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Sensiway Care Services

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

Sensiway Care Services is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. Only 1 person was using the service at the time of the inspection and they were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The person was protected as recruitment checks were in place. The person received the support they needed as there was enough staff to provide care to them as planned and risks were managed, including for risks associated with infection and COVID-19.

The person was supported by trained staff and care records reflected the support they received. Systems and processes to assess and monitor the service were effectively operated, to enable continuous monitor and improve the service for the person.

The person's views were respected and acted upon. Complaints were addressed and feedback was sought from the person and their family, including involvement in decisions relating to their care. The provider ensured lessons were learnt from the improvements identified at the last inspection and a business contingency plan was in place.

The person was supported to keep safe as staff were trained on how to protect them from abuse and understood the procedure to follow to report concerns. Recent feedback from the person and their relative confirmed they found the staff caring and friendly.

Systems and processes supported the person's safety. . The person's needs were assessed and monitored on an ongoing basis. The person was supported by trained staff to take their medicines and access health care professionals when needed to support their well-being.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 2 September 2022) and there were breaches of regulation. Specific areas of regulation 12 and 17 and 19 were not being met at the last inspection and warning notices were issued. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and the warning notices had been met.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to good based on the findings of this inspection. This means the provider is no longer in special measures.

Follow up

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

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.

Sensiway Care Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 2 inspectors.

Service and service type

Sensiway Care Service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Derby and Derbyshire. The provider is responsible for supervising day to day management of the service and there is no additional requirement to have a registered manager. The provider 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 2 working days' notice of the inspection. This was because we needed to be sure that a member of the management team would be in the office to support the inspection. Inspection activity started on 10 January 2023 and ended on 20 January 2023. We visited the office location on 12 January 2023.

What we did before the inspection

We did not ask the provider to send us a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This included feedback from the local authority and notifications from the provider. A notification is information

about important events, which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection

We reviewed recent written feedback from the person using the service and their relative. We looked the person's care records to check that the care they received matched the information in their records. We reviewed all staff files to see how staff were recruited and looked at training records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We also received feedback from staff that worked at the service.

After the inspection

We spoke on the telephone with the relative of the person that used the service to get their views and to all of the staff team that supported the person.

Is the service safe?

Our findings

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

At our inspection published 2 September 2022 we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our inspection published 2 September 2022, people had not always been protected and had been exposed to risk of potential harm, as the required recruitment checks had not always been made on staff working at the service. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

Staffing and recruitment

- Improvements had been made and pre-employment checks were completed before staff worked with people. These included reference checks and criminal records checks. These checks helped the provider make informed decisions as to the suitability of staff.
- There were enough staff to meet people's needs. The provider had a contingency plan in place to ensure the continuity of the person's care should care staff not be able to work.
- The person received continuity in their care from their staff team. The relatives confirmed this saying, "My relative gets the same staff team and knows them all."

At our inspection published 2 September 2022, not all steps were taken to assess and reduce risks, including those for infection and medicines. Medicines were not managed safely. Infection prevention and control measures were not operated effectively. Staff did not have the competence to provide care safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

Using medicines safely: Preventing and controlling infection

- The staff supported the person with their prescribed medicines, The relative confirmed this was managed well and safely by staff who had received training in this area.
- Improvements had been made as medicine administration records showed that staff recorded when medicines were administered, or when appropriate, if medicines were not required or refused on the medicines administration record (MAR) charts.
- Audits of medicines management enabled the provider to identify any errors, investigate and take action as needed. This helped reduce the risk of recurrence. There had not been any medicines errors in recent months.

Assessing risk, safety monitoring and management

- Staff had been trained in infection prevention and control and had regular updates on COVID-19

management and how to work safely, including the use of personal protective equipment (PPE).

- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service.
- The person's health and support needs were assessed, and they received support that met their needs. Care plans were in place to guide staff and were regularly reviewed. Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- The relative confirmed they were happy with the support provided to their loved one.

Systems and processes to safeguard people from the risk of abuse;

- Systems were in place to protect people from abuse.
- The relative told us their loved one felt safe with the staff and said, "The staff do a good job and my relative likes all of the staff."
- Staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns to the provider and local authority. Staff were able to explain what whistleblowing meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Learning lessons when things go wrong

- The provider discussed with us how learning from the improvements identified at the last inspection had helped them to develop the service.
- A business contingency plan was now in place, to ensure management cover was sufficient if the provider was unavailable.

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.

At our inspection published 2 September 2022 we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our inspection published 2 September 2022, staff did not have the competence and skills to provide care safely. Staff had not received appropriate training, supervision and appraisal to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

Staff support: induction, training, skills and experience

- Improvements had been made in staff training, supervision and support.
- The person was supported by trained staff that were able to meet their needs effectively. Staff confirmed they received training and records seen confirmed that staff had completed most training relevant to the person's support needs. However, only 1 of the 3 staff employed had undertaken food hygiene training. This is needed as staff supported the person with meal preparation. The provider told us that all staff would complete this training soon.
- Staff told us they were supported to develop their knowledge and skills and felt very supported by the provider and confirmed they could contact the provider for support and guidance at any time, including out of hours. Staff confirmed they received regular communication on any updates or changes.

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

- The relative told us they felt staff were competent and knew how to support their relative safely.
- The person was supported to eat well and information about the support they needed was included within their care plan.

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

- An assessment had been completed regarding the person's health and care needs. This was kept under review and updated as needed.
- The person was supported by staff that understood the support they needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with health care professionals when needed to ensure the person's well-being was managed.
- The relative confirmed they felt reassured by the staff knowledge and understanding of their loved one's health care needs.

Supporting people to live healthier lives, access healthcare services and support.

- Staff were able to tell us about the person's health care needs and how they supported them. This included knowing when to contact emergency services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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

- The person using the service at the time of the inspection had the capacity to make their own decisions. A capacity assessment template was available to enable the provider to assess a person's capacity if this was needed.
- The staff team had received training and had a good understanding of the MCA.
- The relative told us the staff checked that their loved one consented to their care and treatment before providing it.

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.

At our inspection published 2 September 2022 we rated this key question requires improvement. At this inspection the rating has changed to 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

- The relative told us staff were respectful to their loved one and told us they had got to know the staff team individually and collectively and this has built up their confidence in them.
- The person's relative said, "The team have supported my relative's decision not to be bedbound and have backed their determination whilst making sure that they don't overdo it."
- Staff had received training in areas relating to equality and diversity to help reduce the risk of discrimination.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they supported the person to maintain their dignity, privacy and independence. One staff member told us, "If [person supported] has a phone call, I leave the room to give them privacy so I can't hear."
- Another member of staff told us how the person had been determined to regain their independence after being in hospital. They told us, "[Person] couldn't wait to get out of bed after being in hospital and with our help and the help of the physio they have achieved this."

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

- The person was involved in making decisions about their care. Their relative confirmed this, and we saw they had signed their care plan confirming they had read and agreed with it.
- Staff understood the importance of enabling people's choices in their care. One member of staff told us, "[Person supported] knows exactly how they like things doing and they take the lead. I'm there to support them."

Is the service responsive?

Our findings

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

At our inspection published 2 September 2022 we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person had choice and control about their care decisions. Their relative told us, "The staff work with my relative and have a very good relationship with them."
- The person was supported by a regular staff team that enabled them to provide personalised care to them.
- Care plans reflected the person's choices and decisions. Their interests and what was important to them had been discussed and recorded to help staff understand the person they cared for.

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.

- The person was able to communicate with the staff team. One member of staff told us that the person enjoyed quizzes and crosswords and would often discuss these with the staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The relative confirmed they and their loved one liked the staff who supported them. They told us, "The staff have a very friendly but professional approach."
- Staff were very respectful about the person they supported. One told us "I love working with [person], it's such a privilege to work them, I love my job." All staff told us they enjoyed spending time with the person they cared for and enjoyed talking with them.

Improving care quality in response to complaints or concerns

- The relative told us they knew how to make a complaint if needed and confirmed their loved one would tell them if there were any problems. Information on the provider's complaints process was provided to people.
- The provider kept records of any complaints and these showed they had been investigated appropriately and outcomes were recorded.

End of life care and support

- The person's preference and wishes for support upon reaching the end of their life was recorded in their care plan.
- The person received the right support as 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders and ReSPECT forms detailing recommendations about emergency treatment were in place at the person's home. This meant staff were able to promptly provide these to healthcare professionals in the event of the person's health deteriorating or a medical emergency.
- Staff had received end of life care training and had a good understanding of how to support the person.

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.

At our inspection published 2 September 2022 we rated this key question inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our inspection published 2 September 2022, systems and processes were not effective at identifying and reducing risk and assessing, monitoring and improving the service. Records were not accurate, complete and contemporaneous. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulation.

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

- The shortfalls found at the last inspection had been addressed by the provider and quality assurance systems and processes were in place, which enabled them to monitor the safety and quality of the service. Audits were undertaken to enable the provider to identify areas for improvement.
- Resources to run the service in the provider's absence were now in place. The provider had an effective contingency plan for when they were absent.

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

- The relative confirmed the care provided was person centred and told us, "The support has adapted to meet my relatives needs as they have changed."
- Staff understood their roles and responsibilities and told us they felt valued and supported. One member of staff said, "I love my job, it's a pleasure to come to work and I feel very supported."

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

- Surveys to collate feedback from the person and their relative were undertaken. As the feedback was positive no improvements were identified.
- The relative and the staff team told us that communication with the provider was good. The relative told us that the provider had good communication with the family and kept them informed of any changes in their relative's wellbeing.

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 was aware of, and there were systems in place to ensure compliance with duty of candour.

The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- The provider had acted on their duty of candour to a person following a complaint. This had been appropriately addressed and included the provider providing the person with an apology.

Continuous learning and improving care; Working in partnership with others

- Staff confirmed they received ongoing training that supported them in providing quality care to the person they supported.
- The provider worked with commissioners to ensure the service developed and people remained safe.