Mrs Carol Pullen

Sentinel Care

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

About the service:
Sentinel Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides one to one support to people 24 hours per day from live-in carers.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
People using the service were very positive about the care they received and told us that it was "excellent". People were supported by live in carers who knew them well, they also had a direct relationship with the provider who visited them regularly to ensure that they were happy with the service and check if there had been any change in people's care needs.

The live-in carers were all very experienced and had cared for each person for a long time. People and their relatives told us that they were confident in their live-in carers. People said they felt safe with the support they had and risks to people were managed. Medicines were managed safely which meant that people were receiving them on time and as prescribed. Where there were incidents or accidents people had been supported appropriately to reduce the risk of these re-occurring.

The live-in carers were not directly employed by the service but were introduced to people. People agreed their own terms and conditions with their live-in carers which enabled them to have control over their care and who provided it for them. Although the provider did not employ the live-in carers they had still completed the necessary checks to ensure that live-in carers were safe to support vulnerable people.

People told us that they were happy with the support they were provided with eating and drinking. If people became unwell they were supported to access appropriate healthcare. The live-in carers also helped people to manage their routine medical appointments and helped them to attend these were this was needed.

People were supported to have maximum choice and control of their lives and the live-in carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The live-in carers understood that people had the right to make their own choices even where these were not always considered as wise.

People were treated with respect and their privacy and dignity was protected. They were supported to remain independent and encouraged to keep active and mobile.

The live-in carers we spoke to were positive about the support they received and the management of the service. People and their relatives were also positive about how the service was run. The provider learnt lessons from any accidents and incidents and used this learning to make improvements to people's care.

Rating at last inspection:
At the previous inspection the service was rated Good (Published on 27 October 2016).

Why we inspected:
This inspection was a scheduled inspection based on the previous service rating.

Follow up:
We will continue to monitor the service and will visit again in the future to check that the service has maintained its standards of care.

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.

Sentinel Care

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats. It provides a service to older adults and younger disabled adults as well as people living with dementia.

The service was not required to have a manager registered with the Care Quality Commission. The service is run day to day by the provider. This means that the provider alone is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service a short period of notice of the inspection visit because we wanted to arrange to speak to people that use the service before visiting the office. Inspection site visit activity started on 28 May 2019 and ended on 4 June 2019. We visited the office location on 4 June 2019 to see the provider and to review care records and policies and procedures.

What we did:
Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in the report.

We spoke to one person who used the service and one relative. We also spoke to 3 live-in carers and the provider.

We visited the office and reviewed a range of records including one person's care and support plans as well as medicines management. We also reviewed records relating to the management of the service and policies and procedures. No new live-in carers had joined the service, so we did not review recruitment records. After the inspection we asked the provider to send us some further information relating to live-in carers training. This information was received in a timely manner.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
- People continued to be protected from the risk of abuse. The live-in carers knew how to identify and raise concerns if they were worried about anything.
- Live-in carers said that they would report any concerns to the provider and that they were confident that the provider would act on these concerns appropriately. There had been no concerns at the service.

Assessing risk, safety monitoring and management
- Risks to people continued to be assessed, monitored and managed. For example, live-in carers encouraged people to be more active to reduce risks to skin integrity.
- Where people had long term health conditions there was information in their care plans about this. For example, there was information on what symptoms the person displayed when they were unwell and what support they needed if this occurred.
- Where people were assessed as needing equipment and adaptations to help them remain safe, the live-in carers and the provider had ensured that this was in place.
- Risks from the environment were also identified such as hazards to live-in carers and people in and around the home.

Staffing and recruitment
- The service did not employ staff. The live-in carers and were registered members of Sentinel Care. The live-in cares continued to be employed by the people they supported and negotiated their own terms and conditions with the people who used the service. Live-in carers usually worked for 2 weeks and then another live-in carer took over for the next two weeks.
- The service managed the rota and ensured that there were enough live-in carers available to people to provide them with the support they required. People were supported by regular live-in carers. In the event of an emergency where a live-in carer needed to leave the live-in placement the provider was able to provide cover if no other live-in carers were available. One person told us, "The carers are reliable and there is always someone here."
- No new live-in carers had joined the service since the last inspection. At the last inspection we found that although the provider did not employ the live-in carers they had undertaken checks to ensure that the live-in carers they introduced were suitable to provide support to vulnerable people.

Using medicines safely
- People and their relatives were happy with the support received around medicines. One person said, "I always get my medicine when I should. I am happy, very happy with it."
- The provider had arranged for people's medicines to be delivered in blister packs to make administration

easier for the live-in carers. The provider visited people at home weekly to check that medicine administration records were complete and accurate and observe the live-in carers practice to ensure that care was being provided appropriately.

● There was information for live-in carers on what people's medicines were for and how they liked to be supported to take them. There was also information on how to store medicines and when to order them to ensure that people did not run out.

Preventing and controlling infection

● Live-in carers had access to equipment such as gloves and aprons when these were needed. People told us that the live-in carers used these as appropriate.

Learning lessons when things go wrong

● Incidents and accidents continued to be recorded by live-in carers and reviewed by the provider.

● Where Incidents and accidents had occurred, action had been taken as appropriate. For example, people had been supported to access aids and equipment to reduce the risk of falls.

Good

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

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

- People's needs had been assessed prior to them joining the service and used to develop a care plan which was shared with the live-in carers. Where people's needs had changed their support plan had been updated to reflect this.
- The assessment included what support people needed with all areas of their life including medicines, personal care, accessing the community and any needs relating to their protected characteristics under the Equalities Act 2010 such as needs relating to sexual identity and religious needs.
- The provider visited people on a weekly basis and discussed people's ongoing needs with them. Relatives told us that they were also involved in the assessments of people's needs. One relative said, "There is open dialogue, it's not too formal but we meet up and discuss any issues. It works extremely well."

Staff support: induction, training, skills and experience

- Live-in carers continued to have the skills they needed to support people safely. People and their relatives both told us that live-in carers had the experience they needed. One relative said, "They are very experienced, and they know what they are doing." Training completed by live-in carers included moving and handling, safeguarding and supporting people with dementia.
- Specialist training continued to be provided, as required, depending on the needs of people using the service. For example, when one person was using a feeding tube, live-in carers had received the training they needed to provide this support.
- There was an induction programme in place for when new live-in carers joined the service including a period of shadowing. However, no new live-in carers had started with the service since the last inspection and the existing live-in carers had been with the service for a long time.
- The provider met the live-in carers weekly to provide them with support and supervision. Live-in carers told us that they felt well supported by the service and that they continued to have an annual appraisal.

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

- Some people needed encouragement to drink and this support was provided. One person told us, "I am very well looked after and very well fed. They encourage me to drink."
- The live-in carers supported people to shop for food and cooked meals for people.
- No one using the service was at risk from choking or malnutrition.

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

- Some people were supported to manage their healthcare appointments and visit health service. One relative said, "If they are unwell they support [my relative] to go to the doctors." Live-in carers also arranged

for people to attend regular health screening sessions.
● Where people needed access to other health and social care professionals, this was provided. For example, people had been supported to access support from occupational therapists and the hearing clinic.
● If people needed to go to hospital the live-in carer would accompany them to ensure that hospital staff were aware of their needs. Live-in carers also told us that the provider visited people when they were in hospital.
● The live-in carers encourage people to do prescribed exercises where this was appropriate and to remain mobile and active.

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 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 with appropriate legal authority. No one being supported by the service was being deprived of their liberty.
● We checked whether the service was working within the principles of the MCA and found that they were. People using the service had the capacity to make decisions and choices for themselves and the live-in carers understood this and told us that they would discuss choices with people and give them time to decide what they wanted to do where this was needed. The live-in carers were aware that people had the right to make unwise decisions and told us that they would respect people's decisions even when they did not agree with them.

Good

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

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 told us that they were well treated by the live-in carers that supported them. People said, "I am happy with the service, other people don't get as good as care as me. I am universally happy. They [the live-in carers] are kind and I would say caring". One relative said, "We can be completely lost without them. They genuinely care."
- People had regular long-standing live-in carers who they developed relationships with and knew well. People also had a close relationship with the provider who they spoke about warmly.
- People using the service were asked if they wanted any support with their equality and diversity needs such as religion or culture. However, no one using the service wanted this support.
- Where people needed emotional support, this was provided. For example, where people were anxious about a health concern they were provided with appropriate levels of reassurance.

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

- No one using the service needed support to express themselves.
- People told us that they had plenty of opportunities to speak to the provider and the live-in carer about their care. One person told us, "[The provider] comes every Monday and checks that everything is okay, and I am happy." And, when they wanted a change to their support "I spoke to the provider and they sorted this straight away."

Respecting and promoting people's privacy, dignity and independence

- People told us that the live-in carers respected their privacy and dignity. One person said, "I am very well cared for and the live-in carers are respectful." Carers explained to us how they ensured that people's dignity was respected during personal care by ensuring that people were covered up as much as possible and by asking for their consent before undertaking tasks.
- People continued to be encouraged to maintain their independence and do things for themselves where possible. One relative told us, "The do encourage [my relative] to be independent where possible. They encourage them to go and do things and continue to go out and about." One person said, "They encourage me to keep moving and do things for myself."
- People's records continued to be kept securely at the providers office. People also had copies of their support plans in their homes so that they and the live-in carers could access these.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People using the service had care from a small team of live in carers who knew them very well. The live-in carers had all been with the service for a long time and had supported the same people during that time. The provider told us that it was important to ensure that live-in carers got on well with the person they were supporting as they lived in their home. People told us that they had a say and control over who provided them with support.
- People's care was personalised to their needs. Care plans were reviewed on an ongoing basis and were regularly updated when people's needs changed.
- People were supported to participate in the activities they chose. For example, one person was supported to go to a day centre and people were supported to go out and about when they wanted to do so. One person needed some support to maintain contact with their relatives and the live-in carers supported them to make telephone calls and write letters to do so.
- The service identified people's information and communication needs by assessing and documenting them. The live-in carers understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information shared with people was provided in clear plain English and was explained to them by the provider where this was needed.

Improving care quality in response to complaints or concerns

- There continued to be a complaints policy which people had a copy of.
- People told us that they knew how to complain but had no complaints. There had been no complaints since the last inspection. One person told us, "If there is anything I want to change its dealt with there and then."

End of life care and support

- People using the service all had support from family to plan for what would happen to them after they had died.
- No one using the service was receiving end of life care. However, the provider was aware of what people wishes were for the end of their life. For example, if people preferred to remain at home or access a hospice.
- Where people had previously been supported at the end of life they had received compassionate care and support which respected their wishes.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and inclusive culture at the service.
- The provider had a clear vision for the service which was based on having a direct personal relationship with people and live-in carers and ensuring that people and their live-in carers were well matched. People and live-in carers told us that the provider had a good relationship with them and met with them on a regular basis.
- People and their relatives were confident in the management of the service. One relative said, "[The provider] and the team are completely trustworthy. We can leave them to run themselves. They call if there are any problems at all."
- Where information needed to be shared with relatives they told us that it was.

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

- The provider regularly visited the live-in carers whilst they were working in people's homes and was able to observe the live-in carers practice to ensure that care was being delivered in line with the services policies.
- There were handover sessions when live-in carers switched over every two weeks. The provider regularly attended these meetings to keep up to date with events in people's lives that could impact on their care needs.
- The registered manager was aware of their responsibility to inform CQC about certain events such as safeguarding concerns and serious injuries.
- It is a requirement for services to display their CQC rating at the service. The rating was appropriately displayed.

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

- People and their live-in carers were engaged in the service through direct regular contact with the provider. People, relatives and the live-in carers all told us that they felt listened to.
- People were involved in leading their own care and set their own terms and conditions directly with the live-in carers who supported them.

Continuous learning and improving care; Working in partnership with others

- Where there had been incidents or accidents these had been reviewed and actions had been taken to

improve people's care such as accessing aids and equipment and updating people's care plans. This included learning from near misses where incidents had not happened but could have.

● The service worked in partnership with other services involved in people's care. For example, one person accessed a day centre. If the person felt under the weather but still wanted to attend the live-in carers would ensure that day centre staff were aware of this so that they could watch out for any concerns.

● Where people needed support from other services such as occupational therapy or district nurses they were supported to access this.