Sentinel Care Limited

Sentinel Care Services

Inspection report

Annex 1, Suite B, 2nd Floor Cornerstone House
13 Stafford Park
Telford
Shropshire
TF3 3AZ

Tel: 08451298157
Website: www.sentinelcareservices.co.uk

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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

Our inspection took place on 7 and 8 September and the 6 October 2016. We announced the inspection as the provider is a domiciliary care agency and we needed to be sure someone would be available. This was the locations first inspection under the new methodology. We last inspected this service on 30 January 2014 and found the provider was meeting the standards required.

Sentinel Care Services provides personal care to people living in their own homes. At the time of our inspection the service was supporting seventy seven people.

People were supported by staff who could recognise potential signs of abuse and were confident reporting concerns regarding people's safety. People were supported by sufficient numbers of staff who had been recruited safely. Risks to the health, safety and well-being of people were identified, managed and regularly reviewed. Staff had a good understanding of how care and support should be provided in order to keep people safe and were able to tell us about people's individual risks and how to manage them. Accidents and incidents were recorded and investigated and we saw the provider was using this information to ensure risks of re-occurrence were reduced. People received their medicines on time and as prescribed.

People and their relatives told us they mostly received their support calls on time and by consistent staff. Most people and their relatives told us they were informed if for any reason their call was going to be late, however a few people and relatives told us that this was not always the case. The provider had a system to monitor calls and action was taken where calls were late or missed.

People were supported by staff who had sufficient training to meet their needs. People consented to their care and support and people were supported by staff who understood the principles and application of the Mental Capacity Act. However, people's care records were not written in a way that reflected the decisions that should be made in people's best interests where they lacked capacity to do so themselves.

People received support with food and drink when required and their dietary and nutritional needs were identified and appropriately managed by the staff team. People had access to healthcare professionals when required and were supported to maintain their health.

People were supported by staff who were caring and treated people with kindness and respect. People and their relatives told us staff developed positive relationships with them. People were involved in making decisions about how their care and support was provided. Staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People and their relatives were involved in the assessment, planning and review of their care and support needs. People were supported by staff who had a good knowledge and understanding of their needs and preferences and were providing care and support in a way that respected them. . People and their relatives knew how to raise a concern or complaint and most people we spoke with told us that concerns and

complaints were acted on.

People and their relatives felt the service was well managed and the quality of the care was good. People, relatives and staff told us that the registered manager and the directors were approachable and supportive. Staff felt supported in their roles and understood their responsibilities. There was an open and honest culture within the service and people, relatives and staff were provided with opportunities to provide feedback. The registered manager had systems in place to monitor the quality and consistency of care and the information from these checks was being used to drive improvement.

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 were supported by staff who knew how to keep people safe. Risks to people were assessed and managed. There were sufficient staff to meet people's needs. People's care calls were being monitored and action was taken if calls were late or missed. People were supported by staff who were recruited safely. People received medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.
Staff were aware of the principles of the MCA. People received support from staff who had the skills to effectively meet people's needs. People received food and drink when required and their nutritional and dietary requirements were identified and appropriately managed. People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People received support from staff who treated them with kindness and respect and developed positive relationships with them. People were involved in making decisions about their care and support. People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning and review of their care. People were supported by a staff team who had a good understanding of people's needs and preferences. People and their relatives knew how to raise a concern or complaint and complaints were appropriately addressed.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff knew who the registered manager was and felt they were approachable and visible. People, relatives and staff had opportunities to give feedback. The provider had systems in place to monitor the quality and consistency of the service and this information was being used to drive improvements.

Sentinel Care Services

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 September and 6 October 2016 and was announced. We carried out a visit to the provider's office on the 6 October and carried out telephone interviews with people, relatives and staff on the 6 and 7 September. We gave the provider 48 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection team consisted of one 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.

As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. Before the inspection, the provider completed 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. We contacted a commissioner of the service and the local authority safeguarding team to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with twenty people who used the service, five relatives and ten members of staff. We also spoke with the registered manager who was supported by an operations manager, a quality control officer and an operations officer. We were also able to speak with the service director.

We reviewed records about how people received their care and how the service was managed. We looked at six people's care records and four staff records including recruitment checks. We also looked at records relating to the management of the service which included medicines administration procedures, accident and incident records, compliments and complaints and quality checks.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I do feel safe, the staff take care in all they do with me". Relatives we spoke with told us they felt their family member was safe. One relative said, "Staff are good, honest and trustworthy people, I have no concerns about honesty, my relative is quite safe in the hands of the carers". People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. Staff received training in keeping people safe, knew how to recognise signs of abuse and how to report it. Staff were aware of the providers whistle blowing policy and told us they would be confident to use it if they suspected mal practice. One staff member said, "Whistleblowing is about protecting people's welfare, I will always raise any issues concerning people's safety". We saw the provider had referred concerns about people's safety to the local authority safeguarding teams as appropriate.

Risks to people were assessed and managed. One staff member we spoke with told us, "We talk to people about risks and involve them in planning how to manage risks". Staff had a good understanding of people's risks and how to manage them and we saw risks were reviewed regularly. Accidents and incidents were recorded and investigated and information was being used to reduce the risk of re-occurrence. The provider had systems in place to ensure peoples risks were effectively managed to ensure their safety.

People told us they mostly received their care calls on time and mostly had consistent staff attending their calls. One person told us, "They are usually on time, give or take a few minutes and nearly always the same staff". Most people and relatives we spoke with told us that they were informed if staff were running late, however some told us they were not informed. One person said, "They are sometimes late, but the office doesn't call to tell me". Another person told us, "If they are running late I sometimes get a call but not always". There was a system in place to monitor calls and the registered manager told us all missed and late calls were investigated and action taken where appropriate. Records we looked at confirmed this.

People were supported by sufficient numbers of staff to meet their needs. One staff member told us, "We have a good ratio of staff, enough staff to meet the needs of the people". Staffing levels were based on the needs and numbers of people the service was delivering care to and there were appropriate systems in place to manage staff absence.

People were supported by staff who had been recruited safely. A staff member we spoke with told us, "The service would not let me start until I had two reference checks and a DBS completed". All staff we spoke with told us the provider sought at least two references and checks with the Disclosure and Barring Service (DBS) were completed before they began working at the service. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Records we looked at confirmed this.

People who required support to take medicines received their medicines on time and as prescribed. One person said, "The staff are really good and see to my tablets". Records we looked at confirmed people were given their medicines safely. People were given their medicines by a staff team who had received appropriate training and had been assessed as competent to administer medicines by a senior member of

staff. Spot checks were regularly carried out on staff to ensure they were giving people their medicines in a safe way and as prescribed. There were systems in place to check people had received their medicines safely and these systems were effective at identifying errors or concerns.

Good

Is the service effective?

Our findings

People were supported by staff who sought their consent to care and support. Staff were able to tell us the ways in which they gained people's permission to carry out care and support activities. One staff member said, "Before I carry out care I always ask people's permission and I explain what I am doing".

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. Staff had received MCA training and had an understanding of the principles and application of the MCA. One staff member told us, "You always assume someone has capacity until proven otherwise". They went on to tell us, "Just because someone lacks capacity doesn't mean they are unable to make some decisions for themselves". Staff were able to tell us the decisions that people could make for themselves and those that were made in their best interests. Where there is doubt about a person's ability to make a decision about something or give consent, a mental capacity assessment should be undertaken in line with the principles of the MCA. The provider confirmed that they were supporting two people who lacked the capacity to make decisions for themselves. They told us that where people lacked capacity this was assessed by the local authority. We found the provider was delivering care and support a way that was in the best interests of people. However, people's care plans did not record the decisions which had been taken in people's best interests when they lacked capacity to make decisions for themselves. We spoke with the registered manager about this who told us they would review people's care records and make the necessary improvements.

People received support from a staff team that had received suitable training to carry out their role .People and relatives we spoke with told us staff appeared to be well trained. One person said, "They are very careful how they get me in and out of the shower, they know what they are doing". A relative we spoke with told us, "Staff are very skilled. They are shadowed before they work alone, they don't just throw them in at the deep end". Staff received an induction to the role which consisted of training, shadowing more experienced staff and checks of their competency. One person said, "Supervisors come to check on the staff regularly". A relative we spoke with told us, "Staff are very skilled. They are shadowed before they work alone, they don't just throw them in at the deep end". Staff were encouraged to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff were supported to access ongoing training which they told us they found useful. One staff member said, "The training is good, there is always something new you learn, things change all the time in the care industry". Staff felt supported in their roles. One staff member told us, "I have access to help, support and resources when I need to". Staff told us they received support and one to one sessions with their manager to discuss their performance, training needs and any concerns they had.

People were happy with the support they had to eat and drink and were offered choices. One person said, "If I want a sandwich at lunchtime instead of something cooked the staff will prepare it for me". One relative

said, "[Person] tells the staff what she wants to eat and drink". People who required support to eat and drink were provided with the appropriate assistance at mealtimes. Staff told us they made sure people had access to food and drink in between calls. We saw specific dietary needs were identified and met. For example, people who lived with diabetes had their mealtime care calls at an appropriate time to enable them to manage their condition. Staff knew about people's specific dietary requirements and how to manage these effectively. People's care records contained information about people's specific dietary requirements. People received the support they required to make choices about what they ate and drank and their dietary requirements were catered for.

People were supported to maintain their health. Staff told us people's healthcare appointments were mostly managed by themselves or relatives. One person told us how they were supported to access a hospital appointment. They said, "I had to go to the hospital the other day, I called Sentinel and they sent me a member of staff who chaperoned me all day, this was extra than normal". Staff knew how to respond to a change in a person's health and well-being, for example contacting the emergency services if required. Staff told us they had good communication and access to other healthcare professionals such as local doctors and district nurses. People's care records contained details of their involvement with healthcare professionals. For example we saw people had input form occupational therapists and district nurses. We saw where actions which needed to be taken were recorded and were being completed. For example a district nurse had requested a person's fluid input and output needed monitoring on a daily basis. We saw this was being done. People had access to healthcare when they needed it and any changes in health or well-being were acted on.

Good

Is the service caring?

Our findings

People spoke positively about the staff and the care they received. People and their relatives told us staff were kind, caring and developed positive relationships with them. One person told us, "The staff always ask if I am alright, they really do care". Another person said, "I'm over the moon, I can't give them [staff] enough praise, they always have time for me". A relative we spoke with said, "They [Staff] are good hearted people, very kind and they have good relationships with us". Staff we spoke with told us the organisation provided a good standard of care to people and staff were willing to go 'the extra mile'. One staff member said, "The standard of care is excellent, people are well looked after and their needs and wishes are accounted for". The staff member told us how they were sensitive to people's needs. They gave us examples of how they provided good care and emotional support for people when they needed it. Another staff member said, "I like to give people company when they don't have it". A third staff member told us how they enjoyed talking to people, making them feel comfortable. They said, "The care is not just task-orientated or rushed". During the office visit we observed telephone conversations taking place between people and staff. We observed the registered manager having positive interactions with people checking people were ok and having a laugh and a joke with them. People were supported by staff who treated them with kindness and developed positive caring relationships with them.

People were involved in making day to day choices and decisions about the care they received. A relative said, "Staff give [person] choices about how they would like to be washed and dressed". Another said, "The staff provide what [person] wants and when they want it". Staff told us how they encouraged and supported people to make choices about the care and support they received. One staff member told us, "We ask people what they want, we provide choices, we always provide choices". Staff told us how they changed their communication methods where people had difficulties expressing their wishes verbally or were unsure about what they wanted. For example by using pictures, objects of reference or non-verbal cues. One staff member told us if someone was not sure what they would like to eat they would provide them with some options to choose from. We looked at people's care records and saw these contained details about people's communication needs and how they should be supported to make decisions about their care and support. For example, we saw one person's records contained details about the picture cards that should be used to support them to make choices. People were supported by staff who encouraged them to make decisions about their care and support.

People told us they were supported and cared for by a staff team that treated each person with dignity and respect and supported them to maintain their independence. One person told us, "I am treated with respect". A relative said, "[Person] has improved a great deal with the care they are getting, [person] can do a lot more now". Two relatives we spoke with told us staff encouraged people to do what they could for themselves. Staff were able to give us examples of how they respected people's privacy and dignity and encouraged people to be independent. One staff member told us how they promoted the person's independence by allowing them to carry out day to day chores such as cooking for themselves. The staff member explained how they would simply prompt the person as to what needed to be done next rather than taking over the task. People's care records contained information on the tasks people should be encouraged to do for themselves. For example where people were able to walk themselves their care

records documented the need to encourage people to walk. People were treated with dignity and respect and were encouraged to be independent.

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in the assessment and planning of their care. They also told us their care plans were regularly reviewed and took account of any changing care and support needs. One person said, "My care plan is reviewed and they do involve me". Another person told us, ""I can tell Sentinel if I want any changes to my care plan". Most relatives we spoke with told us they were involved in the development and review of their family members care plan. The registered manager said, "We discuss the care plans with people regularly and we invite relatives to attend. The provider was keen to maintain good communication with people and their relatives and communicated information in a way that people and their relatives preferred. The provider had started to use an IT system to enable three way communications between people, their relatives and the provider. The director told us five people currently using the service had this system installed. They told us how this had improved the quality of care, and communication and enabled people to maintain independence and control over their lives. This demonstrated the provider was developing innovative ways in which to improve communications and to be responsive to the individual needs of people.

Staff were able to prompt an earlier review of people's care if response to an identified change of need or risk. For example, a staff member we spoke with told us they had reported a change in a person's mobility which had prompted an early review of the person's care needs and the introduction of a hoist to transfer the person. This demonstrated changes to people's care and support were made in response to people's changing care needs. Staff told us they were kept up to date with any changes to a person's care needs or risk through the use of an electronic care records system which was accessible to them at all times. Staff were able to ensure they were providing the person with effective care and support that met the person's needs.

People were supported by staff who had a good knowledge about their needs and preferences. One person told us, "The staff I have know me and know what to do". Relatives we spoke with told us an assessment of their family member's needs was completed prior to a care package being implemented. They told us the assessment involved finding out about people's likes and dislikes. One relative told us, "Staff sit and chat to [person] this is quite important to [person]". Another relative said, "We specified no male carers and this has been taken into account". People were supported by consistent staff which enabled staff to get to know people and gain an understanding of how they preferred their care to be delivered. A newly recruited staff member said, "I am starting to get a feel for people's needs, preferences, wants and wishes already". Another staff member said, "You know people's routines, what people want and how they like things doing". Requests for changes to people's care calls were accommodated to ensure people had their calls at a preferred time.. For example we saw where people had a visit from a member of the church their care calls were arranged to ensure they could engage in religious events that were important to them. People's care records clearly detailed people's needs and preferences.

People and their relatives knew how to raise a concern or complaint and were confident that their concerns would be listened to and acted on. One relative said, "I don't have any complaints but I would know how to raise a complaint". People and their relatives told us they were asked for feedback about their care and

support during reviews and this provided them with an opportunity to raise concerns or complaints. One relative we spoke with told us, "Reviews are done frequently, anything that needs to change is changed and they check we are happy with the care". The registered manager told us, "We ask people and their relatives if they have any concerns or feedback during reviews, this gives us the opportunity to act on any issues quickly". Concerns or complaints were documented and addressed. For example one person told us how they had made a complaint regarding their call time. We saw a more suitable care call time had been arranged. This showed that people's complaints were listened to and addressed by the provider

Good

Is the service well-led?

Our findings

People and their relatives told us the service was well managed and they were happy with the quality of the care they received. One person said, "First class service". A relative we spoke with told us, "I have been very pleased with the service, if it were me I would want to see those happy faces". A staff member told us, "It is well managed, I have found the company to be absolutely fantastic".

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 2008 and associated Regulations about how the service is run.
People and their relatives knew who the registered manager was and felt they were approachable and visible. One relative said, "[Person] knows the registered manager and the director". Another relative said, "We have seen a lot of the registered manager". One staff member told us, "The registered manager comes out and cares for people; they would not expect you to do anything that they wouldn't do themselves". During the office visit we saw the registered manager had been out in the community completing visits with people. They told us how they liked to be a visible presence in the community with the aim of improving relationships and the quality of care .

Staff felt supported by the management team and the registered manager. One staff member said, "The registered manager and director always ask you how you are getting on and call you regularly to make sure you are ok and people are getting what they need". The provider had a system in place which rewarded staff for outstanding service to the people they supported. This showed staff were valued by the provider.

Staff told us there were good systems of communication within the team such as team meetings, internal memorandums and an IT system that helped staff to ensure they were providing appropriate care and support based on people's needs. One staff member said, "The communication is good here, both in the office and with the care teams".

The registered manager and the directors promoted an open culture within the team and involved staff in the development of the service. One staff member we spoke with said, "When we have our one to one's with managers we can give feedback on the service". Staff told us they felt the registered manager and director encouraged feedback, One staff member said, "There is an open door policy, we are told to go to raise any concerns". Most staff we spoke with told us they felt their concerns would be acted on. However some staff felt that there were continued concerns over the lack of travel time allocated between calls which had not been addressed. We spoke to the registered manager about this and they told us they were looking at ways to improve this. The registered manager said, "We will increase travel time if needed".

People and their relatives told us they were regularly asked for their feedback on the care provided during care reviews and most people and relatives told us if they raised concerns these were acted on. This was confirmed by the staff who we spoke with and the records we looked at.

There were systems in place to monitor the quality of the service. Regular checks on the quality and consistency of the service were carried out. For example, medication audits, care plan checks, spot checks on staff, analysis of feedback, comments, complaints and accidents and incidents. One staff member said, "The registered manager is out there checking that people are being cared for". Information from checks was analysed and used to drive improvement. Staff told us they were provided with feedback about the standard of care and any areas that required improvement. Quality checks were effective at identifying issues and action plans were developed to ensure the service continued to improve. For example, we saw a care plan audit had identified more detail was required in the daily logs and further staff training had been provided in order to improve this. The registered manager was supported by a quality control officer who had a good understanding of the improvements that were required to continue to develop the service, and there was an action plan in place to address these. The service had appropriate quality assurance systems which were effective at identifying and addressing issues.

The provider was aware of the events they are required to notify us about such as absence of a registered person and serious injuries. However the registered manager had been given misleading information from another external body with regards to the notification of allegations of abuse. Therefore we had not always been notified of such events. We discussed this issue with the registered manager who submitted the notifications to us immediately.