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# Sensiway 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

This inspection took place on 14 March 2017 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed make sure that would be someone in the office at the time of our visit.

This was our first inspection of this service since they registered with us.

Sensiway Care Services is registered to provide personal care. The registered location is situated in Derby and provides care to people who live in their own homes in and around Derby. There were three people using this service at the time of our inspection, some of whom lived with complex health conditions.

The service had a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from the risk of harm. The person we spoke with and relatives told us they felt safe with the registered manager. The registered manager described how they would keep people protected from potential harm and knew how to report allegations of poor practice.

The service had effective systems in place to assess and minimise risks to people. Risk management plans required further detail to ensure current risks people faced were underpinned by up to date written guidelines. People were supported to take their medicines safely.

The registered manager was the only member of staff working in the service. They had undertaken a range of training to give them the skills and knowledge to ensure people were supported in line with their care needs and best practice. The registered manager was knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. People and relatives confirmed they had consented to their care and this was confirmed in people's care plans.

One person who required assistance with their meals spoke positively about the food that was prepared for them. The registered manager worked with relatives and other health professionals to ensure people maintained their health and well-being.

Positive and complimentary comments were received from relatives and one person about the registered manager who supported them. People and relatives were supported to make decisions about how they wanted their care provided. The registered manager was knowledgeable about people's preferences and choices and was respectful of people and their relatives. One person and relatives told us the registered manager maintained people's privacy and dignity whilst supporting them to remain as independent as

possible.

The registered manager took time to develop relationships with people they were supporting in order to provide care that was personalised. Care plans detailed individual needs and wishes which helped to ensure care was provided in the way people preferred. The registered manager was responsive to people's needs and changing views. People and relatives felt confident to raise concerns or complaints if they needed to and felt these would be listened to and resolved.

Everyone we spoke with gave consistently positive feedback about the leadership and management of the service. People were happy with the quality of the service that was provided to them by a consistent staff member. The registered manager provided opportunities for people and their relatives to share their views on the care provided.

The registered manager had developed positive relationships with people and their relatives and as a result the formal and recorded checks that were being undertaken were minimal. Further developing checks and audits would give the registered manager even greater assurance about the quality of the service being provided.

## 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.

People and their relatives felt safe using the service. The registered manager demonstrated they understood their responsibilities to protect people from the risk of harm, including the risk of abuse and had detailed knowledge of the risks people faced and measures required to reduce these.

Risk assessment records lacked the detail required to ensure current risks people faced were underpinned by up to date written guidelines. People were supported to receive their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People were supported by the registered manager who had undertaken the training they need to provide effective care. The registered manager had a good understanding of the Mental Capacity Act 2005 and supported people to make choices and decisions about their care. People were supported to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring.

People and their relatives gave consistent, positive feedback about the care they received. People were supported to maintain their independence and felt they were treated with dignity and respect. People were supported to express their views about how they wanted their care planned.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement. There was a complaints procedure in place. People and their relatives felt able to raise

any concerns and complaints and were confident these would be listened to and acted on.

**Is the service well-led?**

**Good** 

The service was well-led.

Everyone we spoke with gave us consistently positive feedback that the service was well-led. People and relatives were supported to share their views about their care and the quality of the service. The registered manager promoted strong values based on people receiving quality care that was person centred.

# Sensiway Care Services

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

The inspection team consisted of one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. The Provider Information Return (PIR) had not been sent to the service prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this information during the inspection.

During our visit to the service's office we spoke with the registered manager who was also the registered provider. We also spoke with one person who used the service and two relatives who were able to share their views about people's care. We reviewed three people's care records which included their care plans and risk assessments. We looked at one staff recruitment file and other records pertaining to the day-to-day management of the service including the provider's records for monitoring the quality of the service.

# Is the service safe?

## Our findings

The person we spoke with and relatives told us they felt safe with the registered manager who supported them in their own homes. One person told us, "She makes me feel safe. I can't get out of bed on my own so she helps me. She gives me confidence and support." A relative told us, "[Name of family member] is very vulnerable and [name of registered manager] knows this. She monitors every movement and reports any changes quickly. She knows how to use a hoist properly and safely." Another relative said, "[Name of family member] feels safe with the registered manager because she knows him so well and he relaxes with her."

Care was provided by the registered manager who was the only member of care staff within the service. She demonstrated a sound understanding of how to safeguard (protect from the risk of abuse) people using the service. She was able to describe how she worked in partnership with relatives and other agencies to provide care to people which included recording and reporting any concerns or changes in people's behaviour or well-being. The service had in place a whistleblowing and a safeguarding procedure which supported the registered manager to raise concerns with relevant external agencies if this was required. The registered manager had completed training in safeguarding which supported her understanding of how to protect people from abuse. Relatives were aware of how to contact external agencies if they should have concerns about the registered manager. This helped to ensure people using the service were kept safe.

The registered manager carried out initial assessments of people's needs and also assessed risks to their well-being and safety. These included environmental risks, the use of equipment and risks related to their health condition. The registered manager demonstrated detailed knowledge of the key risks for each person and this was confirmed by people and relatives we spoke with.

Records of assessments were not consistently detailed and did not clearly record measures that needed to be taken to reduce the risk of harm for people. For example, one person was assessed as requiring support to stand, sit and lie down. Whilst the assessment included what the person could do for themselves, it did not detail what support was required from staff and how this should be provided to reduce the risk of harm. Another person was assessed as requiring a hoist to transfer but records did not detail type of hoist, sling or any significant risks to the person during transfer. We discussed risk assessment records with the registered manager who told us they would review and develop risk assessments further to ensure current risks people faced were underpinned by up to date written guidelines. The registered manager wrote to us after the inspection and confirmed this action had been completed.

We saw that registered manager had systems in place to demonstrate safe recruitment practices. The registered manager had retained previous employment history and proof of identification to demonstrate their good character and had a current check with the Disclosure and Barring Services (DBS). The DBS check helps to ensure that people are safe to work in care and support services.

One person was supported to take their medicines from a monitored dosage system which was dispensed from the pharmacy. They told us they were happy with the support they received to manage their medicines. The person told us, "[Name of registered manager] helps me to get the tablets out of the blister pack and

puts them in a pot for me to take. I struggle to do this myself because of my hands. I know what medicine I take, it's just the physical support I need." Although the support the person needed to take their medicines was included in their care plan, records did not include details of medicines the person was currently prescribed. The registered manager told us they would include this information in the person's care plan.

The registered manager told us they had completed training in medication administration and records confirmed this. The provider had a medication policy and procedure in place which supported the safe administration of medicines.



# Is the service effective?

## Our findings

The person we spoke with and relatives consistently told us that they were happy with the care they were receiving. One person said, "My carer is really good, she knows how I like things and respects my wish to be independent. She knows me very well." A relative told us, "She [registered manager] has a wealth of experience and is really good at her job. She is very talented and communicates in a really nice way with [name of family member]. She is one of the best carers we have ever had." Another relative told us, "She [registered manager] is very attuned to [name of family member] needs. She understands care and provides excellent care for us."

The registered manager ensured that she undertook training regularly to enhance and support her care knowledge and skills. The registered manager told us they had completed recent training in areas such as manual handling and first aid to ensure that training she had undertaken was kept up to date. Training records confirmed this. The registered manager undertook all care visits for people and demonstrated that she understood each person's needs in detail. This enabled her to provide consistent, effective care.

The registered manager told us they were in the process of recruiting for additional care staff and had in place an induction programme which included the completion of the Care Certificate. The Care Certificate is a set of national standards for care staff and provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support. This meant that staff who were new to the service would be inducted and trained to enable them to support people effectively.

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.

The registered manager demonstrated a good understanding of the key requirements of the MCA. People's care plans included an assessment of their mental capacity and the support they needed to make choices and decisions. For example, one person's care plan identified that they used non-verbal signs and gestures to make decisions and choices. Another person was assessed as lacking mental capacity to make decisions and choices. Their care plan recorded that decisions should be referred to their relative who had the legal authority to make decisions in the person's best interests. This ensured that people's right to make choices and decisions was protected.

People were asked to give their consent to their care and support. Records showed that people had signed their care plan and a data sharing information form to indicate their consent as to how their information was used and stored. Some people had made a choice that they did not want a copy of their care plan in their homes and this was respected. People and relatives told us that the registered manager always checked that people understood and were happy with their care before she provided it.

One person who we spoke with needed the registered manager to help them with the preparation of meals. They told us, "My meals are good. She [registered manager] knows what I can eat and what I like and picks these up for me if she is out which I really appreciate." The registered manager was aware of people's dietary and nutritional needs which in addition were clearly documented within people's care plans.

The registered manager was clear on the action they would take in a variety of emergencies. People's care plans included guidelines on what to do in the event of an emergency involving either the environment or the person's health condition. This included contacting relevant health professionals and relatives. We asked the registered manager about the specific needs people they supported experienced. They answered with confidence and were able to describe actions they had taken in response to specific health concerns people had experienced, such as referral for medical services. This showed that the registered manager had the skills and experience to meet people's needs safely.

People's healthcare needs were assessed as part of their care plan. For some people their needs were complex. The registered manager was able to explain what they did to help people to maintain good health. They explained how they provided feedback to either a health professional or the person's relatives if they observed a change in someone's health and well-being. One person told us how the registered manager supported them to attend hospital appointments which meant they were able to access the healthcare they needed. A relative told us, "[Name of registered manager] had to learn catheter care and worked with the district nurse to get the knowledge and skills she needed. Once she learnt it, she got it. Her catheter care is excellent, I never have to check this. This has meant that [name of family member] has never had any infections which would require hospitalisation due to their complex health needs. This is really important to us." Another relative spoke of the registered manager as being very observant and quick to identify changes in their family member's health or responses which meant they could seek medical intervention at an early stage to avoid a health crisis. These were examples of the registered manager providing effective care to ensure people maintained their health and well-being.

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the quality of care and support from a consistent staff member. One person using the service told us, "She [registered manager] is very, very good. She is kind and considerate, very caring and helpful. We get on well together. She has high care standards. It's not just the care, she makes time to talk with me and does little extras like pick up a newspaper for me and hand in my prescription. My family and I think she is wonderful." A relative told us, "She [registered manager] is a delight to have in the house. She understands care." Another relative told us, "She [registered manager] is one of the best carers we have ever had."

The registered manager was able to explain different people's needs and demonstrated that they knew people well. Care plans and assessments included information about people's views, wishes and choices. These included specific wishes regarding how they liked to be cared for and supported. People and relatives confirmed they had been involved and consulted in planning their care and their wishes and involvement was reflected in their care plans. For example, one person's care plan detailed that they liked to do as much as possible for themselves. The registered manager was able to explain how they supported the person to maintain their independence by taking a step back and giving the person time to do things whilst ensuring they were safe. The person's care plan included details such as 'kettle to be half filled' to enable the person to lift it and make their own drinks. The person confirmed that the registered manager supported them to be as independent as possible and how important this was to them.

People's care plans detailed how they preferred to communicate and relatives confirmed that the registered manager was skilled in communicating with people who used verbal and non-verbal communication. One relative told us, "[Name of registered manager] notes every eye movement and twitch and knows what these mean. She can communicate with [name of family member] who responds back. She is very talented." Another relative explained that the registered manager was so attuned to their family member's needs that they recognised when the person needed extra support and was able to 'bring them out of themselves' and lift their mood. This showed that the registered manager provided sensitive and caring support.

The person we spoke with and relatives told us they felt the registered manager treated people with respect and dignity at all times. One relative told us, "She [registered manager] has always shown respect to [name of family member]. She is also always respectful of my role as the main carer and works with me which is wonderful." Another relative told us, "She [registered manager] always treats [name of family member] with respect, I have never had any worries about that. She makes sure he has quality of life by communicating with him and identifying any potential problems before they arise, such as health complications." Relatives were able to describe how the registered manager supported people to maintain their dignity whilst providing personal care.

People were provided with information about the service before the service commenced. This included a service user guide and a care agreement which people or relatives authorised to make decisions on their behalf had signed. Information included service values, out of hours contact details and how people's information is used. This provided people with key information to gain a good understanding of the service

before they started to use it.

## Is the service responsive?

### Our findings

A person using the service told us they received the care they needed in the way they preferred. They told us, "She [registered manager] knows I like to do as much as I can for myself and just helps me when she sees I need it. She knows I like my independence. She helps me how I want to be helped and recognises that the little things, such as discussing the news, are just as important as helping me get up in the morning." A relative told us, "She [registered manager] is very experienced and talented, she takes pride in her work. She reviews and responds to any little changes in [name of family member] needs on a daily basis and communicates any observations to me. This helps me to communicate with other professionals involved in [name of family member] care which helps me to get the best care I can."

People received consistent, personalised care and support. They and their relatives had been involved in identifying their needs, choices and preferences and how these should be met. Care plans included sections for people to record what was working well in their lives, their preference for a typical day, routines and people who were important to them, life history and key events and any personal preferences in terms of their care and support, for example carer gender.

People's care and support was set out in a written plan that described how people needed to be supported to make sure personalised care was provided. For example, one person required flexibility in their routines to enable them to manage their mental health needs. The care plan reflected this and guided staff to assess the person's well-being and adjust care and support accordingly. For example, by offering breakfast in bed or re-scheduling shopping trips. This showed that the service was flexible and responsive to people's individual needs and preferences.

Relatives told us they were in regular contact with the registered manager and felt able to contact her at any time to discuss any changes to their family member's care and express their views about the service. One relative told us, "I see her [registered manager] every day. She is very responsive at adjusting the care provided to suit needs, respond to changes or requests." Another relative told us, "We have such a close relationship that we review the care needs on a daily basis and adjust where we need to. [Name of registered manager] tends to identify issues early on, such as health issues, and lets me know so we can respond quickly and get the help we need. This means less hospital admissions which is really important to [name of family member]." People's care plans showed that the registered manager worked with other specialist health professionals, such as nurses, to ensure people's needs were met.

Relatives and the person we spoke with all confirmed that the registered manager was reliable, always arrived on time and often stayed over the length of the visit. The registered manager had agreed a contingency plan with people and their relatives in the event of her absence from the service. These were individual for each person and included planned and unplanned absence. This meant people received support from people who were familiar with their needs.

The registered manager did not record her daily visits to detail the tasks undertaken and record the well-being of the person they were supporting. They told us this was because they knew each person very well

and, in some cases, worked alongside family members or other health professionals to provide care and support. Following our inspection, they told us they would record their daily visits to reflect the care they had provided and any changes to people's needs or well-being. This is important to ensure any staff covering for the registered manager's absence had the information and guidance they needed to meet people's needs.

There was a complaints procedure in place which supported people to make complaints about their care. No complaints had been received since the service was registered and everyone we spoke with told us they had never had any complaints about the service. They told us they felt able to raise any concerns with the registered manager and felt confident she would respond and resolve to their concerns straightaway. We found that the complaints procedure did not include a reference or contact details for the Local Government Ombudsman. This is important to provide people with information as to where they can go to if they feel their complaints has not been resolved to their satisfaction. We discussed this with the registered manager who told us they would update the complaints procedure to include this information and ensure people and their relatives received the updated procedure. They contacted us following our inspection visit to confirm they had done this.

## Is the service well-led?

### Our findings

Everyone we spoke with gave consistently positive feedback about the leadership and management of the service. One person told us, "She [registered manager] is more than a carer, she is a companion. Her standard of care is really good and she goes out of her way to make my life better." A relative told us, "She [registered manager] is wonderful. She is respectful of me, my family member and our home and takes time to listen to me. She gives me peace of mind and I can relax for a while knowing that [name of family member] is being well cared for," Another relative told us, "I never have to check [name of registered manager] work, it is always spot on. If she learns something, she has got it straight away and things are always done properly. She would never do anything that she wasn't trained to do. I couldn't ask for better."

The person we spoke with told us the registered manager was approachable and that they were able to share their views about their care on a daily basis. They told us, "I have had different carers but their care was not half as good as [name of registered manager]. She takes time to make sure things are done right and how I want them to be done. She listens to me when I need extra support. For example, if I ask for an extra half hour if I am struggling, she provides this. She also respects when I need to do things for myself and gives me time to do this." A relative we spoke with told us, "[Name of registered manager] discusses [name of person] care with me on a daily basis. She notes any changes in [name of person] responses and we discuss the reasons for this and what needs to change. I always feel listened to and feel I can share my views at any time." Another relative told us, "She [registered manager] is very professional and knows care very well. She is well trained and experienced. Her care is excellent and she works very well with other agencies involved in [name of person] care." This showed that the registered manager took time to seek the views of people using the service and used them to ensure they were providing quality care.

The service had a registered manager who was also the registered provider and was the only member of staff working within the service. Through discussions, they demonstrated they understood their responsibilities and were very knowledgeable about the needs of the people who used their service. It was apparent that open and trusting relationships had been built up over time between people, their relatives and the registered manager and as a result the formal and recorded checks that were being undertaken were minimal. Whilst to date, no untoward events had occurred that the registered manager was not aware of, further developing checks and audits would give the registered manager even greater assurance about the quality of the service being provided. The registered manager told us they were in the process of recruiting staff to the service and would develop quality assurance as staff were employed and began to undertake visits.

The registered manager understood their legal responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. Effective notification systems were in place. However, no events had been reported that required notifying.

The service was owned and managed by one person. This simple structure meant that people and relatives were always clear about who to seek support from. During the inspection we explored what the registered manager's contingency plans were in the event of her not being able to operate the service. Whilst there

were no formal contingency plans, the registered manager told us she had agreed individual contingency plans with people and their relatives whilst she was in the process of recruiting additional staff who had the skill and experience to meet people's needs. Whilst to date this had not impacted on the service people had received, this would help to secure the continuity of the service people reported they currently enjoyed.