training before they were able to administer medicines and were observed until confident. All of the staff we spoke with were confident to administer medicines safely and understood the importance of following guidance from health professionals.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment and spot checks were in place to ensure they were used appropriately.
- Staff understood the importance of wearing personal protective equipment and adopting good hand washing techniques to protect people from cross infection.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were reported promptly and documented. We saw how the provider monitored trends. The registered manager told us how they had reviewed one person's increased number of falls and used the information to seek a professional assessment and update the persons care plan to keep them safe. This meant they were safer in their home.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided. Staff told us they were part of an online support group (secured) so they could liaise with colleagues, share experiences and request support should they need to.

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 key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

- People, relatives and staff were involved in the assessment and planning of people's care. People's needs, and preferences were identified before they received support to ensure staff could meet those needs. This included information about people's life experiences and religious preferences.
- Care plans detailed people's needs and preferences and reflected any changes promptly as the care planning system was computerised and 'live'. A relative told us, "All the carers know [family member's name] needs, no worries there." And another said, "[Staff] understand [family member's name] completely."
- In discussions staff were knowledgeable about people's needs and preference, including little details that made care personal. They told us care plans were useful documents to enable them to do this."

Staff support: induction, training, skills and experience

- Everyone we spoke with felt that staff had the knowledge and skills to carry out their roles effectively. People we spoke with told us they thought staff were trained to be able to meet their needs. Staff were described as being very competent to support people effectively while treating them as individuals and in a friendly manner.
- Staff told us training opportunities were good. One staff member told us, "Training is very good."
- Senior staff were delegated the responsibility of ensuring staff training was up to date. Staff told us they received alerts when training was due so they were able to stay abreast of changes to practice and legislation relating to the support they gave.
- One staff member told us they had received a good induction into their role. They told us colleagues had been available for support at all times and this meant they could learn their roles confidently and competently.
- Staff told us they received good supervision and support. They felt team work was a strength of the service provided. Staff told us how their positive work was recommended. The service had a number of schemes to recognise and reward staff who had 'gone the extra mile' or had been identified as being a 'rising star'.

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

- Where people received support from staff to eat and drink they received sufficient amounts to maintain their health. Staff told us they promoted healthy eating and a relative said staff had helped their relative "To keep a food diary and provide information about healthy eating." Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual

tastes.

- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support people required to eat safely.

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

- Staff worked very closely with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.
- Outside agencies spoke very positively about the impact joint working made on people's lives.
- The provider described how they worked with other partner agencies to ensure people received care that met their changing health needs. For example, working with occupational therapy teams to ensure people's mobility needs were met thus meaning they could remain in their own home.

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

- The service worked closely with external professionals such as the district nursing team and memory team to ensure people received the right support. A social care professional told us the team accessed additional support promptly meaning they could offer more effective support sooner.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People told us staff asked permission before carrying out any care tasks. Staff reflected this was their approach during discussions. One staff member told us, "We always ask before doing anything."
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware.

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 key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

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

- People felt very well treated and supported. One person told us, "The carers do a great caring job, I'm very very happy." Another said, "They look after me quite splendidly if I am honest." Relatives were equally complimentary about the quality and standard of care received.
- Staff respected people's equality and diversity. In a group discussion staff demonstrated a kind and empathetic approach towards the people they supported.
- Staff were aware of people's cultural and religious needs and these were reflected in care planning and service delivery. People's individuality was promoted, and records reflected people's protected characteristics. This ensured that people received personalised care.
- Training had been developed to encourage staff to think about how they would like care to be delivered and look at how they supported others.

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

- People told us they were supported to be involved in decisions about their care.
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. For example, staff offered people choices about the clothes they wore, the food they ate and how they would like to be supported. People we spoke with confirmed this and one person added, "They always asked for consent and explain what they were going to do."

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with were complimentary about staff support. They said they were kind and they always respected their privacy and modesty. They said the carers always treated them with dignity and respect.
- Relatives told us staff respected people's privacy and dignity. Staff shared examples of how they actively promoted people's privacy and dignity while offering support.
- People told us staff encouraged them to do things for themselves and supported their wishes whilst keeping a close eye on them. One person told us, "The carers, [especially named carer] always try to encourage me to do as much as I can, in a nice way." Staff shared examples with us of how they promoted people's independence by encouraging them to assist with washing and dressing where they were able.
- Staff spoke respectfully about people and described people with genuine warmth.

Is the service responsive?

Our findings

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

This key question was rated as good. This meant people's needs were met through good organisation and delivery.

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

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

- Care was planned in accordance with people's needs and preferences. Care records reflected people's individual wishes and included details about people's preferences. Care plans detailed what was important to a person. For example, one person had support to care for their cat and this was written into the care plan as it was important to the person. Other plans detailed back up support plans. For example, what staff should do if a person's main carer became ill. This forward planning reduced people's anxieties and enabled staff to deliver more responsive support.
- People, and their relatives, were involved in the development of care plans. This ensured staff could meet people's expectations.
- People had their care and support needs reviewed to ensure they still reflected current needs and preferences. One person told us, "I had a care plan review about a month ago. The registered manager came out and spent time with us and made some notes." Another told us, "I have a review coming up next week."
- Where people's needs changed, for example, due to a decline in health, their needs were promptly reassessed with health professionals as appropriate.
- People told us that flexibility was important to them and staff were always responsive and flexible. One person told us, "While I am getting dressed [carer's name] goes down and does my breakfast for me. They will do the odd thing without me asking, for example, empty the dishwasher for me and put the saucepans away for me, not a big deal but it takes me such a long time and they are so heavy." Another person said, "If they see something needs doing, they do it, they know what I can and cannot do."
- A relative told us how staff encourage people when required to ensure they received the support they have been assessed for. One relative told us, "If I ask the carers to do certain things, for example, to make a meal for [person's name], even though [person's name] says not to bother, the staff make a meal and encourage [person's name] to eat it."

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 met the accessible information standard. Where people were unable to read written information due to sensory loss, appropriate arrangements were in place to enable them to understand the

information provided. For example, information, such as the complaints procedure was being rewritten using large print and pictures to make it more accessible.

- People and their relatives had access to on line care records. Relatives spoke positively about having this information readily available. One relative told us, "I like the fact that I can use the "Access Care Planning" on my phone and see when the carers have called, what they have done, and when they leave, it gives me piece of mind."

Improving care quality in response to complaints or concerns

- People told us they had a very good relationship with the office and would always talk to the office staff if they had any problems or concerns. They said they always found them very helpful.
- People and their relatives told us they knew how to raise a concern about the support they received if they were unhappy.
- The provider had a system in place to ensure the effective management of complaints. Staff told us how they would escalate concerns to the provider (on a person's behalf) with the confidence that the issues would be immediately addressed.
- The manager told us that the team had an open and transparent approach and if there were any complaints they would always respond positively. People were confident that senior staff. Including the registered manager and the provider would listen to them. One person told us, "A while back the time keeping wasn't good, and I did ring up to complain, but they listened and now I am very satisfied."
- The registered manager told us how they always followed up after a complaint has been resolved to check the complainant was happy with the outcome.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans reflected how they would like to be cared for at the end of their life. This included information about whether a person wished to remain at home as well as any relevant information about the person's medical, spiritual or religious wishes.

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 key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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

- The provider worked with their team to ensure the service was delivered based around the needs and wishes of individuals.
- The provider and the registered manager were aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider and the registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. Outcomes were shared within the staff team to drive improvement.
- People and relatives felt the provider and the registered manager were approachable and open to feedback. A person told us, "The manager is very approachable I can call with any problems I may have."

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

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered. A relative told us "We did a review. They (Sentinel) do listen and instigate changes."
- Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes and could share examples of how they had been listened to and their suggestions had improved practice.
- People's views and opinions were valued. People's individuality was respected.
- The provider told us how the agency did charity work and other events to positively raise the profile of the

agency. They also carried out community based training sessions on dementia and also exercise sessions to improve people's level of activity.

Continuous learning and improving care

- The provider and the registered manager told us how incidents or accidents were reviewed and discussed in staff teams. The provider said that any learning from them would be taken on board and actioned to prevent possible reoccurrence.
- Staff excellence was rewarded, and we saw how individuals had received awards for their input into delivering a high-quality service.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. We heard liaisons between the provider and a health service provider that enabled a person to receive appropriate and safe care.
- Staff had good relationships with health and social care professionals. One such professional told us, "They are receptive to what we say, and any issues or concerns are highlighted promptly."

Leadership and management

- The service was well managed and well led. All staff knew their roles and responsibilities and communication between staff was effective.
- People valued that the registered manager would support staff to deliver care when needed. One person told us, "[Registered manager's name is not afraid to get stuck in and cover if somebody is poorly, I like that, we have a good relationship."
- The only suggestion for improvement that was shared with us was that sometimes it was not always easy to get hold of office staff at weekends. We shared this feedback with the provider. Staff told us that increased support at this time would be beneficial to them also as it would reassure people.