

Sentinel Homecare Limited

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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

Sentinel homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to mainly older adults but also some younger disabled adults. At the time of the inspection, care and support was being delivered to 146 people.

The inspection took place between the 20 and 28 June 2018 and was announced.

At the last inspection in June 2017 we rated the provider as requires improvement. We had concluded that improvements had been made since the previous inspection in 2016 but some issues remained with the accuracy and completeness of documentation. We found one breach of regulation relating to good governance.

At this inspection we found further improvements had been made and the service was no longer in breach of any regulations. Feedback from people about the quality of the service was good. The service was committed to continuous improvement of the service and took feedback and complaints seriously. Because of this we rated the service good across all domains.

A registered manager was in place. 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 told us they felt safe and secure using the service. Safeguarding issues were taken seriously by the service and appropriately reported and acted on. Risks to people's health and safety were assessed and mitigated.

There were enough staff deployed to ensure people received a timely and consistent service. People said staff usually arrived on time and did not miss calls. Staff were recruited safely to help ensure they were suitable to work with vulnerable people.

Overall medicines were managed safely. Clear records were maintained of the support people were provided with. Some medicine care plans needed updating to ensure they reflected people's current support needs.

Staff received a range of appropriate training relevant to their role. Support mechanisms were in place which included regular supervision and appraisal. Improvements had been made to staff rotas to ensure people received a higher level of continuity with regards to care workers.

People's nutritional needs were assessed and plans of care put in place to meet those needs.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's consent was sought before care and support was delivered.

People's care needs were assessed and plans of care put in place for staff to follow. The service worked with external health professionals to help meet people's needs.

People said staff treated them with kindness and compassion. People said they usually received care from the same care workers who they had become familiar with.

The service planned care and support around maintaining and promoting people's independence.

People's views and opinions were regularly sought by the service and used to make improvements to the service. These included taking complaints and comments seriously and using them to improve working practices.

The service had a comprehensive governance framework in place which included regular auditing and checking of how the service was operating. Findings from audits and checks were used to make further improvements to the service.

The service accessed best practice guidance to inform policies and procedures and help ensure a consistent and high standard quality 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.

People said they felt safe and comfortable in the company of Sentinel staff. Safeguarding procedures were in place and we saw they had been followed. Risks to people's health and safety were assessed and mitigated.

Overall medicines were managed safely with clear documentation maintained of the support people had been provided with.

Staff were recruited safely. There were enough staff deployed in the right places to ensure a consistent and reliable service.

Is the service effective?

Good ●

The service was effective.

People said care was effective and met their needs. The service used best practice guidance to inform working practices. Staff received a range of training and support to enable them to do their role.

Where required, the service worked with health professionals to meet people's individual needs.

People's consent was sought before care and support was provided.

Is the service caring?

Good ●

The service was caring.

People said care workers were kind and caring and treated them well. People said overall there was a good level of continuity with consistent care workers.

People's views and opinions were sought and listened to by the service. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and plans of care put in place for staff to follow. People praised the standard of care received.

Overall people received calls at appropriate times that met their individual needs. Where issues were identified, these were resolved by the management team.

People were encouraged to provide feedback and raise complaints. These were taken seriously and responded to appropriately.

Is the service well-led?

The service was well led.

Sufficient management resources were available to ensure people's needs were met. People and relatives spoke positively about how the service was run.

The service was committed to improvement and had significantly improved over the last two years. Systems to assess, monitor and improve the service were in place.

People's feedback was regularly sought, valued and used to make improvements to the service.

Good ●

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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.

The inspection was announced. We gave the service a few days' notice of the inspection site visit. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 20 and 28 June 2018. On 26 June 2018 we visited the provider's office to review care records and policies and procedures. Between 20 June and 28 June 2018, we made phone calls to people who used the service and staff.

The inspection team consisted of two inspectors, an assistant 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. The expert-by experience had experience of homecare services.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. 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. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with 17 people who used the service and one relative. We spoke with 10 care workers, two auditors who also worked as care workers, a care co-ordinator, the quality assurance manager, the deputy manager and the registered manager. We reviewed eight people's care records and other records relating to the management of the service such as training records, rotas and audits.

Is the service safe?

Our findings

People we spoke with all said they felt safe using the service. They said they felt particularly safe as they usually knew the staff well who delivered their care. People said if they had any concerns they would call office staff. One person said, "I feel safe as I know the carers well." Another person said, "I feel so much safer at home as I know they are coming in." A third person said, "Feel very safe that they come and see me."

Staff we spoke with understood safeguarding procedures, said they thought people were safe using the service and had no concerns over people's care and welfare. Safeguarding and whistleblowing policies were in place to support staff with raising concerns. We saw appropriate safeguarding referrals and notification to the Care Quality Commission (CQC) had been made following any concerns. Clear actions were put in place following incidents to help keep people safe and where appropriate, staff disciplinary procedures had been followed.

Risks to people's health and safety were assessed. Risk assessment documents were in place. These were completed when a person first started using the service and then updated periodically. Documents demonstrated the service assessed risks associated with people's care including their living environment, manual handling, skin integrity and nutrition. Systems were in place for staff to report any concerns about people's care to management. We saw evidence care plans and risk assessments were updated following changes in people's needs to help staff consistently provide safe care.

Incidents and accidents were logged and investigated to ensure improvements were made to the safety of the service. These were analysed each month to look for any themes or trends. We saw evidence that when things had gone wrong, the service had taken action to fully investigate incidents and complaints, liaising closely with people and/or their relatives.

Overall, we found medicines were managed safely. Following the last inspection, a number of improvements had been put in place which meant there was now a complete record of the medicine support staff provided to each person. Staff received training in medicines management and their competency to give medicines was periodically assessed. Most care plans contained information on the medicines each person was prescribed, how to give them and the time of day they were required. However, we found one persons' medication care plan was not fully up to date with details of their current medication. For example, the records stated they were prescribed a topical medicine which needed to be applied but there was no record of staff administering it. Staff clarified that this cream was no longer required. The management team said they would ensure the care plan was updated.

Staff support with medicines was documented on a medicine administration record (MAR) which included the time of the administration. Most people's medicines were administered from dossett boxes. Details of the components of the dossett box were attached to each individual MAR to provide a complete record of the support provided to people. Where people were prescribed time critical medicines, we saw arrangements were in place to ensure an appropriate gap between care visits. Overall, arrangements were in place to ensure topical medicines such as creams were given safely. Body maps were in place instructing

staff on where to apply creams and administration was recorded on MAR charts.

The provider employed enough staff to meet people's needs. People said they received a consistent and reliable service which provided assurance staff were deployed in the right places at the right times. Two weeks before our inspection they had introduced a new two week rolling rota system. The feedback from people and staff was that this new system had further improved the consistency of visits and staff found it was a fairer and clearer way of allocating visits. One staff member said, "Recently it's been a lot better since they implemented a permanent rota." We looked at the new rota and found the visit runs were well planned and included travel time to ensure consistent visit times. Analysis was completed each month on the staff hours available and care hours to deliver each month to ensure the service had capacity to deliver calls. Analysis showed there was consistently capacity. We saw rota audits took place to check they were realistic, particularly following any concerns or complaints about call timeliness. These helped ensure the service responded to any concerns about staff deployment

The provider operated thorough recruitment and selection procedures to ensure they only recruited people who were suitable to work with vulnerable people. We saw required checks were carried out before new staff started work. These included interviews and checks on applicants' employment history, references, eligibility to work and criminal record checks. The deputy manager told us recruitment was continuous to ensure they always had sufficient staff to deliver safe care.

Emergency procedures were in place. Staff could describe what they would do in the event of an emergency. Staff said the on-call phone was always answered so they were always able to access management support when required.

Staff said they had access to supplies of personal protective equipment such as gloves. Staff received training in infection prevention and management regularly checked staff were adhering to the required standards.

Is the service effective?

Our findings

People said effective care was provided that met their individual needs. People's care needs were assessed prior to using the service. The registered manager explained the service thought carefully before accepting care packages from the local authority to ensure the quality of care to other people was not impacted. We saw evidence the service utilised best practice guidance to inform policies and working practices. For example; NHS safeguarding advice and National Institute of Health and Care Excellence (NICE) guidance around medicines, domestic abuse and nutrition and hydration had been used to develop local policies and care assessments to improve the effectiveness of care.

People told us staff were appropriately trained and their specific needs were met by the service. A relative said, "Training seems consistent as the staff are good." People also said there was usually continuity in the care workers that visited them. One person said, "I have the same care team which is lovely." Another person said, "Having the same team of staff is helpful." We saw rotas had been redesigned following recent complaints, to improve continuity. Feedback from staff was that this had been successful.

Staff said they received appropriate training needed to care for people who used the service. Staff completed an ongoing training programme which provided them with the skills to deliver effective care. New staff had to complete a comprehensive induction programme where their knowledge, suitability and competency was regularly assessed. This ensured the provider could ensure anyone who was not suitable to work for their organisation did not progress to a permanent job role. Staff who were new to care were supported to undertake the Care Certificate. This is a nationally recognised training programme designed to give staff new to care the knowledge and skills they need to deliver safe and effective care. We looked at training records. These showed staff received a range of training updates in topics which included safeguarding, Mental Capacity Act, Dementia, medicines management and record keeping. Records showed training was kept up-to-date. A policy of the month was discussed at each team meeting to remind staff of working practices and refresh knowledge.

The provider operated a structured probation, supervision and appraisal system. This meant staff could discuss their responsibilities and development needs. Staff said they felt well supported by the management team.

People said they were supported appropriately to eat and drink by the service. People said they were given choices by staff. For example, one person said, "I'm always asked what I would like to eat or drink." Staff had received training in food hygiene to help support them to prepare food hygienically. Any nutritional risks were assessed when people started using the service and guidance followed to help reduce the risk.

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 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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no applications had needed to be made.

The service assessed people's capacity to make decisions relating to their care when they started using the service. People's consent to care and support was gained and recorded. We saw evidence in daily records that people were asked to make choices and any refusals were respected. People said staff supported them to make their own decisions regarding their care and support.

People's healthcare needs were assessed by the service and plans of care put in place to support staff to deliver appropriate care. Where people had specific health conditions we saw some detailed personalised information to help ensure risks relating to these conditions were reduced. For example, we saw specific information relating to the position of one persons' bed to ensure this was not changed due to risks associated with their health condition. We saw examples of the service working with a range of healthcare professionals including district nurses and occupational therapists to meet people's individual needs. Case studies had been recorded which showed this had resulted in positive outcomes for people.

Is the service caring?

Our findings

People consistently told us the care staff who visited them were all very kind and caring. They said staff asked about their welfare and asked what they would like help and support with. Comments included; "Very caring staff, cannot do enough for me", "Staff respect me and my home", "Really caring staff", "Very nice, warm carers", "Wonderful care staff" and "They really do care."

We saw examples of staff going above and beyond. For example, during bad weather staff went to the shop to ensure people had supplies in and changed their working hours to support people to attend hospital appointments. This showed staff cared about the people they were supported.

Overall, most people said they were happy with the level of staff continuity and said they were cared for by familiar faces. This helped ensure the development of good relationships between people and staff. One person said, "I have the same staff which is great." A staff member however said, "Sentinel do try to get the same carers in but they don't always manage to do that." We saw a new rota had been recently introduced to further improve continuity and ensure staff were based on consistent runs.

When people started using the service, information on their past lives and preferences was sought and included in the risk assessment document. This helped staff to deliver care in line with people's individual needs and requirements.

Care plans focused on maintaining people's independence and allowing them to do things for themselves. We saw some positive examples of care records encouraging staff to ensure people maintained their independence. For example, one person's care records stated 'offer to help [person's name] to wash and dress whilst sat on the bed. The bowl can be found in the kitchen on top of the fridge. [Person's name] is a proud, independent [person] who likes to do [person's] own personal care, please allow [person] time to do this.' People confirmed the service helped them be independent.

People consistently said they were treated with dignity and respect by staff. They said staff were respectful of their home and belongings. Staff were able to give positive examples of how they ensured people were treated fairly and respectfully; for example, closing curtains when delivering personal care. People said they felt listened to by staff and the office. One person said, "Staff and office staff listen to my needs" and another person said, "Staff and office staff always listen to me and try and help me." People said that overall, they were informed by the office if staff were going to be late. We saw arrangements were in place to ensure this was done with a dedicated telephone line in place for staff to report timeliness issues to management. A person said, "On call always let me know if there is a problem." This demonstrated people were respected.

People and relatives said they felt involved in decisions relating to their care. A person said, "The staff encourage me to make decisions." A relative said, "Care planning was good, I could give my views." People's views were sought and acted on by the service. There were various mechanisms used to ensure this took place. People's feedback was gained through spot checks on staff, regular care reviews, questionnaires and telephone surveys. A quality assurance officer was in post whose role was to gain people's views and resolve

any complaints. We saw evidence people's feedback was used to make positive changes to care and support, such as changing call times following feedback. This showed people's views were respected and acted on.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found no evidence people were discriminated against. The service asked about people's needs on admission and planned care and support around these needs. For example, if people were from a particular culture, they tried to match staff from that culture where possible. Some people spoke south Asian languages and there were staff available who also spoke those languages.

Is the service responsive?

Our findings

People told us Sentinel homecare was responsive to their needs. They said that care was good and met their individual needs. They said they were given choices in relation to how care and support was delivered.

People's needs were assessed prior to admission and a support plan agreed to ensure staff could provide the required care. We saw these provided step by step instructions to staff on the care and support to provide. These contained information on people's care needs and personal preferences, although we found some would benefit from more person-centred detail about people's likes, dislikes and preferences.

Support plans were subject to regular review. For example, we saw these took place following audits of documentation, spot checks and reviews with the person and their family. People said they felt involved in their plans of care through these regular reviews. This enabled care plans to be responsive to people's changing needs.

We reviewed the times people received calls. Most people said staff were on time although some people said that staff were on occasions late. We reviewed records and found overall, most people received calls at roughly the same time each day with some minor variation. We did note some staff were not consistently staying with people for the full call time. However, this was regularly analysed by the management team and the reasons explored. We saw call times had been reduced if people did not require the full call length and staff had also been told to stop rushing if this was concluded to be the case.

The management had attended training in the Accessible Information Standard. People's communication needs were assessed prior to using the service to determine whether any adjustments were required. Where people's eyesight was deteriorating, the service made documents available in a larger format to help ensure information was effectively communicated.

A system was in place to record, investigate and respond to complaints. People said they were overall satisfied with the service. They told us they found the office helpful and any issues and complaints were dealt with. One person said, "Any issues are dealt with" and another person said, "Any complaints are dealt with, I just call the office." A dedicated staff member was assigned to log, investigate and respond to complaints. This ensured resources were always available to deal with complaints.

A positive feature of the service was that all issues were recorded in an open and transparent manner. A full issues log was kept which included formal complaints as well as all informal complaints, issues and incidents. This clear reporting enabled trends and patterns to be quickly identified and acted upon.

The quality assurance officer completed monthly analysis of all issues raised. A key focus of their analysis was on 'lessons learned' which helped ensure that actions were taken to help reduce the risk of reoccurring complaints. We looked at a number of formal and informal complaints which had been received and saw they had been investigated appropriately and responded to within reasonable timescales. We saw evidence

to show the provider had identified and acted upon key trends and patterns to help reduce the number of complaints received. Complaints such as staff not staying the full call duration were discussed with staff during team meetings and action plans were generated to address any negative complaints. People and relatives were fully involved in the process and asked for their views about how complaints were resolved. This showed us they valued and respected peoples' views and wanted to use this feedback to help improve the quality of care provided.

Is the service well-led?

Our findings

People provided good feedback about the overall quality of care provided. Comments included, "Amazing company," "Having a good team makes it work," "Really happy with my carers", "No complaints; excellent."

People said the office staff were very approachable and efficient and they could raise any issues or problems with them. One person said, "If I call the office I find the staff very helpful." Another person said, "I call the office they are very responsive to my needs."

A registered manager was in place. They were supported by a number of office staff to ensure the service operated effectively. This team had grown to provide additional functions to support the quality of the service. For example, there was a dedicated quality assurance officer responsible for addressing any complaints or feedback from people. A medicines record auditor was in place as well as a care record book auditor. Lead care staff in each area were in place to ensure documentation was promptly brought back to the office for checking. We saw these roles had led to improvements to the quality of the documentation.

The provider had developed a clear set of values which were; safety, integrity, quality, compassion and empathy, empowerment, confidentiality, equality, diversity, social responsibility and continuous improvement. These were displayed in the office and staff received training on them as part of their induction process.

Staff spoke positively about their role and said they enjoyed working for the company. They said they felt well supported by the management team. The management team was committed to continuous improvement of the service. Since the last inspection we found further improvements had been made to the service and the feedback we received from people and relatives about the quality of the service confirmed our findings. The registered manager told us they were selective about taking on new packages from the local authority to reduce the likelihood of deterioration in the quality of the service, as had happened previously in 2016. We found this was an appropriate approach to ensure the quality of the service was maintained. The management team kept case studies of good practice so the service could reflect on what it had achieved and what it had learnt. Improvements were continuously made to the service; for example, following staff and service user feedback, rotas had been re-arranged to promote continuity.

Systems were in place to assess, monitor and improve the service. The service had a governance framework in place, centred around the CQC's key lines of enquiry to check it was meeting each one of them. This included utilising the NICE guidance and quality improvement framework to inform policies, documentation, audit and working practices. Each week, care co-ordinators, auditors and the quality assurance officer were required to complete a weekly report to the registered manager to provide assurance over how their area of responsibility was operating. This ensured the registered manager knew how the service was running and was aware of any concerns. Trackers were maintained to monitor quality indicators such as safeguarding, missed calls, complaints and care documentation.

A range of audits and checks took place. MARs and care records were brought back to the office monthly

and audited. We saw examples of audits picking up issues with call times, leading to reviews of people's care and support packages. This helped the service be responsive and well led. Electronic call monitoring was in place for some people. The registered manager explained that at present only 35% of people had the system in place as other people did not want it. They told us they were going to review how the information had been communicated to people to promote further uptake. Where it was in place we saw audits and analysis of timeliness had taken place. We saw these audits had picked up issues; for example, staff had been told to 'slow down' where call times had not been the required length.

Staff meetings regularly took place. As well as being a support mechanism for staff, these were used to discuss quality issues and help drive improvement of the service.

The service ensured people's views on the quality of care were regularly gathered and used to make improvements to the service. This was done through various mechanisms. For example, quarterly telephone questionnaires were completed with people who used the service. The information received was gathered, analysed and an action plan generated to address any negative comments. Feedback was discussed at team meetings. People's views were also sought through regular care reviews and when management conducted staff spot checks. People said their views were sought and regularly acted on by staff and records we reviewed confirmed the service highly valued and respected people's feedback.

The provider worked in partnership with other agencies to help identify and implement best practice and improve the quality of care provided. For example, the registered manager had developed a positive relationship with the local authority commissioners and used their feedback to help improve their service provision. They also regularly attended the local provider forum where they shared best practice with other local services.

The provider operated a number of initiatives to demonstrate that they valued their staff and to encourage their staff team to deliver good quality care. This included an employee of the month initiative which celebrated staff who had gone over and above to deliver a high standard of care. The provider had also given staff a 'snow bonus' to demonstrate that they appreciated how hard their staff had worked to ensure people continued to receive their visits in the recent period of snow.