

Mrs Carol Pullen

Sentinel Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 07 October 2016, and was an announced inspection. The registered provider was given 48 hours' notice of the inspection. At the previous inspection on 18 February 2014 no breaches were found.

Sentinel Care is a very small service in the South East that provides live in carers only, supporting adults in their own homes. The service provides support for people living with dementia, physical disabilities and terminal illness.

At the time of this inspection there were 4 people receiving support with their personal care. The service provided one to one support hours to people, for 24 hours a day, over either a two or four week period.

The service is managed by the registered provider. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives were involved in the initial assessment and the planning of their support. Care plans contained details of people's wishes and preferences, and were regularly reviewed to ensure they contained up to date information.

Risks associated with people's support had been identified and clear guidance was in place to keep people safe.

People had their needs met by sufficient numbers of live in carers. People received a service from a very small and consistent team of live in carers, who were recruited to match the people they supported. New live in carers underwent an induction programme, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own.

Live in carers received training appropriate to their role, which was refreshed regularly to ensure staffs knowledge remained up to date. The registered provider had supported all live in carers to gain qualifications in health and social care.

People were supported to maintain good health and attend appointments and check-ups. People's medicines were handled in line with the registered providers policy and procedures.

People and relatives felt they were treated with dignity and respect and that the live in carers were kind and caring.

People and relatives felt people were safe using the service. The service had safeguarding procedures in place and all live in carers had received training in these.

People had opportunities to provide feedback about the service provided. Systems were in place to ensure the service ran effectively and people received a quality service.

The registered provider completed checks to ensure that the service operated in an efficient and effective manner, ensuring that people were appropriately supported. There was a business plan in place with aims and objectives and live in carers followed this through in their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks associated with people's care and support had been assessed and guidance was in place to ensure they were kept safe.

There were systems to ensure people received their medicines safely, which included live in carers receiving medicines training.

People were protected by safe recruitment procedures and there were sufficient numbers of live in carers to meet people's care and support needs.

Good 

Is the service effective?

The service was effective.

People received care and support from a very small team of regular live in carers. People were encouraged people to make their own decisions and choices.

People were supported to maintain good health. Live in carers worked with health care professionals, such as district nurses to resolve and improve any health concerns.

People received care and support from trained live in carers who knew their needs well.

Good 

Is the service caring?

The service was caring.

People were treated with dignity and respect and told us live in carers adopted a kind and caring approach.

Carers took time to listen and interact with people so they received the care and support they needed.

People were able to make choices about their care and their views were taken into account.

Good 

Is the service responsive?

The service was responsive.

People received personalised care, which was recorded in their care plans and reflected their wishes and preferences. Care plans were reviewed and updated in a timely manner.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

Good ●

Is the service well-led?

The service was well-led.

There was an open and positive culture, which was focussed on people.

There were systems in place to monitor the quality of care people received.

The registered provider worked closely with people, their relatives and the live in carers, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Good ●

Sentinel Care

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 07 October 2016 and was announced with 48 hours' notice. The inspection carried out by one inspector.

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. Prior to the inspection we reviewed this and other information, such as the previous inspection report, we held about the service, we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with the registered provider and reviewed people's records and a variety of documents. These included 2 care plans and risk assessments, recruitment files, training records, policies, quality assurance records and surveys results.

After the inspection we spoke with one person who uses the service, two relatives and one live in carer. We also used the feedback from the provider's most recent quality assurance surveys.

Our findings

People received support from their live in carer in a way that ensured their safety. Relatives told us that their loved ones were safe when receiving support from the agency. One relative said, "There is always someone there to help".

One person told us they would speak to the registered provider if they were unhappy. The live in carers had received training in safeguarding adults; they knew how to recognise different forms of abuse and felt confident to report any concerns. There was a safeguarding policy in place. The registered provider was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team. Live in carers told us that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

People had one to one support at all times. People were encouraged to have conversations with their live in carer or, the registered provider during their weekly visit, and talk about anything that was worrying them. Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, health concerns, medicine management and personal care.

Live in carers knew to report and record any accidents or incidents to the registered provider, who then reviewed them and took the necessary action. They reviewed all information to establish if there were any patterns or trends that required further action to keep people safe.

There was a medicines management policy in place. Live in carers had completed training in medicine administration and completed medicine administration records (MAR) throughout the time they were supporting people. Medicines were kept in people's homes so they available when they needed them. People and their relatives felt they received their medicines when they should and that they were handled them safely. Where people had medicines that were prescribed on a 'when required' or 'as directed' basis, for example, to manage pain, there was guidance to follow, and when they should seek professional help, to help ensure people received these medicines consistently and safely.

The live in carers were not employed by the service, but were registered members of Sentinel Care. Live in carers negotiated their own terms and conditions with the people who used the service. There was however information and guidance for people in the service user guide. People told us that they felt the agency had recruited a good quality of live in carers. There was a safe recruitment process in place. Although the

registered provider did not employ the live in carers they had undertaken checks to ensure people were safe and their health and welfare needs would be met by the live in carers they introduced. Checks included obtaining proof of identity, a Disclosure and Barring Service (DBS) check, a full employment history, references and health declaration. The registered provider carried out face to face interviews with prospective live in carers.

At the time of the inspection there was small but established team of live in carers working with people. The live in carer stayed at each person's home for a period of two weeks and then this was reviewed. They may then continue with this placement, move to another placement to work with another person who used the service or take time off. Continuity was achieved as live in carers only rotated between two people that used the service. The rotation was organised by the registered provider. On the odd occasion there was an emergency and the live in carer had to leave a person's home, cover was arranged by the registered provider. At times the registered provider covered until another live in carer arrived. People always knew in advance who their live in carer would be at the next change over. Live in carers told us they felt safe knowing that there was support available to them at any time of the day and said that they were encouraged to call for advice or support if it was needed. People and their relatives knew they were able to contact the registered provider whenever they needed to.



Our findings

People and relatives told us that the live in carers had the right skills for supporting the people in their care. New live in carers completed a personalised induction programme, where the services policies and procedures were discussed. Live in carers received a copy of the policies and procedures handbook, which was also kept in each person's home. If the live in carer did not have up to date moving and handling and first aid training this was also arranged. After this the live in carer's were introduced to the person who used the service and the registered provider or an experienced live in carer worked with them for the first day, or longer if more support was needed. The registered provider had supported all live in carers to achieve a qualification in health and social care, and ensured that the carers completed training in a range of topics, to enable them to support people with their health and welfare needs. Specialist training was provided as required, for example, from district nurses, when a person's health needs changed and they required increased support.

The registered provider undertook supervision with each live in carer, they told us this took place during their weekly home visit, live in carers confirmed this. Annual appraisals were also completed. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. During their weekly visit, the registered provider told us that they would spend time observing the care and support people received, and to check the skills and competence of the live in carer. The registered provider was always contactable by phone if live in carers had any issues that they needed to discuss between visits. During the inspection the registered provider was contacted by live in carers on a couple of occasions to clarify information or seek guidance.

The registered provider had close contact with people and their relatives about how they were being supported. In the office there was a contact book for each person, these contained daily entries of visits, telephone calls, and other important information, such as changes to health or visits from health professionals.

Live in carers had an understanding of the Mental Capacity Act (MCA) 2005. The registered provider told us most people had an appointee or lasting Power of Attorney arrangements in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's capacity had been assessed in relation to certain decisions and the decision making had included relatives and appropriate professionals. Care plans contained information about how to help people in making their own

choices and decisions where possible. They demonstrated that people would be offered choices, such as what to wear and what to eat or drink.

The agency monitored people's health closely and sought prompt professional advice, such as from the district nurse or doctor, as required. A record was made when each person was visited by a health care professional, together with any advice or action that staff needed to take to support people to maintain their health. Care plans included detailed information about people's health care needs and the support that they required. Where people had complex health needs, professionals had been contacted and additional guidance added to the care plan. For example if someone had epilepsy. People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care.

Our findings

We received positive feedback from people and their relatives about the service. People told us the quality of care provided was good. Live in carers understood the level of support people needed. People and their relatives told us that carers were always friendly and approachable. One relative said, "The carer is very good, they help with everything, they know what needs doing."

People received personalised care that was individual to them. People were encouraged to do what they could for themselves, so that they could retain as much independence as possible with daily living tasks and skills. People and their relatives were complimentary about the way the care was organised. They told us that they always met the live in carer before they started working with them. They felt reassured that if there was a problem with their care, they could speak with the registered provider and it would be quickly resolved. People and their relatives told us they had never been left without a carer. People were supported by a very small and consistent team of live in carers, who knew them well. This enabled live in carers to form relationships with people and ensured people received continuity and a consistent approach to their care and support needs.

People and relatives felt they received the care that they wanted. People were offered choices about how they wanted their care delivered. They decided on how they wanted to be supported and this was recorded in their care plan. Good relations between people, their relatives, live in carers and the registered provider meant that all were familiar with the way each person wanted to be looked after. The registered provider and live in carers demonstrated a good knowledge of the people they supported, their care needs and wishes.

Relatives felt their loved ones were treated with respect and dignity and the live in carers were kind and caring. Live in carers had completed training in treating people with dignity and respect as part of their induction. Their practice was observed during unannounced checks which were carried out by the registered provider. In a recent quality assurance survey people and relatives had fed back that the level of privacy offered was good. The registered provider told us that during their weekly visits they regularly received verbal compliments from people and their relatives about the live in carers and level of service. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect.

People who were nearing the end of their life received compassionate and supportive care. People had

decided how they wanted to be supported with regards to their end of life care which was reflected in their care plan. This was confirmed by the registered provider who told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. The agency had liaised with people's GP and community based specialists.

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People and relatives confirmed that the registered provider had visited them in their own home to assess their needs, before they introduced the live in carer. This helped to give a picture of the person and made sure they received the right care and support. The assessment also helped to match the individual to the right live in carer. One relative said, "They make sure they get the right carers, they choose carefully". People said they were very happy with the care and support they received. The registered provider was knowledgeable about people and their preferred routines, most people had been using the agency for a number of years.

We looked at two care plans, which had been developed from the assessment. The plan gave a detailed picture of the person's usual routine and what help they needed from staff. They gave clear guidance to the live in carer around people's preferred routines, for example; whether a person preferred a bath or shower, and at what time of day. Care plans had been reviewed and updated as people's needs changed. They contained details of people's preferences, such as their preferred name and information about their personal histories.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Risks associated with people's care and support were identified and discussed during their assessment. For example; where people had moving and handling needs, guidance and information was then put in place to keep people as safe as possible. Detailed moving and handling guidance was in place, this contained clear step by step instructions for live in carers to follow.

Where people had complex health needs professionals had been contacted and additional guidance added to the care plan. For example if someone had epilepsy. When people had become unwell professionals were called for advice and guidance and appropriate action was taken.

The registered provider ensured that new live in carers were supported until they also became familiar with the person's preferred routine and their care plan. Care plans contained information about what support people required. This included what they could do for themselves and what help they needed from staff. They contained information about people's wishes and preferences in relation to their personal care and where staff would find things that they needed to support the individual.

People and their relatives felt confident that should they have any concerns or complaints, that they would

be listened to and the issue resolved quickly. However, at the time of the inspection no one had raised any concerns or complaints with the registered provider. It was felt that this was because of the small nature of the service and the regular contact and communication with both live in carers and the registered provider. People had information about how to complain within the folder kept in their home, so they would know how to complain. The provider told us they would investigate any complaint and take action to help reduce the risk of further occurrence.

People had opportunities to provide feedback about the service provided. The provider undertook weekly visits to people to and during this time people were able to feed back about the service they were receiving. The registered provider had recently asked people and their relatives to complete a satisfaction survey. People indicated they were happy with the service they received.

Our findings

People and relatives felt the service was managed well. One relative said, "It's a good agency." Another told us, "I am very grateful to the support and care that the staff provide. [The registered provider] is always available if I need to discuss anything." Live in carers also commented positively about how the service was led.

The registered provider had owned and managed the service for many years; they knew people, their relatives and the live in carers well. Discussions told us that all felt confident they could contact the registered provider at any time and were satisfied with the response they received. The registered provider visited people and their relatives on a weekly basis to ensure they were well and to monitor the service people received. One relative said, "[The registered provider] contacts me often to see if everything is fine." We were told that the registered provider had always gone 'over and above' with the level of service they provided, helping relatives to resolve issues that were not necessarily part of the service being provided. For example, when relatives were not local or available to sort out an issue with the persons property.

Live in carers were clear about their roles and responsibilities and said they felt supported and valued by the registered provider. They told us the registered provider was always approachable, and able to help deal with any concerns that may arise. They had access to policies and procedures via the office or their staff handbook. The registered provider had sent satisfaction surveys to people and their relatives to obtain their views about how the service was operating. However, they also confirmed that they sought this feedback on a weekly basis during their visits, and any small issue would be dealt with as soon as it was raised. In addition to the weekly visits the service organised an annual review meeting. This involved the person who used the service, the live in carer, the provider and relatives where appropriate. Again people were given the opportunity to express their views and give feedback about the service provided.

The registered provider carried out checks to ensure the service was operating to expected standards. There were checks as part of the live in carer's handover, for example medicines and housekeeping monies. During their weekly visit the registered provider carried out other checks to ensure the service was effective and efficient. These included audits of care plans, risk assessments and daily recording books; to make sure they were up to date and accurate.

There were arrangements in place to monitor that live in carers were up to date with training, spot audits, supervisions and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. There were also arrangements to monitor that people

received regular reviews and opportunities for feedback.

The registered provider understood their responsibilities around meeting their legal obligations and had notified us about events within the service.