

Sentinel Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection started on 28 May 2015 with an announced visit to the provider's offices. 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 in.

The provider changed their registration with CQC in June 2013 following a move to new offices. This was the first inspection at the new location. The agency provides

support, including personal care, to adults living in their own homes. At the time of the inspection there were 170 people who used the service. The agency did not provide services to children.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were procedures in place to protect people from harm and staff were aware of how to report any concerns about people's safety and well-being. People felt safe when they were supported by a regular staff team. Some people expressed concerns about the number of different carer workers who were supporting them. The lack of continuity somewhat undermined their confidence in the service. The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

All staff completed induction training and shadowed more experienced care workers when they started work. Most staff felt their initial training was sufficient because they had previous experience of working in a care setting. However, some said they thought care workers who were new to care should have more support before being allowed to work on their own. There was a planned programme of staff supervision and appraisals. However, many of staff we spoke with felt the management team did not use supervisions in a positive way to support them with their professional and personal development. They felt one to one supervision meetings where only held when they had done something wrong. The majority of people who used the service said staff delivered their care and support competently. However, some people who used the service felt staff lacked the knowledge, skills and experience to meet more complex needs. For example, when supporting people living with dementia.

People who used the service were asked for their consent before care and support was delivered. There were processes in place to make sure care and support was planned and delivered in people's best interests when they were unable to give their consent. Where appropriate people were supported to have adequate amounts to eat and drink.

People told us the staff were caring and respectful. They told us staff supported them to maintain their independence. Most people said staff arrived on time or let them know if they had been delayed. Staff told us they believed the service was caring and said they would recommend it to family and friends.

The provider carried out a full assessment of people's needs at the time of referral to make sure they would be able to deliver the care and support people needed. People's care and support needs were detailed in support plans. The support plans were person centred and easy to follow which helped to make sure people received appropriate care and support. Staff confirmed care and support was delivered according to the plans, for example, they said the provider was very strict about making sure there were always two care workers when this was specified in the plan.

There was a complaints procedure and complaints and concerns were recorded. People who used the service told us they know what to do if they had any complaints or concerns. The registered manager told us feedback was always given to people who raised a concern. However, we found this was not always recorded.

There was a quality assurance and monitoring system in place. However, this needed to be improved. In the course of the inspection we found some shortfalls which the provider's quality checks had not identified. People who used the service told us they thought communication from the office could be improved and more attention should be given to planning to reduce travel time and late calls. Staff also expressed the view that communication could be improved and felt they did not always get enough support from the management team.

We found the provider was in breach of two regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

People felt safe when they were supported by a regular staff team. However, their confidence in the service was somewhat undermined when they experienced a lot of staff changes.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

Requires improvement



Is the service effective?

The service was not consistently effective.

People's care and support was not always delivered by staff who were appropriately trained and supported to meet their needs.

People were asked for their consent before care and support was delivered. When people were unable to consent there was evidence their preferences were discussed and reviewed and a best interest decision made.

Requires improvement



Is the service caring?

The service was caring.

People told us the care were caring. Staff respected people's privacy and dignity and supported people to maintain their independence.

The staff we spoke with were about to tell us about people's needs and preferences and they understood the importance of keeping people's information confidential.

Good



Is the service responsive?

The service was not consistently responsive.

People's needs were assessed and people were involved in developing their support plans. The support plans provided clear information about people's individual needs and preferences.

The provider had a complaints procedure and people told us they knew who to speak to if they had any concerns or complaints. However, records of responses to complaints were not always recorded.

Requires improvement



Is the service well-led?

The service was not consistently well led.

People who used the service were given the opportunity to comment on the quality of the services provided. Many of the people we spoke with felt communication from the management team was not as good as it should be.

Requires improvement



Summary of findings

The quality assurance and monitoring systems were not robust enough to ensure the provider could consistently identify and act on shortfalls in the service in a timely way.

Sentinel Homecare Limited

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.

The inspection started with a visit to the providers offices on 28 May 2015. The inspection 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 in.

The inspection team was made up of two inspectors 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.

Before the inspection we reviewed the information we held about the service. This included looking at notifications and other information we had received about or from the

service. We also contacted the local authority contracts and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. We spoke with the registered manager, the operations manager and the training co-ordinator. Following the visit to the provider's offices we carried out telephone interviews with people who used the service and/or their representatives and staff. We spoke with nine people who used the service, 17 relatives or friends of people who used the service and eight care workers employed by the agency.

We usually send the provider a Provider Information Return (PIR) before the 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. On this occasion we did not ask the provider to complete a PIR.

Is the service safe?

Our findings

The majority of people we spoke with told us they felt the service was safe. One person who used the service told us they felt safe and the care and support they received helped them to maintain their independence. They also said they felt the agency had enough staff to meet their needs

One person's relative said, "They protect my son from harm and are very good with him, we have no complaints."

Another person's relative said their relative, "Feels safe with the carers coming into the home, they protect her from harm, we have the same carers morning and night, they let themselves into the home via a Key Safe."

The registered manager told us that sufficient care staff were employed for operational purposes and staff recruitment was on-going. They said all care/support workers were employed on zero hour's contracts. However, some of the people we spoke with expressed concerns about the number of different carer workers who were supporting them. One person said, "I feel safe with the carers who come into my home, they wear ID Badges. They usually arrive on time and stay the correct amount of time. I used to get the same carers but they have been different every day this week. They leave my home secure when they have finished." Another person said, "I have three regular carers but within the space of three weeks I have had 14 different carers with the three regular ones I felt safe but with so many changes I am not so sure. The carers wear a uniform but no ID badges and more training could be given." Another person said, "The continuity of care is not good, we would like the same people. We do not know who is coming; it is a complete surprise every day."

The majority of people said they felt the agency had enough staff. They said staff wore ID badges, arrived on time and stayed for the allocated time. However, three of the people we spoke with said they did not think the agency had enough staff. They said the care workers always seemed to be rushing and had no time to chat.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the files of five newly appointed staff. We found all the required checks had been carried out before new staff started work. This included a DBS (Disclosure and Barring Service) check to make sure applicants did not

have a criminal record which would make them unsuitable to work in the care sector. The staff we spoke with confirmed they were not allowed to start work until the required checks had been completed.

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

At the time of the inspection the service did not have a system in place which ensured staff had reached their destination on time and had to rely on people contacting them if staff did not arrive. We looked at the missed call log and found a number of missed calls had occurred early in 2015. We noted five missed calls had been recorded between April and May 2015. This was discussed with the operations manager and registered manager who told us they used to email support workers their rota but this had caused some confusion resulting in missed calls. However, they told us staff now had to collect their rota from the office which had helped to resolve this matter.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern and the registered manager told us they operated an open door policy and people could contact them at any time if they had concerns. The staff we spoke with confirmed they had received training on safeguarding and were aware of how to report any concerns about people's safety and well-being.

However, when we looked at the complaints log we found an incident had taken place that should have been reported to both the Commission and the Local Authority Safeguarding Unit had not been. This was discussed with the registered manager who acknowledged the senior member of staff who had dealt with the matter had failed to follow correct procedure. They confirmed that they would address the matter with the individual concerned and ensure a similar mistake did not happen again.

One person who used the service told us, "They help me with my shopping once a week they always bring the right things and give me the correct change together with the receipt for the goods they have purchased."

Is the service safe?

We saw financial transaction sheets were completed by support workers when they spent money on behalf of people who used the service. However, we saw in some instances support workers were not completing the form correctly. This was discussed with the registered manager who told us this matter would be addressed immediately.

There was a potential risk of financial abuse because the records were not maintained correctly. The provider's quality assurance processes had not identified this prior to it being brought to their attention during the inspection.

We were unable to look at the Medication Administration Record (MAR) charts signed by staff after they administered people's medicines as they were not returned to the office for audit purpose. The registered manager confirmed the care supervisor's did review them when they visited people to ensure medication was being administered as required. However, the provider did not have any checks in place above this level to provide assurance that the medication policies and procedures were being followed and people were receiving their medication as prescribed. The provider's quality assurance processes had not identified this prior to it being brought to their attention during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective processes in place to identify, assess and mitigate potential risks to the safety and well-being of people who used the service.

The registered manager confirmed the MARs would in future be returned to the office once completed and audited as part of the quality assurance monitoring process.

The medication support plans we looked at provided support workers with detailed information. This included the medicines the person was prescribed, how it was taken, where it was kept, possible side effects, the action to take should medicines be refused and who was responsible for ordering repeat medicines. The relative of one person who used the service said, "Some carers are good and it is important that they keep to time because of the medication Mum has to have four times a day." A person who used the service said, "It would be nice to have regular carers who know my needs and that I require my medication at the correct times."

Risk assessments were in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment. We saw the risk assessments in place had been signed by the person who used the service or their next of kin.

Is the service effective?

Our findings

We saw since the last inspection the provider had moved to more spacious office premises with a designated training room which was used by staff for more practical training sessions. For example, the room was equipped with a hospital bed, hoist, slings and Zimmer frames. The agency also had, incontinence pads and personal protective equipment which staff were able to familiarise themselves with during training.

We also saw since the last inspection the agency had appointed a designated training co-ordinator who had responsibility for ensuring all mandatory training was up to date. We were told training was provided in-house by the training officer. We found some training courses were provided by an external training provider. We saw documentary evidence that showed all new staff completed induction training on employment and always shadowed a more experienced member of staff for a minimum of three days or until they felt confident and competent to carry out their roles effectively and unsupervised. The staff we spoke with confirmed they had received induction training and had shadowed more experienced care workers when they started work. Most of the staff we spoke with felt their induction training and the time they spent shadowing was sufficient. However, some said they thought care workers who were new to care should have more support before being allowed to work on their own.

There was a planned programme of staff supervision and appraisals. The staff we spoke with said they had a lot of team meetings but felt they would benefit from more regular one to one supervisions. Some of the staff we spoke with did not feel the management team used supervision in a positive way to support them with their professional and personal development. They felt they were only invited to one to one supervision meetings when they had done something wrong.

The majority of people we spoke with were satisfied the care workers had the right skills and knowledge to meet their needs. One person said, "They know what they are doing and are trained to do this." Another person said, "When they shower me they treat me with dignity and respect and they know what they are doing, they also know how to use the equipment to get me in and out of the shower."

However, some people said they felt the care workers needed more training on how to support people with more specialised care needs. For example, one person said, "The carers need some dementia training." Another person said, "They help me with showering but the carers do not seem to know much about colostomy bags and the changing of them, but they are knowledgeable about catheters, in respects the training needs to be looked at." Another person said, "Some of the newer carers do not know what they are doing and need to be familiar with the client's condition and the need to be on time every day because of medication."

The majority of staff we spoke with were happy with the training they received. They said they had regular training updates on safe working practices such as moving and handling and the safe management of medicines. However, some staff felt the moving and handling training was very basic and they would benefit from more detailed training on the use of moving and handling equipment.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that as part of their care package some people had a meal prepared during the day. The registered manager told us that at times only fifteen minutes was commissioned for this type of visit which might also include assisting someone to the toilet. The registered manager told us about 30% of all visits made by support workers were 15 minutes in duration.

This meant that meals prepared mainly consisted of micro-wave meals or sandwiches. However, information in the care plan showed that support workers encouraged people to take an adequate diet. For example the care plan for one person stated "The client needs sensitive encouragement to eat their meals. Ensure you have the food cut up in to bite size pieces." The care plan for another person gave the following guidance to support workers "Always present the clients meal in an appetising manner for them to enjoy. Offer the client a drink and make sure they are well hydrated." People who used the service told us they were satisfied with the support they received to eat and drink. One person said, "The carers know how to care for me and they give me my meals at the correct times". Another person said, "The normal carers encourage Mum to eat and drink". However, they added the "stand in" carers were not always as attentive to this aspect of care.

Is the service effective?

People who used the service told us they were always asked for consent. One person said, “They always ask consent before doing tasks.” Another person said, “I am happy with the care and I am asked my consent before tasks are carried out.” There was evidence within the care documentation which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated that before people received any care or treatment they were asked for their consent and the provider acted in people's best interest.

The registered manager told us the agency worked with other health care professionals, when appropriate, to make sure people were supported to meet their health care

needs. We saw information about the support people received from other health care professionals was recorded in their care plans. One person who used the service told us they were comfortable talking to the care workers about their health care needs.

The staff we spoke with told us they knew what to do if people needed health care support and/or in the event of a medical emergency. They told us they were always able to contact a senior member of staff for advice and support. The relative of one person who used the service told us “[Person’s name] had a fall last Tuesday and they (care workers) stayed with her until the ambulance came to take her to hospital.” This showed the service had processes in place to support people to meet their health care needs.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring. People told us staff respected their privacy and dignity and supported people to maintain their independence.

One person who used the service said, “The carers respect my privacy and allow me to be as independent as I can be.” Another person said, “The carers are very friendly and I have conversations with the regular ones who treat me with dignity and respect.” Another person said, “They are friendly and talk to me. They treat me with dignity and respect and when showering me they always close the curtains.”

A relative of a person who used the service said, “The carers are friendly and treat her with dignity and respect when washing. She likes all the carers and they speak to her when carrying out the tasks for the visit.” Another relative said, “We have developed a strong relationship with the carers and them with us over the time we have been with the agency.”

Most of the people we spoke with told us the care workers generally arrived on time. They accepted that on occasions there were would circumstances which would mean they were running late. In most case people said they were kept informed if staff were going to be late. For example, one person said, “I am satisfied with the care and it meets my

needs. With my personal care they know what they are doing and the treat me with dignity and respect. On time for visits and ring if late, they are not rushed and stay the correct amount of time.” Another person said, “We have different cares from time to time but in general we are happy with the care. They come on time and have never missed a call and are never rushed and are able to give some time to talk to Mum.”

However, one person said that while they were satisfied with the care, “They turn up late at least once a week and do not phone.” Another person said, “They always arrive on time but are always rushing.”

The care workers we spoke with said they would recommend the service to a family member or friend and one said, “The girls are caring.”

The care workers we spoke with said they were most comfortable working with a regular client group. They said this allowed them to get to know how people preferred their care and support to be delivered. The care workers told us they always explained what they were going to do and made sure people were comfortable with that before they delivered care.

The care workers we spoke with understood the importance of keeping people’s personal information safe. For example, they said they never spoke about the people they were supporting in public places.

Is the service responsive?

Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager told us that people were given a copy of the agency's service user guide and other information about the services provided.

We looked at nine support plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. The support plans were easy to follow and provide accurate and up to date information. The registered manager told us a copy of the support plan was kept both in the home of the person who used the service and agency's main office.

The majority of people we spoke with were aware of the support plans and had been involved in developing the initial plans of care. However, some people were not sure about how often the plans were reviewed and if they had been involved in a recent review. The relative of one person who used the service told us, "The care plan was originally wrong but it is okay now, but we still do not have continuity of care as was promised."

We saw support plans were reviewed on a regular basis or if there were significant changes in people's needs or circumstances. There was a planned programme of reviews which started with a telephone review 48 hours after the start of the service. The registered manager told us they had introduced an addition review which was six week telephone review. This had been implemented on 24

February 2015. The purpose of the six week review was to check people were satisfied with the care and support being provided and to identify and resolve any concerns at an early date.

The staff we spoke with confirmed people's care plans were available in their homes and told us they completed daily report at each visit. They told us any issues or concerns were reported to a senior member of staff and were dealt with. They told us there was always a senior member of staff on call outside of office hours to provide support in the event of unforeseen circumstances or an emergency. Staff told us the service was very strict about making sure there were always two care workers when this was specified in the person's care plan. One of the staff we spoke with told us that in the event of the second care worker not turning up they had to contact the office and were not allowed to go into the person's home until a second care worker was available. This was confirmed by other staff we spoke with.

The people we spoke with told us they knew who to talk to if they had any concerns or complaints about the service.

The provider had a complaints procedure in place. Complaints and concerns were recorded. We saw evidence complaints and concerns were investigated and action was taken to reduce the risk of recurrence. In one person's records we saw a concern about staff not staying for the full time allocated had been received and dealt with. However, there was no record to show the service had provided feedback to the person who had raised the concern. The registered manager explained the person had been given verbal feedback but this had not been followed up in writing. The registered manager said in future they would make sure people who raised concerns or complaints were informed of outcome in writing in addition to verbal feedback.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The management team consisted of a registered manager, an operations manager, a care co-ordinator and four care supervisors.

There was an on-going quality assurance and monitoring system in place. For example, we saw the results of the checks carried out between July and December 2014 were summarised in a Quality Assurance Analysis report dated January 2015. The report showed the provider had looked at the care records of people who used the service, complaints, safeguarding, compliments, quality assurance visit forms, spot checks and telephone questionnaires.

The provider's Quality Assurance Analysis report showed 37 people's care files had been checked between July and December 2014 and 94% were completed to the required standard. At the time of the inspection the operations manager told us they were in the process of auditing staff files and the care files of people who used the service to make sure they provided accurate and up to date information. When we looked at people's care records we found the medication administration records, (MARs) were not in the files. The registered manager told us they were checked in people's homes by the care supervisors but were not returned to the office for auditing. We also found the provider had not identified that some of the financial transactions sheets used to record money spent by care workers on behalf of people who used the service, had not been completed correctly. The registered manager said they would address this. This showed the provider did not have an effective system in place to assess, monitor and improve the quality and safety of the services provided

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us senior staff carried out random spot checks on support workers as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. They told us the frequency of the spot checks were determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having ready access to family or advocate support. The registered manager also told us the senior

care assistants worked alongside the support workers on a regular basis. This meant they were able to talk with people who used the service and/or their relatives and observe the standard of care and support being provided. However, the care workers we spoke with told us spot checks were rarely done while they were working in people's homes. They said they were aware the agency carried out some spot checks by visiting clients after they had completed their calls. They told us they did not get regular feedback from the spot checks and usually only received feedback if there was something wrong.

The agency used telephone monitoring to ensure people were happy with the care and support they received. The provider's Quality Assurance Analysis report dated January 2015 showed that 76 telephone feedback questionnaires had been checked between July and December 2014.

The report showed 65% of people had no concerns about the service they were receiving.

The report showed the concerns identified in 35% of cases had been had been categorised into low or high risk concerns with only one being classified as high risk. The report indicated action had been taken to address the concerns to the satisfaction of people who used the service.

We saw that team meetings were held to keep support workers up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. However, several of the care workers we spoke with said they did not feel they were always well supported. They said communication between the office based staff and staff working in the community was not always good. For example, some staff said their scheduled calls were changed a short notice and others said they felt under pressure to work additional hours to cover for staff absence.

Concerns about communication were echoed by people who used the service. Many of the people we spoke with said they felt communication from the office was not as good as it should be. They said more attention should be given to planning the staff rota to reduce travelling time which would help to make sure calls were carried out at the correct times.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to ensure accurate and complete records were maintained in respect of each person who used the service.

The registered person did not have effective systems in place to assess and monitor the quality and safety of the services provided.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People who used the service services were not protected by the deployment of sufficient numbers of suitably qualified, competent, skilled and experience staff.

Persons employed by the provider for the purpose of carrying out the regulated activity did not always receive appropriate support, training and supervision to enable them to carry out their duties.