

Sentimex Care Ltd

# Sentimex Care

## Inspection report

Offices 4.5/4.6  
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Date of inspection visit:

28 February 2023

06 March 2023

05 June 2023

06 June 2023

07 June 2023

08 June 2023

09 June 2023

12 June 2023

Date of publication:

27 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sentimex Care is a domiciliary care agency. The service provides personal care to adults, some of whom may be living with dementia and mental health conditions. At the time of our inspection there were 17 people using the service.

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

Systems and processes were followed to help ensure people received safe care and protection from unavoidable harm and the risks of abuse. Risks, including those from medicines and infection, were identified and actions were in place to help manage these and promote people's safety. Systems were in place to ensure any lessons learnt were identified when accidents or incidents occurred. There were enough staff to provide care to people. Recruitment processes had been followed to help check that staff were suitable to work at the service.

Assessments were completed so people's health and care needs and their preferences were clearly identified. People's equality and diversity needs were considered and understood. Staff were supported to have the skills, knowledge and experience to help provide people with effective care. Care plans and risk assessments were in place where people received care with their nutrition and hydration. People were supported to access the healthcare services they needed in order to live healthier lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by polite and friendly staff. People and when appropriate, their relatives, were involved in their care decisions. Staff took actions to promote people's privacy, dignity and independence.

People received responsive and personalised care from staff that knew their preferences, communication needs and understood what was important to people. People's needs were kept under review and care was changed to meet any new needs. People's goals and outcomes were known and worked towards. Processes were in place to respond to any complaints or issues raised. Where people required care at the end of their lives this was provided and planned with people.

There was a positive person-centred culture at the service. People's views and feedback were actively encouraged and used to see how improvements could be made. Audits and checks were completed to help ensure the quality and safety of services and support continuous learning. Positive working relationships were in place with other professionals and services involved in people's care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

[www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 19 March 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sentimex Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 1 weeks' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 7 February 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 28 February 2023 and ended on 12 June 2023. There was a delay completing this inspection due to inspector absence. This meant inspection activity was started in February and not completed until June.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

We spoke with 1 person and 6 relatives of people who used the service. We spoke with 4 social care professionals and 1 health care professional who were involved in the care of people who used the service. We spoke or obtained feedback from 5 staff including the registered manager, the administrator and 3 care workers.

We reviewed the relevant parts of 3 people's care plans and 2 people's medicines records. We looked at multiple other records including feedback gathered by the provider, audits, policies, training records and 3 staff recruitment files.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People and relatives told us they felt safe. One relative told us, "[Name of person] is definitely feeling safe and comfortable with the carers." Another relative said, "Yes, I think [Name of person] does feel safe, and they think the carers are very professional."
- People were protected from the risk of abuse. Care staff were trained to understand safeguarding issues and what actions to take report any concerns. The registered manager had made safeguarding referrals to the local authority when required. These actions helped to promote people's safety.

Assessing risk, safety monitoring and management

- Risks associated with people's health care needs were assessed. For example, risks from falls and from pressure ulcers. Actions were taken to help reduce these risks, for example, whether people needed a pressure relieving mattress and how staff helped them to relieve pressure by changing their position. These actions helped to promote people's safety and reduced known risks.
- People's safety was monitored. One relative told us, "The carers apply cream to prevent pressure sores." Records showed care staff regularly checked people's skin for any signs of skin breakdown. Any concerns were identified quickly and promptly reported to the relevant health care professionals. This helped to keep people safe from risks associated with their healthcare conditions.
- Other risks, such as those associated with lone working, providing care in people's homes and fire safety had been assessed by the registered manager. This helped to promote people's safety.

Staffing and recruitment

- People, relatives and staff told us there were enough staff to meet people's needs and that staff mostly arrived on time. One relative told us, "[The carers] are usually on time, they stay the right amount of time and they're really thorough." When carers were delayed due to un-avoidable situations such as traffic, the registered manager told us, and people confirmed, they were usually kept informed. The registered manager had reviewed the areas staff worked in to try and minimise any delays from travelling. This helped ensure there were enough staff to meet people's needs in a timely manner.
- Pre-employment checks were completed before staff started working with people. This included checking staff conduct in their previous work and obtaining a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People and their relatives told us they felt they were supported safely with their prescribed medicines. One relative told us, "The carers give [Name of person] their main medications morning and night, and

paracetamol during the day as needed. We've had no problems at all. The carers also put barrier cream on, for pressure sores."

- Medicines Administration Record (MAR) charts showed what medicines staff had offered and administered to people. Staff were trained in medicines management and their competency to administer medicines was checked before they provided this care. This helped to protect people from the risks associated with medicines.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was managing risks from the transmission of infection safely.

#### Learning lessons when things go wrong

- Systems to help make improvements were in place. Records showed staff reported any near misses, incidents or accidents to the registered manager. Prompt actions were taken by the registered manager to review any incident and implement any improvement needed. This helped to improve safety and ensure lessons learned were identified.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed for people's healthcare needs and their care and treatment choices. For example, oral healthcare assessments helped to identify what care people needed and their preferences for this. This helped ensure care staff were able to provide effective care to people.
- Assessments considered people's equality and diversity needs. Reasonable adjustments were identified to help ensure people received effective care. For example, one person's assessment identified they needed explanations and reassurance if any changes were needed to their care routine. This information would help care staff plan any changes effectively.
- Assessments were regularly reviewed and updated if people's needs changed. One relative told us, "Me, another relative and the registered manager talked the care plan through, and there's continuous reassessment, as things change." This helped to ensure people continued to receive effective care.

Staff support, training, skills and experience

- People and relatives told us they thought staff were competent. One relative told us, "A new carer has been here with an experienced carer. The new carer wasn't allowed to be involved until they were fully trained." This helped ensure carers gain the skills and experience needed to meet people's health and care needs effectively.
- Training records showed staff were trained in areas relevant to people's health and care needs. For example, how to help people move safely, nutrition and hydration, tissue viability, infection prevention and control and safeguarding. Training in these areas helped to ensure staff were able to care for people effectively.
- Staff were supported to complete the Care Certificate if they were new to care as part of their induction. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Staff had the skills and knowledge to care for people.

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

- People and relatives were happy with how staff supported people with their meals and drinks. One relative told us, "The carers will ask [Name of person] what they'd like for their meal, and they listen to them and make them what they want. They always leave a water bottle [for them to drink] and make them hot drinks while they're there." People were supported to have enough to eat and drink.
- Care plans and risk assessments were in place where staff assisted people with their nutrition and hydration. These identified any risks, such as choking or reduced intake, and what actions were required to reduce risks. Care staff monitored people's food and fluid intake to help ensure people received enough to

eat and drink. This helped to support people to maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff worked well with other agencies to help get people the healthcare they needed. For example, one relative told us, "[The carers] rang the district nurse a couple of days ago because they could see a pressure sore beginning. It was nothing much; they just needed reassurance and advice really. They mentioned it to us, and we agreed that they would ring. They have also noticed swollen legs and told the district nurse. They raise our awareness and work with us on any health concerns." This helped people live healthier lives.
- Staff worked effectively with a range of other agencies. Records showed where staff had contacted other health care professionals, for example GP's, dementia teams and occupational therapists. This helped people access the healthcare services and support they needed.
- Care plans and risk assessments incorporated those completed by other agencies. For example, moving and handling assessments completed by occupational therapists. This helped people receive effective care and treatment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Policies were in place to ensure the principles of the MCA were followed and staff were trained to understand how to apply them. Where people did not have the mental capacity to make a specific decision relating to their care and treatment, the MCA had been followed. This helped to ensure decisions were taken in people's best interests and upheld their rights.
- Where people had capacity to understand their care, they were asked for their consent before care was provided. One relative told us, "When the carers are [carrying out personal care], they warn [Name of person] before they roll them and they always make sure they do that by asking them if it's okay [to do so] and if they are ready." This helped ensure people consented to their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they felt well-treated by staff. One relative told us, "The carers definitely know [Name of person] well. They tell us they're really always cheerful and very polite when they speak to them." Another relative said, "I think the carers are good with [Name of person]. I could hear one of them singing to them and I hear them chatting and laughing. They're lovely people."
- People's equality and diversity needs were respected. Care plans reflected if people had any religious beliefs and how staff could help support these. For example, one person's care plan reflected call times were flexible so the person could accommodate any visits from members of their religious community. This helped to ensure people were respected.

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

- People and where appropriate, their relatives, were involved in their care decisions. One person told us, "When I got home from hospital, the people from the company came to talk to me. As much as I could, I had my say and I signed the care plan." A relative said, "The manager came to do the care themselves, to get an understanding of needs and to do an assessment in line with what the occupational therapist advised. Then they drew up the care plan, in a meeting with me and another relative and [Name of person] was present also. If we had any input, we told them and it was added in." These actions helped to support people's involvement in their care decisions.
- Care plans supported people's ongoing involvement in their care. For example, one person's care plan reflected they had no set routine, and they would decide when they wanted staff to help them transfer from bed. This supported people to express their views on a day-to-day basis and have them listened to.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us carers promoted people's privacy and dignity. One relative told us, "The carers are very conscious of [Name of person's] privacy and dignity. Everyone has to leave the room and they close the curtains etc." Staff cared for people's dignity and privacy.
- People's independence was supported. One person told us, "When the carers are washing me, they'll give me the flannel and I'll wash what I can." A relative said, "I'd say the carers help [Name of person] to get where they want to go; it's their goals."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People received personalised and responsive care. One person told us, "At the moment, because I'm not feeling as strong, it suits me to only get up in the afternoon for a few hours. The carers are fluid enough to change from what's in the plan to what I can actually do, or what I need." Records showed staff calls were planned to try and meet people's needs and preferences wherever possible. This helped people receive responsive care.
- People's care was kept under review and any changes were updated. One relative told us, "Me, another relative and the registered manager talked the care plan through, and there's continuous reassessment, as things change." This helped people continue to receive responsive and personalised care.
- Care plans reflected what people wanted to achieve from their care. One relative told us, "We went through a big thing about [Name of person's] goals and what we felt their wishes would be, when the care plan was set up. This helped ensure the care provided helped people achieve their goals.
- People's preferences for how they wanted their care delivered were known. A relative told us, "The deputy manager came out and sat with us both, chatted us through everything and explained things. They asked searching questions and checked [Name of person] had understood. [Name of person] was able to state their preferences on a separate set of paperwork they sent out afterwards. [Name of person] asked if they could be the first visit each day and they arranged that. The deputy manager rang after a week to check on everything." Steps were taken to understand people's preferences and provide a responsive service to meet these.
- Care plans reflected people's life experiences and what staff could do to help them. For example, staff were guided to provide a person's sensory mat for when they were restless as this helped them settle. Their care plan recorded what the person's favourite types of music were and encouraged staff to talk to them about this. These details helped staff provide relevant activities for the person to enjoy.
- The service supported people to maintain their routines, interests and important relationships. For example, care calls were flexible to support the person's other commitments and visitors. This helped them maintain contact with people and reduced their social isolation.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Care plans contained guidance on what actions staff were

to take to help support effective communication with people. Records showed this identified if relatives had any communication needs so as to be able to fully include them in the person's care planning.

#### Improving care quality in response to complaints or concerns

- The registered manager looked to improve people's experience of care in response to any issue raised. All issues were reviewed and investigated to see what could be done better. Records showed issues had been resolved to people's satisfaction. One relative told us, "The only thing we did raise, I spoke to the manager, and they had a word with all the carers; I'm fully satisfied with that." This meant people experienced improvements when they shared their feedback.
- No formal complaints had been received at the time of our inspection. The registered manager had a complaints policy and process in place to follow should a complaint be made. This contained information on other organisations people could contact to help with them making a complaint. This helped to ensure people's rights to complain were supported.

#### End of life care and support

- People, and relatives where appropriate, were able to discuss their end of life care wishes. One relative told us, "There's an end of life plan in place that the GP advised. [The registered manager] was involved in a reassessment regarding this and we [the relatives] were all involved in the discussions on [Name of person's] behalf.
- Care plans included guidance to staff on what people wanted. For example, people had been able to discuss pain management and what emotional support they would like. Contacts for the district nursing teams and GP's were included so that any end of life care could be planned with them. These actions helped to support people's involvement in their end of life care planning.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they felt the service listened to them. One relative told us, "They're responsive to our requests and I can't speak highly enough about them. I've only got good things to say." Another relative said, "They're doing what's required of them. They listened to [Name of person] and tried their best to accommodate them. I feel they're working for the service-users, not the business. They're like a breath of fresh air." A third relative told us, "We feel they're very professional and customer-focused." The service was focussed on creating a person-centred culture.
- People and relatives told us they felt confident the registered manager was supportive and would help them. One relative told us, "I've rung the office at 9.30pm and got directly through, and at the weekend there's always somebody there." Other people and relatives told us they would have no problems speaking with the registered manager. One relative said, "The manager has stressed to [Name of person] that if there is anything they are not happy with, to let them know so that it can be put right. I'd ring straight away and feel they'd definitely listen." This helped create a positive and open culture that achieved good outcomes for people.
- People, relatives, staff and other professionals working with Sentimex Care were asked for their views and experiences. People received feedback on what actions the registered manager had taken in response to their views. This helped people feel included and empowered to share their experiences.
- Audits and checks were in place to help ensure people's care provided them with good outcomes. For example, checks were made to ensure staff stayed for the full duration of the care call and they arrived on time. This helped check people received the care they needed to achieve good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place to follow where things had gone wrong. Records showed the registered manager investigated any issue raised and provided a full explanation of their actions and apology to people where needed.
- Statutory notifications had been submitted to CQC as required. Notifications are changes, events or incidents that providers must tell us about. They are important as they help to show the provider is working in a transparent and open way.

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

- Systems were in place to check on the quality and safety of services. Regular checks were made to ensure staff followed infection prevention and control measures while they worked. Other checks were made to ensure medicines safety and that care plans and risk assessments were up to date. This helped to ensure the quality of services provided.
- There was a planned schedule of when meetings, audits and feedback exercises would be completed. Action plans for maintaining or improving the quality and safety of services were kept regularly reviewed and updated. This helped the provider maintain an overview of quality performance and risk management.
- Business contingency plans and improvement plans were in place. These included plans to ensure digital information was secure and further plans to develop electronic care planning. These plans helped to reduce risks within the business.

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

- Actions were taken to ensure people, their relatives and staff were engaged and involved. One person told us, "The manager came a couple of times after the start to check if I was happy." A relative told us, "The registered manager rings once a week for an update."
- Regular meetings were held with staff. These included welcome meetings to any new staff on the team and opportunities for staff to provide feedback on the service. One staff member told us, "All staff are given the opportunity to share their views as well as those that will improve the services to clients." Another staff member said, "Each time you have an issue they are very welcoming and create a conducive working environment for everyone. I look forward going to work and deliver my best to our service users."

Continuous learning and improving care

- People and relatives told us they were asked what could be done better. One relative told us, "After the first two months, [the registered manager] rang to see if there was anything that needed improving in relation to [Name of person's] care." This helped to ensure the quality and safety of care provided to people.
- The registered manager used feedback from people, relatives and staff to identify trends, improve care and identify learning. People were asked a range of questions about the quality and safety of the service they received. Their feedback was reviewed at regular management meetings and actions identified how to make people's experiences better. Where people were satisfied, the registered manager identified what had worked well so the service could understand how to continue to maintain quality care. This helped to show how the service looked to continuously learn and improve.

Working in partnership with others

- People and relatives felt Sentimex Care worked well in partnership with others. One relative told us, "When I asked the manager for urgent help they advised us what to do and they rang 111 for us. Someone came out to the house and resolved the safety problem. I think it's amazing that you can ring any time, and there's always someone there to help."
- The service worked well with other professionals involved in people's care. One social care professional told us, "I have found the managerial style of the registered manager to be top notch. They respond to issues well and run a smooth and efficient team. Their attitude is very professional, and they are very knowledgeable about their role and the issues that may occur with managing staff and providing care. I also like that they understand and know my client really well."
- The registered manager explored how further partnership working could benefit service users. For example, they were exploring how to obtain further specific training around the different aspects of end of life care and support from a local hospice provider. This showed the service looked to work in partnership with others for the benefit of staff and people using the service.