

Sentricare East Mids Limited

SentriCare East Mids Ltd

Inspection report

71-73 Osmaston Road
Derby
Derbyshire
DE1 2JH

Tel: 01332292292
Website: www.sentricare.org.uk

Date of inspection visit:
24 August 2016

Date of publication:
06 October 2016

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

Sentricare East Mids Ltd is registered as a domiciliary care service which provides personal care and support to people in their own homes. At the time of our inspection visit the agency supported 30 people with personal care and employed 25 care workers.

We visited the offices of Sentricare East Mids Ltd on 24 August 2016. We told the provider before the inspection visit we were coming so they could arrange for care workers to be available to talk with us .

The service had a registered manager. 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 felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

Care workers understood how to protect people from the risk of abuse and keep people safe. Care workers suitability and character was checked during the recruitment process to make sure they were suitable to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People said care workers arrived around the time expected and stayed long enough to complete the care people required. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care workers had the right skills to provide the care and support they required. Support records and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff,

returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from the risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed. There was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was caring.

People were supported by care workers who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to the management team if they needed to. Care workers felt able to raise any concerns with the management team. The management team provided good leadership and regularly reviewed the quality of service provided. The provider was actively involved in developing and improving the service.

SentriCare East Mids Ltd

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 was 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.

The inspection visit took place on 24 August 2016 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure care workers would be available to speak with us. The inspection was conducted by 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.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to 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 found the PIR reflected the service provided. We also contacted local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with seven people who used the service to gain their views on the care they received. During our inspection visit we spoke with three care workers, an operations manager and a director of the company. We reviewed five people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe with their care workers. One person told us "They look after you the best they can, it is a good service."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Care workers we spoke with had a good understanding of abuse and how to keep people safe. One care worker told us, "I had safeguarding training during my induction and we review the training every year." Care workers understood what constituted abusive behaviour and their responsibilities to report this to the management team. One care worker told us, "If I had any concerns, like unexplained bruising, I would record it and report it to the office." Records showed that when concerns had been raised with the registered manager this was then referred to the local safeguarding team. This showed that processes were followed to ensure the safety of people who used the service. The registered manager kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

The director told us, "We tell staff to always speak up if they have concerns; we encourage staff to be honest and to never cover things up." We spoke with care workers who told us they knew about the provider's whistleblowing policy and that they felt confident in using it. Whistleblowing is a process which allows people to raise concerns about misconduct within an organisation. A copy of the provider's whistleblowing policy was available in the reception area of the service as well as phone numbers for organisations care workers could contact if they had any concerns.

There was a procedure to identify and manage risks associated with people's care. Assessments of people's care needs were completed when they started to use the service and these identified any potential risks to providing their care and support. For example, some people needed equipment to move around safely. Information about what assistance the person needed was recorded in risk assessments which told staff what equipment was needed. Care workers told us that they were kept informed about any changes in people's needs by the management team and this information was recorded in the risk assessments. The provider told us that risk assessments were updated a minimum of every six months but if any risks changed they would be updated immediately. For example, care workers undertook checks of people's skin where they were at risk of skin damage. Care workers knew how to monitor people's skin to make sure it remained healthy. One care worker told us, "If I noticed any redness on someone's skin I would document it, complete a body map to show where the area of concern. I would report it to the office who would phone the district nurse." The care worker went on to explain that the risk assessment would then be updated with any actions recommended by the health professionals. Care records we looked at showed that this was happening.

There were enough staff employed to support people safely. People told us their care workers arrived at the time expected and stayed long enough to do everything that was required before they left. The operational manager and care co-ordinators responsible for scheduling calls, confirmed there were enough care workers to allocate all the calls people required. People said they received their care around the times expected. Care workers told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people

know they were running late. People confirmed this happened.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us, and records confirmed, they had to wait until their DBS and reference checks had been completed before they started working with people unsupervised in their own home. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds and criminal history.

People were supported to take their medicines safely, if required. Most people we spoke with administered their own medicines or their relatives helped them with this. One person told us, "My tablets are put out on time for me," this allowed them to take their medication at the times directed by their GP. This helped people to take their medicines safely because some had to be taken at specific times of the day or at set intervals.

Where care workers supported people to manage their medicines it was recorded in their support plan. Care workers told us, and records confirmed; they had received training to administer medicines safely which included checks on their competence. One member of care staff explained that after they had completed their medication training and checks they worked with a more experienced member of staff for a few shifts until they felt comfortable with giving the medicines. Another care worker told us, "I was shown how to give medicines safely during my induction and I completed training before I was allowed to do this."

Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care workers during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. By completing these checks the senior staff were able to monitor that medicines had been recorded as administered accurately. The director explained to us that if any errors were found this would be discussed with the member of staff and they would have their competencies reassessed. Following this if further training was necessary the member of staff would not be able to administer medicines until they had completed further training. The MARs we saw had all been completed correctly and had no errors.

Clear instructions were in place for medicines that were administered 'when required', such as pain relief. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Information was documented in people's care records about what the medication was and when it was to be used. This information corresponded to information on the person's MAR chart. We saw that when as required medication had been given it was recorded correctly.

Is the service effective?

Our findings

People said staff had undertaken training and knew how to provide the care and support they needed. One member of staff told us that they had received training to support people who have diabetes. They explained that this training enabled them to recognise signs that a person's blood sugar levels could be too low or too high and what they needed to do at these times.

Care workers told us they completed an induction before they supported people. Staff told us the induction included training which the provider considered essential in order to meet people's care and support needs. They also told us that they spent time with experienced members of staff to learn how to support people who used the service.

The induction training provided staff with the Care Certificate at the end of the programme. The Care Certificate is a recognised qualification, acknowledging staff have achieved fundamental skills and knowledge expected from staff working in a care environment.

Care workers told us they felt confident and suitably trained to effectively support people. Care workers comments included; "I've been given full support and training", and "The training is great. I have regular updates to refresh my knowledge and I can always ask my manager for extra training if I need it." Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults.

Care workers told us they were encouraged to complete a qualification in care and had training to support people's specific health needs for example how to support people with dementia. One care worker told us, "I completed my NVQ level 2 and I am working towards my level 3." They went on to explain that the knowledge gained from these qualifications helped them to provide a better level of care to the people they supported. An NVQ is a nationally recognised qualification which enables people to develop the skills and knowledge to provide a high level of care.

Care workers told us their knowledge and learning was monitored through one to one meetings with their manager and unannounced 'observation checks' on their practice. Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. A care worker told us, "We have regular spot checks they watch you work and handle medication. They give you feedback about your practice at the time and it's then discussed in supervision." The provider told us that during observation checks senior staff looked to see if care workers performed their duties according to the provider's policies and training. They checked if care workers were dressed appropriately and had their ID badge. They also checked care records and made sure care workers recorded what they had done accurately. They said during visits to people's homes they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice. The director explained that a care staff had a minimum of two unannounced observation's every 12 months but if a concern was raised this was increased. The director gave an example that it had been reported that a

member of staff was not wearing appropriate footwear so the following day the registered manager had completed an unannounced observation to investigate this complaint.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. They told us there was no one using the service at the time of our inspection visit that lacked capacity to make their own decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example, how they managed their finances. These people all had somebody who could support them to make these decisions in their best interest, for example a relative. At the time of our inspection visit no one using the service had a DoLS in place.

People told us care workers asked for their consent before they provided care. Care workers had completed training in MCA and knew they could only provide care and support to people who had given their consent, or if they did not have capacity to give consent it was agreed that it was in the person's best interest. We asked care workers what the MCA meant, a care worker told us "It's about capacity to make decisions; everyone has this unless proven otherwise." Care workers said everyone they supported could make everyday decisions for themselves. In people's care records it was documented what decisions people could make for themselves and when decisions were made in people's best interest.

Staff told us relatives provided all the meals and drinks for people they supported. However one person required their nutrition to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing food substitute, fluids and medicines directly into the stomach, if people are unable to eat and drink orally. Care workers we spoke with knew how to administer food substitute through the PEG and said they had received training so they could do this safely and that care records included detailed instructions that they could refer to. One care worker told us, "I've had training and shadowed another worker so I am now confident to change the feed." Records confirmed that the person received the correct amount of nutrition each day.

Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. One care worker told us, "One person is at risk of losing weight. I fill in a nutritional chart and I offer them smaller meals which they are more likely to eat and I encourage them to drink." Records showed that this was following guidance of health professionals who were also supporting this person.

Most people we spoke with managed their own health care appointments, however told us that staff were available to support them with this if needed. One person told us "Staff support me if I need to make external agency appointments." Care workers said they would phone a GP and district nurse if they needed to, but usually family members preferred to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions where needed and had access to health professionals when required. Care records contained showed that information and guidance from other

health professionals was included in the person's support records, so that care workers were aware.

One person was recorded as having a neurodegenerative disorder and had a specialist sleep system which enabled muscles to relax in a comfortable and supported way. Information from an occupational therapist was included in the care records detailing how to arrange the sleep system which would "make breathing easier and provide a better quality of sleep." This information included diagrams for care staff to follow which told them how to position the sheets and pillows.

Is the service caring?

Our findings

People told us care workers were kind and treated them with respect. Comments included; "They are always polite and smiling, " and, "They go above and beyond." The provider's operation manager told us that during unannounced observations they observed how care workers spoke to people to ensure they were polite and treated people respectfully.

We were told care workers made sure people's privacy and dignity was respected. Care workers told us how they upheld people's privacy and dignity. Comments included; "I make sure I am providing care how I would want to receive it; as I do things I always check that people are happy with what I am doing," "It's simple things like making sure there are towels when you are helping someone to shower so they're not waiting when you go to get one," and "I always knock on the door and ask permission to come in."

Care workers confirmed they were allocated regular calls to the same people. One care worker told us, "For [Name] it's just me and another main carer, we try and cover each other for holidays. This helps [Name] because they become worried if they don't have familiar carers." Continuity of staff helped care workers to have a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. One care worker explained if they supported a person they didn't know, for example, when covering other staff members rota due to sickness, the registered manager provided them with verbal information about the person. They also read the person's care records to gain further information. We looked at the call schedules for four people who used the service and four care workers. These showed people were allocated regular care workers where possible.

We asked people if they were supported to maintain their independence and they confirmed they were. One person told us "If it weren't for the care staff I couldn't get things done," and another person said that since being supported by the service there was a "Definite improvement on my life, I would be bed-ridden (without their help)." Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. A care worker told us, "I will encourage people to do what they can for themselves, this could be cleaning their own face with a flannel or choosing the clothes they want to wear." One person told us "Life would be extremely difficult without SentriCare, my independence is a major factor and their reliability is important."

People said they were involved in making decisions about their care and were able to ask care workers what they wanted. People said they had been involved and consulted when their care was put in place, and information from the provider's quality assurance questionnaire confirmed people were involved in reviews about their care.

People were supported to practice the faith of their choice. In the initial assessment when a person began to use the service it was documented if a person had any cultural or religious needs. This was then included in care records with a summary of the beliefs as well as any dietary requirements.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. One person said "They are far and away the best agency, I'm very, very happy. Sentricare go along with what the customer wants." On Sentricare East Mids Ltd website they describe themselves as a "multicultural service for people in Derby and the surrounding areas." The director explained one way that they offered a multicultural service was that they had employed people who spoke a range of languages which included English, Urdu and Farsi. This enabled people to communicate in their preferred language and ensured that they could communicate effectively. The director went on to say "It is important people have carers who speak their first language, if they can't tell us what they need how can we support them properly?" Care records were provided to people in their chosen language and in large print for people who had poor eyesight. This helped people who used the service to be involved in planning and reviewing their care.

Care workers we spoke with had good understanding of people's care and support needs. A care worker told us, "I have time to read care records and sit and talk with people; that lets me know what they need and what they like." Another member of staff said, "We know about clients because we have time to read care records and they are always up to date." Care workers told us they referred any changes to people's care and support needs to the office staff or the management team, and records were reviewed and updated quickly so they had the required information to continue to meet people's needs.

We looked at five care records. Care records provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. The records we viewed had been reviewed and updated as needed.

We looked at how complaints were managed by the provider. People said they would raise any concerns with the management team in the office. Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in the folder in people's homes. It tells them how they can make a complaint." Records showed that when people had contacted the office to raise minor concerns these had been recorded and resolved to their satisfaction. Records showed complaints received had been recorded and investigated in a timely manner. One complaint received by the service was from a person who used the service who was not happy with how two members of care worked together. This was investigated by the registered manager and the provider's disciplinary policy was followed. The outcome was communicated to the person who raised the complaint who was satisfied with the outcome. The registered manager recorded all complaints to identify if any themes developed. The director told us that no themes had been identified with complaints however if this did occur then additional training would be considered for all staff.

Is the service well-led?

Our findings

People said they were happy with the service they received, comments included, "I feel listened to by Sentricare," and "I can speak directly to the registered manager."

The service has a registered manager. Care workers told us they felt supported by the management team. One care worker told us, "I have worked for a number of years and I have always been well supported by my managers. It is a good place to work." Care workers said they could contact or visit the office at any time to discuss any issues. During our inspection visit we observed staff came into the office and phoned the office staff or provider during the day. One member of care staff contacted the office because they had identified that a person was eating less than usual. The office staff informed the care worker that this information had been recorded by another care worker and it had been referred to the person's GP for further guidance. This effective communication enabled the service to be responsive to the person's changing needs and reassured the care staff that the person was receiving access to healthcare services that they required.

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. Care workers said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. One care worker told us, "I have supported the same people for quite a long time. I get to know them and build up a relationship with them." Care workers said they enjoyed working for the agency and that it was managed well. None of the care workers we spoke with could think of anything that could be improved and said the service worked well. Comments included, "I really enjoy my job." Another care worker said, "I love working at Sentricare, the managers are friendly and supportive."

During our inspection visit we heard customers phoning the office staff. The director told us "We encourage customers to contact us with any queries or concerns about their service. Each person has a service user agreement which outlines what they should expect, how to contact us, how to complain should that be necessary and who else they can talk to about their services." They went on to explain people who used the service were regularly consulted and had an annual quality assurance questionnaire which gives them the opportunity to provide feedback about the service.

We viewed the most recent questionnaires which provided positive feedback about the care people received and how the service was managed. The majority of the feedback described the service as "good" or "very good." Comments written on the questionnaires included "[Sentricare East Mids Ltd is] Very good. I don't know what we would do if [Care worker's name] didn't support me." One of the completed questionnaires included a comment about staff acting unprofessionally. The director explained that following this feedback the registered manager spoke with each member of staff in their one to one meetings to remind them about conducting themselves professionally. No further complaint was received following this action.

Care workers said they did not have group staff meetings but they thought that information was shared effectively by the management team and they did not think that having a meeting would improve this.

Overall, the registered manager understood their responsibilities and the requirements of their registration. For example they mostly knew what statutory notifications they were required to submit to us and had completed the PIR which are required by Regulations. However during our inspection visit we identified two incidents which had not been reported to CQC. These were brought to the attention of the provider who arranged for them to be completed immediately. The registered manager had referred both incidents to the local safeguarding authority and to the commissioner of the service. Records showed that the commissioner and the safeguarding authority were both satisfied with the actions that the provider had taken and that there was no risk to the people using the service.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The provider told us, "Myself and the other director are very involved in the running of the service with the registered manager. We work as a team to make sure everything works smoothly. We all bring different strengths which work well together." We found the registered manager played an active role in quality assurance and ensured the service continuously improved. The director explained that in the past 12 months they had increased the amount of training provided for care staff, this included offering training more regularly which gave more people opportunities to attend and also offering a wider range of training which included dementia awareness and effective communication. The director informed us that they have recruited staff for in the office whose responsibilities include developing their I.T systems and recruitment processes.

Care and medication records were regularly audited by the registered manager to make sure people received their medicines as prescribed and care was delivered as outlined in their care records. Audits had not identified any errors. The director stated that if the audits identified any errors then an action plan would be created and each action would be assigned to a person to complete within a specific time frame. They said they would monitor these to ensure they were completed.

The provider told us the service was continuously looking at ways to improve and they were currently looking at an electronic application that care workers could access via their smart phones. This would enable rotas to be sent directly to the care worker, and would also enable them to be informed of any changes to the rotas immediately. The provider also showed us that they were developing a new section to their website which was accessible to the staff team. Each staff member would be able to access all of the organisation's policies and guidance as well as being able to access computer based training. The provider explained that they hoped this would help staff to feel more in control of their personal training and development. The provider went on to say that core training which they considered mandatory would continue to be arranged for staff however staff would be able to access additional training and refresher courses at times when it was relevant to them.