Sensitive Care Solutions Ltd

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Inspection report

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Date of inspection visit:
03 November 2017
06 November 2017

Date of publication:
27 December 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Sensitive Care Solutions Ltd provides personal care and treatment for people living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 50 people receiving care from the service. This was the first inspection since the service registered on 4 November 2016.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. Risk assessments were not comprehensively in place to protect people from risks to their health and welfare.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

We saw that medicines had been supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though more training was needed on some relevant issues.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. People told us they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were individual to the people using the service which helped to ensure that their needs were met.

People and relatives told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up.
They were satisfied with how the service was run.

Not all staff felt they had been fully supported in their work by the management of the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware these incidents, if they occurred, needed to be reported to us, as legally required.

Management had not carried out comprehensive audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff recruitment checks had not been in place to protect people from receiving personal care from unsuitable staff. Risk assessments to protect people's health and welfare were not always in place to protect people from risks to their health and welfare.

People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. People had received care to safely promote their health. Medicines had been supplied as prescribed.

Is the service effective?

Good

The service was effective.

People and relatives thought that staff had been trained to meet the assessed needs. Staff had received, in the main, support to carry out their role of providing effective care to meet people's needs. Staff were trained, in the main, to meet people's care needs, though some training was needed to comprehensively cover all care needs. People's consent to care and treatment was sought. People's nutritional needs had been promoted and people's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

Call times had not always been on time to respond to people's

needs. People and their relatives had, in the main, been satisfied that staff provided a service that met people's needs. Care plans contained information on how staff should respond to people's assessed needs. People and their relatives were confident that the service would act on any complaints they made. The complaints procedure did not include information to help people to take their complaints further if they needed to.

Is the service well-led?

Requires Improvement

The service was not comprehensively well led.

Services had not been comprehensively audited in order to measure whether a quality service had been provided and take action where needed. Staff told us that office management did not always provide good support to them. People and their relatives thought it was an organised and well led service. Legal notifications had been sent to us.

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 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 3 and 6 November 2017. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of people receiving a domiciliary service in their own homes.

On this occasion we asked the provider to send us a Provider Information Return (PIR). 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. The provider explained how they aimed to ensure the service they provided was safe, effective, caring, responsive and well led.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service and four relatives. We sent out questionnaires and received responses from four people who received a service. We also spoke with the nominated individual of the provider, the registered manager, and three care workers.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People had not been kept comprehensively safe.

We saw that staff recruitment practices were not always in place for staff. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were are of good character. This showed us that current staff recruitment procedures were not robust to keep people safe from potentially unsuitable staff. One staff member with management responsibilities had previous convictions but this had not been declared to us at the time of registration. This had not enabled us to take this into account in assessing whether the person was suitable to carry out management responsibilities. A staff member also informed us that they had commenced employment without a DBS check. The registered manager followed this issue up and checked that of the staff had been appropriately checked before commencing employment. She stated one person had mistakenly been employed without a new check having been carried out.

Care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, daily records indicated that a person displayed behaviour that challenged the service. There was no risk assessment in place to manage this condition, such as using distraction.

Another care plan identified that a person was at risk of pressure sores developing. This directed staff to observe for signs of pressure sores developing but did not specify that creams should be applied even though, on occasion, daily records had indicated staff had applied creams.
The registered manager followed this issue up and sent us information confirming that staff were now instructed to record this important information.

Another person had been assessed as having a high risk of falling. There was information in place for staff to follow when a fall taken place. However, no other action was noted such as checking there were no trip hazards and the wearing of suitable footwear. The registered manager said risk assessments would be strengthened and more detailed.

These issues were was in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care and treatment. You can see what we have told the provider to do at the end of this report.

All the people we communicated with and their relatives thought that personal care had been delivered safely.

Staff told us they were aware of how to check to ensure people's safety. For example, they wore personal protective equipment such as gloves to prevent the spread of infection, checked rooms for tripping hazards and made sure hoists were working properly before using them to transfer people. This told us that staff

tried to ensure that people were safe when providing personal care. We also found risk assessments of people's homes in care plans that covered relevant issues such as fire, any equipment needed and tripping hazards. Staff had been reminded about safe practices such as following proper infection control and health and safety procedures in staff meetings. Spot checks on staff covered issues such as ensuring that equipment was used safely.

We saw that some of people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place with regards to a person who needed help to transfer from one place to another. This specified that staff were to remove hoist slings once the person was transferred to prevent skin damage and pressure sores developing.

People and their relatives told us there were no missed calls and that staff stayed for the agreed call time. They told us that staff were either on time or mostly on time. A person said, "Yes they're usually on time, but if they're running late they do call and let me know, they make sure I don't panic." There were sufficient staff.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service. This had been emphasised in staff meetings.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, it stated that it was the person's choice whether the service reported any suspected abuse to the safeguarding authority. This meant there was a danger that abuse would not be reported and acted on. The registered manager said this procedure would be amended to state the service had a duty of care to report any suspected abuse.

The whistleblowing policy directed staff to relevant outside agencies,
although contact details of these agencies were not included. The registered manager sent us this amended procedure after the inspection visit. This will supply staff with comprehensive information of how to action issues of concern to protect the safety of people using the service. The procedure was not available in the staff handbook. The registered manager said this would be included to ensure staff had all the necessary information to be able to inform relevant authorities of any serious issues affecting people's safety.

People and their relatives told us that there had been no issues regarding medicines. One person said, "I leave it out for them to watch me take it and then they record everything." There was evidence in medicine records that people had received their prescribed medicines.

Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. The procedure did not include a procedure to supply as needed medicine. The registered manager followed this up and sent us the amended procedure.

Good

Is the service effective?

Our findings

People and relatives we spoke with said that the care and support they received from staff effectively met their needs. They thought that staff had been trained to provide effective care.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs.

Staff told us, in the main, that they thought they had received training and refresher training so that they were able to meet people's needs. A staff member said, "Training is okay. I think it could be more detailed because I sometimes have to show new staff what to do like telling them to put gloves on when supplying personal care and prompting staff to assist people to mobilise."

Staff training information showed that staff had training in essential issues such as health and safety, catheter care and keeping people safe from abuse. However, the moving and handling training did not indicate that staff were competent in using a hoist. The registered manager said this would be included. There was a train the trainer certificate in place which proved that the training was supplied to staff by a person who had been certificated to provide this training.

Staff had not received training in a number of people's specific long-term health conditions such as stroke care, epilepsy and end of life care. The registered manager stated that this training would be provided and training in general would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, nutrition and preventing pressure sores. It was also based on Care Certificate training, which is nationally recognised induction training for staff. Staff meeting information included staff training issues to remind staff to complete training on relevant care issues.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts. At the end of the shadowing period, new staff member, if they did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs. We saw evidence that shadowing took place over a number of days; these were not full days and shadowing shifts added up to approximately one full day. The registered manager said this would be extended so that shadowing became longer to ensure new staff had more opportunity to learn how to provide effective care to people.

Staff felt communication and support amongst the staff team was good. Staff supervision had taken place at the same time as spot checks on staff performance. The registered manager said this was to be changed so that supervision would be carried out at a different date to allow more time to discuss other relevant issues such as staff concerns. This will then help to more effectively advance staff knowledge, training and development.

Some staff members also told us they always felt supported through being able to contact the management of the service if they had any queries. However, there were some comments which stated that, at times, some office management staff had not been helpful, did not listen to concerns or queries and were rude to them. The registered manager said this issue would be followed up.

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 said people using the service all had capacity to decide how they wanted to live their lives. If in the future a person was assessed as not having the capacity to make decisions about how they lived their lives, best interest meetings would take place to determine how to make decisions in the person's best interests. Staff had training and were aware of this issue.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. This stated, "You clearly explain what we are going to do, why we are doing it and gain my consent."

Staff were aware of their responsibilities about this issue as they told us that they asked people their permission before they supplied care. People confirmed that staff asked for their consent when they were provided with personal care.

All the people we spoke to said that they did not need assistance with their meals, except two people who said staff prepared meals at times. They said there had been no issues with this provision. Care plans included information about people's choices. One person stated, "I like chicken noodle soup at teatime." This indicated that the service took account of people's food and drink preferences.

People told us that staff were effective in responding to health concerns.
We saw examples where the GP had been contacted to review a person's medication after an incident. This indicated that staff knew how to ensure that people received proper healthcare and ongoing support.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with stated that staff were caring in their approach. A person said, "They [staff members] are very polite." Another person told us that they received "Very good care" from staff. Another person said that staff were always caring and respectful towards her [my relative].

A relative told us about the service, "I can't rate them any higher, they genuinely care, they're doing a fantastic job with my mum...they show a real interest in mum, we had a lot of problems with the last agency, but its very good now, they stimulate mum to use her brain. The girls [staff members] are very patient and no nothing's ever rushed."

Another relative said that staff were "Very reliable. They're really super, we're very pleased." Another said that staff were very respectful towards her family member, "I can't fault them."

There was a staff monitoring system in place to check that the attitude of staff towards people had been friendly and caring. The staff guide emphasised that people should be treated with respect. Staff meeting minutes included emphasising to staff that people needed to be treated with dignity and respect, and emphasised their right to privacy and independence.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. The guide for people receiving the service emphasised that the service would not discriminate on the basis of relevant issues such as race, religion and sexual orientation. This gave people from all cultural backgrounds a message that they would be treated with fairness and respect. The registered manager said that they aim to recruited staff from the same cultural background as people using the service so that people's specific needs could be properly understood and met. We saw evidence that this had been arranged.

People and their relatives considered that care staff were good listeners and followed their preferences. They told us their care plans were developed and agreed with them. The service's information stated people would be involved in reviews and assessments of their care. We saw evidence that people had signed care plans agreeing that plans met their assessed needs.

People told us that their dignity and privacy had been maintained and staff gave them choices such as with regard to the food they wanted to eat and the clothes they wanted to wear. This was reflected in care plans.

Staff explained that they would always protect people's dignity and privacy by doing things such as leaving people when they were using the bathroom, and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the people and relatives we spoke with.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. The handbook stated that there would be,

"No tolerance of racist and sexist behaviour" by staff. This encouraged staff to have a caring and compassionate approach towards people.

People told us that staff respected their independence so they could do as much as possible for themselves. A person said that staff protected her independence, "They always ask me if I'd like to go out or what I would like to do. I am very independent and they always nurture my independence."
Care plans showed that people were encouraged to maintain their independence. For example, that a person could manage most of their personal care and just required support to wash and dry their back, feet and legs. A relative said, "My mum is very independent and staff always respect that, though they will help when needed."

Staff also gave us examples of how they promoted people's independence. For example, if people could wash certain parts of their body, then this was encouraged and respected. This was an indication that staff were caring and that people and their rights were respected.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. A person told us, "Social services put the care plan together; the carers do stick to it." A person told us they were satisfied with the care they were supplied with and, "They organised my care plan." A relative told us that they were satisfied with the care supplied to their family member, "No problems at all, I am happy with the service." Another relative told us there was a care plan in place. They were grateful that staff had also arranged everything for their family member when discharged from hospital.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. And for the provider to provide further support when needed . It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. She said that work would be done to carry this out in the short term.

In the service user guide, the provider had included information that if people needed information in other formats they could better understand, this would be provided.

Care records had information about people's personal histories and preferences to help staff ensure that people's individual needs were responded to. For example, in one care plan it included a person's likes and dislikes, such as watching comedy programmes on TV or avoiding loud noises. This meant that staff had the opportunity to be aware of people's preferences and lifestyles, and worked with them to achieve a service that responded to people's individual needs.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of information about people's changing needs so that staff could respond to these needs.

People and relatives said that staff usually arrived on time for their care calls. However, staff rotas showed that travelling time between calls to people had not always been included. This meant staff would be late because they had not been allocated travelling time. Staff confirmed to us this was the case.

Care records showed that call times were not always at the agreed time. For one person, the breakfast call time had been up to 45 minutes early or 45 minutes late. For another person, we found call times in September 2017 had been up to 60 minutes early for the evening call. The care plan stated the person did not like to go to bed early. On this day the person refused to get into their night clothes. This early call meant the person's preferred lifestyle was not followed and a point of conflict between them and the staff member was created unnecessarily.

In another person's care plan we found that staff had been up to 90 minutes late. In another care plan we

found in September 2017 a call had been 55 minutes late.

The nominated individual said she thought these situations where a result of agreements between the person and the service, which had not been recorded. She said these issues would be followed up. This will then respond to people's assessed needs.

Everyone we spoke with stated that they felt confident they would be taken seriously if they ever needed to complain. We saw records of complaints, which had been investigated. Communication back to the complainant outlining the results of the investigation was missing. The registered manager said this would be provided in future.

The provider's complaints procedure in the service user guide gave information on how people could complain about the service. This had been supplied in the first language of people using the procedure, which met their language needs.

The procedure set out that that the complainant should contact the service for their complaint to be investigated. Information included that they could take their complaint to the local authority or the ombudsman if they wanted an independent investigation. However, there were no contact details for these organisations. The procedure also stated that complainants could go to CQC if they were not satisfied. CQC does not have the legal power to investigate complaints. The registered manager stated these issues would be amended in the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

The service was not comprehensively well led.

The registered manager said that the service had not yet properly embedded a quality system to ensure that people were always provided with a quality service. She said there were still issues with staff not always documenting important events.

We saw some quality assurance checks in place to check that the service was meeting people's needs. The audits covered issues such as checking the care provided to people. However, audits had not identified issues found in the inspection. These included not ensuring that all staff had proper checks in place to ensure potentially unsuitable staff did not provide personal care to people. Audits had also not identified issues of care calls not being on time. There were no audits undertaken on important quality issues such as staff recruitment, the supply of medicine, staff training and times of calls.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance.

People and their relatives thought they had, in the main, received a service that met their needs. Everybody reported that they felt that the service was well led.

A person told us "They're a very good company, the carers are good." They said the field care manager followed up any issues well and they would recommend the service.

Another person said that office staff were "Very nice. They always come to see me every few months; they check my file and make sure everything is working well." A relative told us that the office management were always available to her if she should need them, "Yes they're good at communicating with me."

Another relative told us, "Yes, they're brilliant, I just text them if there's any problems and they always get back, and they always call if they're running late. I would give them 10 out of 10."

Another relative said, "They're absolutely brilliant." They said that there was an arrangement in place with the service that if the family member needed to go to hospital then a staff member would stay with their family member until they were able to arrive. They said that this arrangement was very reassuring to them.

Staff had spot checks to see whether they provided a quality service to people. This covered relevant issues such as whether they had followed correct procedures such as safely moving people and observing infection control procedures.

People told us that they had not yet received questionnaires from the service asking their views on whether the care they were provided with met their needs. The registered manager provided us with templates of questionnaires to people and staff that were ready to be sent out. This would then give people a chance to

influence the running of the service.

The provider has submitted relevant notifications to CQC. The registered manager was aware of the provider's responsibility to notify CQC of incidents. The provider was aware of the legal requirement to display their rating from comprehensive inspections, such as this one.

We saw evidence that the registered manager had raised the issue of the quality of care for people at staff meetings. The minutes of the meeting set out relevant issues such as protecting people from abuse, promoting choice and independence and ensuring proper record-keeping. Staff had raised the issue of not having enough time to ensure all identified tasks were carried out. There was no action recorded to deal with this issue. The registered manager said that in practice there had been discussions with commissioners of the service to try to resolve this issue. She said she would ensure that this is recorded in the future.

Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. The staff we spoke with told us that they were supported by the registered manager. However, we received comment that office staff did not always act quickly to act on issues. This included not supplying the weekly staff rota in good time so that staff could plan their family commitments and they had to be reminded to supply personal protective equipment. The registered manager stated that she was surprised by these comments as equipment was readily available to staff. Also, that staff did not inform the office of their availability in time which meant a delay in issuing staff rotas.

Some staff also informed us that some office management staff had not provided professional support to them and had treated them disrespectfully. The registered manager later sent us information of action to follow these issues up. This included clarifying governance duties for the registered manager and a framework to ensure that management responsibilities were clear.

Staff did not confirm that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. They said that they shared information between themselves so they were up to date with people's needs. We discussed this with the registered manager who said a system would be put in place to ensure staff had up-to-date knowledge of people's changing needs.

This will then help to create a comprehensively well led service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not comprehensively kept people safe. Staff recruitment procedures were not robust. Risk assessments to promote people's safety were not in place or control measures were not detailed enough.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been comprehensively audited and followed up with required action in order to ensure a safe quality service was provided to people.