

Sensitive Care Solutions Ltd

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Inspection report

5 Museum Square, Suite 6
Leicester
LE1 6UF

Tel: 01162963830

Website: www.dreproperties.co.uk

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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: Sensitive Care Solutions Ltd is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to younger and older adults. At the time of the inspection 31 people were using the service.

People's experience of using this service:

- People told us they felt safe and well care for.
 - People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when required to prevent any harm.
 - Risks to people were assessed, managed safely and reviewed regularly.
 - People were supported with their medicines in a safe way. When required, they were supported to access health care services.
 - People's dietary needs were assessed. Staff prepared meals and drinks where required.
 - Systems were in place to ensure staff were recruited safely, trained, supported to carry out their roles and to monitor their performance.
 - People's rights to make their own decisions were respected. Mental capacity assessments were completed as required. Staff sought consent before care was provided.
 - People were supported by kind, caring and consistent staff. People's diverse needs were met.
 - People's care was personalised to their individual needs and were reviewed regularly.
 - People's privacy and dignity was protected, and their independence was promoted.
 - People knew how to raise a concern or make a complaint. There was a system in place to respond to complaints and advocacy support was available.
 - There was an open and a positive culture where the provider, registered manager and staff worked well and communicated effectively.
 - People, their relatives and staff had opportunities to give feedback and influence how the service develops.
 - The provider had policies and systems in place to monitor the quality of service and action was taken where areas for improvement had been found. Any lessons learnt from incidents were shared with the staff.
 - The provider, registered manager and staff team worked well with professionals and external organisations that promoted people's quality of life.
- The service met the characteristics for a rating of "good" in all key questions.
- More information about our inspection finding is in the full report.

Rating at last inspection: Requires Improvement (published 27 December 2018).

Why we inspected: This was a planned inspection based on the rating of the last inspection. We checked whether the provider had made improvements to meet the legal requirements and regulations with the Health and Social Care Act 2008.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Sensitive Care Solutions Ltd

Detailed findings

Background to this inspection

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

Inspection team: One inspector and an Expert by Experience conducted this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience undertook telephone calls to three people and relatives of six people who were unable to speak with us directly.

Service and service type: This is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and younger adults.

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: This inspection was announced. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be in the office and to ensure people's consent was gained for us to contact them for their feedback.

What we did: We reviewed the information we had about the service since the last inspection. This included notifications the provider has sent us. A notification is information about important events the service is required to send us by law. We used the information in the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the surveys responses received from people using the service, relatives, staff and health care professionals.

We received positive feedback from a local authority commissioner involved in people's packages of care and Healthwatch; an independent champion for people who use social care services.

Inspection site visit activity started on 13 February 2019 when we made telephone calls to three people and six relatives of people using the service. We visited the office location on 13 and 14 February 2019 to see the provider, registered manager, office staff and three care staff. We reviewed seven people's care records, five staff recruitment files and other records such as staff training, staff rotas, quality audits and policies and procedures. The inspection ended on 15 February 2019 after we made telephone calls to another three care staff. Additional evidence we had requested after our inspection was received, and used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our November 2018 inspection the provider had not ensured people were protected from identified risks.
- At this inspection we found risks to people's safety and wellbeing were assessed and measure to manage risks were detailed in the support plans. This included risks such as falls, the support needed to move around and risks within the home.
- People were involved in the risk assessment process to ensure staff understood how to support them whilst promoting their independence. For example, a support plan stated, 'I will need to be prompted to be able to stand again and to use the walking frame'.
- People and relatives told us care needs were met safely by trained staff. A person said, "I've got everything I need, I've got a hoist and [staff] help me onto the sofa and wheelchair [safely]."
- Staff followed the guidance in the support plans. A staff member said, "When using the hoist, we must check the slings and hoist is safe and in good condition, make sure you put the hoops in the correct position and do it together and confirm with the other carer." Another staff member supporting a person with poor eyesight said, "I make sure home is kept safe and there's no obstructions or hazards before I leave."
- Risks to people were regularly assessed, reviewed and safely managed.

Staffing recruitment

- At our November 2018 inspection the provider had not ensured staff recruitment process were followed to protect people from unsuitable staff.
- At this inspection all new staff had been safely recruited in line with the provider's recruitment policy.
- Staff records showed the provider had carried out a Disclosure and Barring Service (DBS) check, which helps employers make safer recruitment decisions, obtained references and confirmed their identity and right to work. Risk assessment were completed if there were any concerns about staff suitability to work.

Staffing

- There were enough staff available to meet their needs. One person said, "Absolutely on time and every time, they've been brilliant." And, "I have the same carer and she never rushes me."
- People and relatives told us staff were reliable, consistent and on time.
- A staff member said, "Staff are stable and reliable staff. We get weekly rotas sent to us and it rarely changes. Double-up calls are usually with the same carer; we work well together."
- The registered manager monitored the staff skill mix and took account of their diverse needs and communication to ensure people's needs were met. Any staff absences were managed by the provider or the registered manager.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff and people were given information about how to raise a safeguarding concern.
- Staff had received training in this area and knew what to look for and how to report concerns. A staff member said, "It means how you protect your clients and keep hazards away so to keep them safe. I would report if there's no food, [person] is withdrawn or in fear but not saying why or if the door was broken or they were burgled."
- People and relatives told us they felt safe with the staff.
- The registered manager reported all safeguarding concerns to relevant authorities including the local safeguarding authority and ensured people were protected from avoidable abuse and harm.

Using medicines safely

- Staff had received training on how to support people with their medicines and their practice was checked regularly.
- People told us they were supported with their medicines and staff did this on time and followed the correct procedures.
- A relative said, "They're [staff] very good at prompting [person] with the medicine and they make sure [they] takes them" They added that staff signed the medicine administration record to confirm the medicines were taken.
- The provider and registered manager carried out regular checks to ensure staff supported people with their medicines safely.

Preventing and controlling infection

- People and relatives told us staff managed the control and prevention of infection well and used protective personal equipment (PPE) when providing support with personal care needs.
- Staff received training in infection control and had access to disposable gloves and aprons. A staff member said, "I use gloves and aprons and it's kept in the houses. I keep a spare box in the car. I was given a survival kit: box that contained gloves, mask, shoe cover, hand gel & bottle of water. It's my responsibility to keep this box topped up."
- Staff practices were checked by management during the unannounced spot checks.

Learning lessons when things go wrong

- Staff were trained to recognise and report incidents and accidents. A staff member said, "I knew exactly what to do when [person] catheter had come out; I called on-call and then the district nurse, using the information in the grab sheet. I stayed until the nurse came."
- All incidents and accidents were logged and analysed by the registered manager. Risk assessments were reviewed following incidents. Any lessons learnt from these incidents were shared with the staff team to avoid future incidents.

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.

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

Staff support: induction, training, skills and experience

- People were supported by trained staff. A relative told us staff used equipment safely to move their family member.
- Staff received induction, training and had their competency assessed to ensure they had the skills to carry out their roles effectively.
- The induction programme completed by all new staff included working alongside an experienced staff member so that they learnt how to provide care. One staff member told us they were supported by the provider with their learning needs and given extra time to gain confidence in their abilities.
- Training was relevant to staff roles and responsibilities and additional training was provided to meet people's specific care needs and to keep up to date with best practice.
- Staff told us they were confident in their roles and the training had equipped them with the knowledge and skills to provide effective care. A staff member said, "Training is brilliant, and it's constantly updated; recently I completed the Care Certificate and handling medicines."
- Staff received regular supervisions where they could discuss their work and identify any additional training needs and support.

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

- People's needs were assessed before the service began to provide support.
- People's cultural and religious needs and lifestyle choices had been discussed and included in their support plans. This helped to ensure people were protected from discrimination.
- People's communication needs, and understanding was clearly documented and shared with staff so that they communicated in the correct way.

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

- People's dietary needs and preferences were documented in their support plans. Where people were at risk of poor nutrition and dehydration, plans were in place and health professionals were involved to support people and staff, as required.
- A relative said, "We buy ready meals and the carer will microwave what [person] wants to eat."
- Staff were trained in food safety and nutrition. Staff were aware of people's dietary needs and preferences such as vegetarian and cultural diets and the support people needed.
- A staff member said, "I prepare meals and if I'm unsure I'd check the support plan and ask [person] what they want to eat or drink." Another staff member said, "I always make sure they had a glass of water and a snack before I leave."

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

- Staff and management worked in partnership with health and social care organisations appropriately and shared information about people when required to ensure the care provided was effective and in people's best interest.
- A commissioner told us that, 'Management and staff were dedicated in enriching the lives and promoting the welfare' of people using the service.
- Staff knew people well and could identify when people's needs had changed. Records showed staff had sought advice and made referrals to professionals when needed.

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

- People accessed health care services and attended health appointments as needed.
- Support plans and health action plans had information about people's medical conditions and ongoing treatment and how best to support them if they required any medical treatment.

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

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.
- The provider, registered manager and staff team were trained in MCA and staff sought people's consent before they were supported.
- Staff ensured people were involved decisions made about their care. People were supported by their relative or an advocate when required. Decisions made by people were documented in their support plans and they knew what was written about them.
- People provided their consent to care and to have their information shared with health and social care professionals.

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.

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

Ensuring people are well treated and supported; equality and diversity

- The provider's policies and procedures highlighted the importance of treating people equally.
- The provider, registered manager and staff ensured people's rights were upheld and that they were not discriminated against in any way. They recognised people's diverse needs.
- People told us staff respected and treated them well. They said, "They're always polite and there's one regular [staff] we have a great rapport with." And. "[Staff] respects my children and even makes them a cup of tea; [staff] is more than a carer but [staff] never crosses boundaries."

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

- People and relatives told us they felt well supported.
- People were fully involved to make decisions and express their views about their care and preferences. The support plans reflected people's preferences, likes and dislikes and routines.
- Staff told us they encouraged and supported people to be involved in every decision possible.
- A relative said, "On the whole everything is working well. [Person] did the care plan with me, [person] can be quite forceful so I have told the carers to stick to [person] routines as normal."
- People and where appropriate their relatives, were involved in reviewing their care and the support plans. Decisions made were recorded so that staff could provide the correct level of care and support, whilst promoting people's independence.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and confidentiality was respected. They said, "Staff take [them] to the loo and always respectful about [their] privacy." And, "[Staff] helps me in and out of the shower and always waits nearby to give me my privacy."
- Staff knew how to promote people's dignity and privacy. Staff comments included, "I'll give [them] the flannel to do downstairs [private area] themselves." And, "Always give them privacy; I knock on the door before entering and draw the curtain; I hold the shower head and ask if they're ok washing their lower half."
- People's independence was promoted by staff. One person said, "[Staff] encourage me to dress my top half whilst [staff] does my bottom half; [they] only intervene when I need them."
- The provider, registered manager and staff team ensured people's personal information was kept confidential. Care records and electronic records were password protected.

Is the service responsive?

Our findings

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

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

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

- People received personalised care and support specific to meet their needs and preferences. They were involved in developing and reviewing their support plans as their needs changed.
- People were provided with assistive devices so that they maintained control of their life. A staff member said, "[Person] has a talking clock so will ask the carer why [they] are late and [they] have [the provider] on speed-dial."
- A relative said, "If it takes a bit longer then [staff] will stay a little longer and [staff] goes over and beyond what's expected of her." Another relative said, "The times work well. This care company puts [person] to bed for me and this is invaluable." And, "They talk to [person] and explain everything to [them]; they never rush [them] I am very happy with them."
- People received care that was planned, at the right time and provided by staff who knew people's individual preferences and routines.
- People were supported to maintain relationships and links with family, friends and social groups. Staff understood their role in reducing the risk of social isolation for people. They spent time chatting and engaging with people during each visit. They supported people to attend day centres, their place of worship and the theatre.
- The provider ensured information was easy for people to understand. Support plans documented how people communicated and received information. A person's support plan had pictures and key words that helped them understand what was written. Information was made available in other languages and Braille, when required.
- There was a diverse staff team. Staff spoke up to 11 different languages so that they could speak with people in the same language and could also sign using Makaton.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. A person said, "I've never had to complain but I have the numbers if I needed to; I am happy with them." A relative said, "We've been very happy with them; the care has been good, and I've had no complaints."
- Staff knew how to respond to complaints and were confident to talk to the provider or the registered manager. A staff member said, "I'd try to deal with small complaints if it's how they want me to do something but would tell the office as well."
- The provider had a complaint policy that informed people how to make a complaint and advocacy support was available. Records showed complaints received had been detailed appropriately and where required action was taken.
- The registered manager told, and staff and people confirmed that unannounced spot checks were carried out to ensure that people continued to be satisfied with the care provided.

End of life care and support

- There was a policy in place about how people would be supported at the end of their lives. The provider ensured staff were trained to support people at the end of their lives and worked with health care professionals.
- People had the opportunity to express how they wished to be cared for at the end of life.
- There was no one in receipt of end of life care at the time of our inspection.

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.

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

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

- In our November 2018 inspection the provider had not fully developed a system to monitor the quality of service provided.
- At this inspection the provider had put quality assurance systems in place that enabled them to monitor the quality of the care provided and make improvements where needed. These involved audits of areas such as support plans, care records and staff recruitment and training. Spot checks of staff delivering care covered a range of areas, including staff competency, punctuality, infection control and health and safety. The provider and the registered manager took action to identify any improvements, for example, standards of recording.
- The registered manager understood their responsibility and had submitted notifications as required and completed the Provider Information Return (PIR). The information given in the PIR reflected what we found on the inspection.
- The last CQC inspection report was available at the office and the rating was displayed at the office and on the provider's website.

Leadership and management.

- People told us there was good leadership at the service. A person said, "I speak to [the provider], she is very prompt at getting back to you and she's good at sorting things out."
- There was an open culture where staff felt supported by the management team. Their comments included, "[Registered] manager and [provider] are great; they are approachable and supportive." "They listen and genuinely; they know all the clients, [provider] knows everyone because she's the one who does the first call and does the care plan" And "There's no doubt that management provide care and lead by example. [Provider] loves all the clients. I've learnt so much from [them]. She knows everything about risks, different types of equipment used and ways to support people gently especially if they have any sort of pain."
- A commissioner told us the service had good leadership and they encouraged learning and promoted an open and fair culture.

Provider plans and promotes person-centred, high-quality care and support; and understands and acts on duty of candour responsibility when things go wrong.

- The provider, who was also the registered manager, had ensured contingency arrangements were in place to ensure the service delivery was not interrupted by unforeseen events.
- The provider and registered manager had taken time to employ a team of staff who had the qualities to

provide people with compassionate quality care.

- There was clear and consistent vision of providing high quality care where people receiving care were at the heart of the service. A staff member said, "Everyone is so focused on peoples' needs and making a difference."
- People were involved in all aspects of planning and reviewing their care and kept their support plans up to date.
- Staff had clear lines of responsibilities. There was a system in place to ensure staff received regular training and any learning needs identified by staff had been catered for.

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

- Effective systems were in place to ensure people and staff were involved in developing the service. Newsletters were sent to people who used the service and staff about new staff and developments within the service, information about events in the local community and seasonal information such as staying warm in winter.
- People and relatives had opportunities to share their views about the quality of the service provided. They included care review meetings, telephone feedback and could use the provider's website or the suggestion box at the office to give feedback.
- The service had received compliments, cards and letters of thanks about the care and staff.
- There were positive responses in the satisfaction survey received from people who used the service, their relatives and professionals.
- Staff told us they felt valued and listened to. Staff were kept up to date and their views were sought about developing the service through supervisions, staff meetings and day to day conversations with the management team.

Continuous learning and improving care

- The provider and registered manager had a good knowledge of national good practice guidance to support people. The provider's policies and procedures had been updated to reflect the best practice guidance and any changes were shared with the staff.
- The management team had a staff recognition initiative award, for their hard work and making a difference to people's lives.

Working in partnership with others

- The provider informed us they worked with other organisations to develop the service. Records showed they worked with voluntary community and support groups, health and social care professionals and other care providers.
- There were learning events and community funding raising activities held to engage with staff and people who used the service.
- We received positive feedback from the local authority commissioner about the quality of care provided to people.