

Sentricare Limited

SentriCare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 16 June 2016 and was announced.

SentriCare provides personal care for people in their own home. There were 52 people using the service when we inspected and there was a registered manager in post. 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.

People told us they felt safe when staff came into their home and were protected from the risk of potential abuse. People had their individual risks looked at and had discussed how these could be reduced with plans in place to manage them. There were enough staff to ensure that people had their calls at the agreed time and the required number of staff. People who required support with their medicines were confident that the staff helped them in receiving the medicines when required.

Staff received regular training so their skills and knowledge reflected the needs of the people they cared for. Staff were supported with regular supervisions with the management team to reflect and discuss how their role and responsibilities were being met. Where people needed support with their meals they told us they were happy that staff came to them, offered a choice or provided the assistance needed to enjoy their meal.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People's consent was appropriately obtained by staff when caring for them and people who could not make decisions for themselves were supported by representatives or family members. People told us they got healthcare appointments as required to meet their needs.

People knew the staff and felt they provided a personalised service where time was spent chatting while providing care and getting to know them. People felt the care they had received met their needs. They were also supported in maintaining their dignity and encouraged to be involved in their care needs where able.

People's views and decisions they had made when planning or making changes to their care were listened to and recorded in care plans. People knew how to make a complaint and felt comfortable to do this should they needed to. People were provided with the information they needed should they wish to raise a complaint. People told us they felt that if they had raised any concerns they would be dealt with.

The registered manager was accessible and approachable. People, their family members and staff felt able to speak with the management team and provide feedback on the service. The management team had kept their knowledge current and they led by example. The provider ensured regular checks were completed to

monitor the quality of the care that people received and looked at where improvements may be needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People and relatives were happy that they received care that met their needs. People's received care met their needs, reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if

required.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

SentriCare

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 16 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Two inspectors carried out this inspection.

Before the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with six people who used the service and three relatives by telephone. We spoke with six care staff, one care co-ordinator, the deputy manager, the registered manager and the provider.

We looked at four records about people's care, computer records that monitored call times, complaint files, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People we spoke with said they were happy with how staff helped them stay safe at home. One person said, "They [staff] are welcome. It helps me stay safe at home". One relative said, "[Person] feels safe with the staff". Three people we spoke with said that staff were able to access their home and leave it secure when they left. All people we spoke with said that had no concerns about their safety with the staff that provided their care in their home.

Staff told us how they made sure people were kept safe from the risk of harm or abuse. Any concerns would be reported to the deputy manager or registered manager and felt assured these would be dealt with. Staff told us about situations that may mean someone was at risk of abuse. For example, if a person's changed their behaviour or shared concerns about their safety. Staff told us about how they accessed people's home and left the home as instructed or detailed in care plans. For example, ensuring the door was locked or the floor area was left clear and tidy.

People told us that staff supported them with certain aspects of their daily lives and that they were involved in writing assessment of their risk of harm. For example, cooking their meals or support with personal care. People and staff regularly reviewed these to ensure they remained current and showed the correct action to take. The provider had also considered and recorded any environmental risks to staff whilst they worked in people's home. Staff we spoke with told us they followed the guidance to make sure the person would be protected. Staff were aware of how to carry out care and support to ensure individual and environmental risks had been considered.

All people we spoke with told us that the correct number of staff arrived when they should and they were never concerned that a call would be missed. The registered manager told us they had enough staff to cover the number of calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. For example, all staff had the same training so they were able to meet all people's needs. Everyone we spoke with felt they had 24 hour contact details numbers if they needed advice or help when the office was not open. The contact phone line was covered by duty managers who were always available in the office.

Staff told us they were contacted by the office staff if there was a change to the rota. For example, if a person no longer required a call or if they were needed to cover staff sickness or staff absences. They felt the workload was flexible and there was always enough staff to cover the calls to meet people's needs. The agency used an electronic system which provided an alert if staff were late attending a call. The office staff were then able to speak to the staff or send another if needed. For example, staff running later.

Three people said the staff looked after their medicines for them. One person said, "they work with my pharmacy and GP to make sure my medicines are always here". Three people we spoke with managed their own medicines, however staff provided assistance and reminders when providing care. Staff had received training in medicines and had recorded where they had given or prompted a person to take their medicine. The registered manager had looked at people's medicine records monthly and where any gaps or concerns

had been noted the staff were supported with supervision and training.

Is the service effective?

Our findings

Three people we spoke with told us the staff knew how to look after them. One person said, "They know how to look after me". One family member that we spoke with said, "They understand his needs".

Staff told us they felt confident to deliver care that matched people's needs and their training helped them to do this. They also told us they were supported in their role with regular meetings and supervisions. One member of staff said, "They're good about our training". Another said, "Lots of topics that ensure we know about people's conditions". Staff also felt supported by their management team and they were available and able to talk to them.

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.

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded their care plans. Records showed the involvement of the person's wishes and needs.

All people we spoke with told us staff did what they wanted and felt the choices were listened to. One person said, "I have the same routine, but they [staff] will ask what I need doing". All staff we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes.

The registered manager was aware when a person needed support to make decisions. One person had received additional support from the registered manager and social services in supporting a person with a decision where they had not had the capacity to make it on their own as they needed additional funding to increase the number of staff for their support.

People who received support with their meals told us that staff were able to make meals they enjoyed or left something for them to eat later. One person said, "I choose the meal and they warm it up". Another person said "They make my breakfast and sandwiches for tea".

All staff we spoke told us that people were able to tell them the meals they liked and enjoyed. One staff member said, "For the main meals they tell us what they want and that's what we'll do". People were happy with their meals and how they were prepared.

People told us they felt supported their own additional health care needs. One person said that staff would help them arrange appointments if needed. Relatives told us that the agency responded well to any changes

with family member's health. The registered manager told us they offered support people to contact and follow up health visits and results. The registered manager said they had good working relationships and communication with district nurses in supporting people with any health needs.

Is the service caring?

Our findings

All people we spoke with, and three relatives all said that they got on well with their regular carers. One person told us that the staff were great and that "I know them well". One person said, "As it's a smaller agency I feel it's a more personal service".

People told us how staff found out about things that were important to them, and included their relatives in conversations. One person said that staff, "Ask how you are, chat away". One staff member said "You build up a good rapport as you go along".

One person and one relative said that there were occasional inconsistencies in the staff sent to provide care, for example, because regular carers were on annual leave, or ill, but that they were happy to raise these concerns directly with the registered manager who listened to their concerns.

Staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. One staff member told us that they were supported on their first few visits by going with a member of staff who was more familiar with the person. One member of staff said that there had been occasions when they needed to spend extra time with a person in order to provide support. One relative told us that "Staff are lovely and give my husband time and encouragement".

People we spoke were involved in their care and were able to tell staff the care they wanted or needed. One person said, "They are flexible when they are here". People also felt that where staff knew them very well, that they got into a routine that suited their preferences. People said when they had requested care calls the registered manager came and talked about their care needs and when they needed it. People told us they were happy that this was the care they received at the times agreed.

Three people we spoke with told us that staff encouraged them to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us that staff were respectful and kept their privacy and dignity. One person told us that they felt staff took into account their wish for privacy when they was wanted it and "I would say if I wanted something done a certain way to make me feel more comfortable". One relative said that staff were, "Friendly and discreet when they are here".

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted by staff who responded with kindness. People told us staff listened and responded to their choices and preferences and knew their preferred routines. One person said, "She's pretty good, knows what she's doing".

Staff were able to talk about the level of support people required, their health needs and the number of staff required to support them. All staff we spoke with told us they listened and responded to people's wishes on each call and how they liked their care provided. For example, how to approach them in their bedroom or how people liked things left at the end of a call.

People's needs were discussed regularly or when there were changes to a person's needs. The staff team said that any changes were notified to them and updated in the person's care plan. This included any appointments that had been attended and any follow up appointments and changes to medicines. Staff were provided with information about each person and information was recorded. Staff also confirmed that any immediate changes were sent thorough to them with a telephone call or text messages.

We looked at four people's care records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how much assistance a person needed with their personal care. All staff we spoke with knew about the information in the care plans we looked at and reflected the information recorded. People told us that their care was reviewed regularly by the provider, and people said that they would be happy to discuss any changes that they would like.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff to raise issue or concerns. One person said, "I have raised concerns. They listen and respond". Relatives told us they would be happy to approach staff to raise a complaint or concern and one relative said, "They listen to what I say and do something about it there and then if they can".

The registered manager said that while no formal complaints had been received they used a 'Grumbles Book' to capture and record people concerns and what action they took. For example, people had requested later call times, where staff had left a light on and out of date food not being disposed of. We saw action taken had looked at how the same incident could be prevented from occurring in the future. For example, providing staff with further training or support.

The provider had a formal complaints process in place and this had been included in people's paperwork when they first accessed the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond to and address any concerns.

Is the service well-led?

Our findings

People we spoke with told us they were supported by the registered manager and deputy manager that responded to their questions and visited them to ask for their views and opinions about the care received. All people who we spoke with were confident in the way the service was managed and were positive in their responses.

All people and relatives said that support was provided by a largely consistent staff team that they got to know and trust. People's comments included, "They are excellent, I've been with them yonks" and "They [staff] are welcome in my home". People also had access to a contact telephone number that they could use to access help or assistance at any time. These calls had been recorded and showed that this had worked well for people when used. For example, changing a call time or staff requesting advice to support people.

Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that they had worked with advice and guidance from district nurses and GP's. Three people told us that the office staff contacted them often to ask for their views on their care over the telephone. These had been recorded and we saw where people had made comments changes had been made. For example, one person had not been happy with the times the staff had been arriving on one of their calls. The records showed that the person's concerns had been addressed and resolved.

The registered manager had reviewed the care notes staff had completed when providing personal care to ensure the care provided matched the care plans. For example, they had checked that two staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package. We saw that one person now had additional support on calls which had been changed through review and support with the provider and local authority.

When staff were together in the office they were relaxed and friendly towards each other. When conversations were held about people who used the service conversation was appropriate. For example, the conversations were respectful and about people's health and well-being. One staff member said, "We are a good group [staff] that care about people". When the care coordinator spoke with people on the telephone they were kind and helpful, and provided assurance to people where required.

People and staff told us the provider, the registered manager and deputy manager were all approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "There is good support for me and the clients [people who used the service]". The registered manager told us that they had good support from the staffing team and the provider.

The management team undertook unannounced spot checks to review the quality of the service and observed the standard of care provided by staff. Staff told us they were frequently observed at a person's home to ensure they provided care in line with people's needs and satisfaction. The supervisor told us they wanted to ensure people received care that met their needs from staff who were trained and supported.

The registered manager and provider told us they kept their knowledge current by using external resources and training, best practice guidance and consultants for in house audits and policies and procedures. They had used this to make changes to ensure they and their staff were up to date with current ideas and changes in the care sector. The provider had set clear expectations and values for staff to follow. The provider told us, "It's truly about people first and foremost and we find the right staff with the right temperament". They felt this promoted good relationships with the staff and people who received care.