Senescence Care Agency Ltd

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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on the 17 May 2018 and phone calls to people who used the service took place on 16 May 2018. The provider was given 48 hours' notice of the inspection, as this is a community service where staff are often out during the day and we needed to make sure that the registered manager would be available to meet us. This was a comprehensive inspection and the first inspection since the service was reregistered in April 2017 and since the initial registration in October 2016.

There was a registered manager in post. 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.

This is a care at home service. It provides personal care to 42 adults living in their own homes in the community. Not everyone using Senescence Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People who used the service were safe from identified risks. The registered manager followed safe recruitment practices and new staff were supported to develop their care skills whilst they completed a robust induction, before they cared for people on a one-to-one basis. Equipment was maintained and used safely to help people to mobilise. Medicines were managed safely, records were audited and staff received relevant training to ensure they had up-to-date knowledge and skills to administer medicines.

The service was very effective at caring for people. The service was developed using evidence based guidance and good practice. This ensured people received person centred care based on up-to-date evidence which promoted their rights and abilities. Staff received specialist training to ensure they understood and were able to meet people's complex needs. People were supported to eat a balanced diet and had enough hydration to maintain their health and wellbeing. Staff knew people's preferences for food and applied this when preparing food for people. There was excellent communication across the service, between staff working in the community and office based staff. Information regarding people's changing health needs was discussed and shared among internal staff team and with external partners when appropriate.

People were supported to access external healthcare services and staff accompanied them when required. This ensured people maintained their overall health and wellbeing. Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). Staff took great care and time to ensure that the views of people with communication difficulties were captured and acted upon. The service was extremely person-centred and the staff were passionate about caring for people, without discrimination.

The staff were extremely caring and motivated to ensure people had the best possible care. They treated people with respect and dignity and developed positive relationships with people based on empowerment, equality and trust. Staff provided a compassionate and holistic service to people that included meeting their emotional and physical needs. People were encouraged to be involved in their care planning and staff made efforts to involve people and gain their views and preferences.

People received very responsive care that was personalised to their particular needs. Staff promoted people's choices and preferences and supported them to maintain their interests and their place in the local communities. People said any comments or suggestions were acted upon quickly by the registered manager, who used feedback to improve the service and care people received.

People told us the service was extremely well led, with a clear focus on person centred care, empowering people to be involved in their care planning, making their wishes known and supporting them to be as independent as possible. The quality assurance systems in place were used effectively to monitor performance and quality of care and the registered manager responded positively to changes and used information to improve the service and care people received.

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.

Safe recruitment processes were in place and all pre-employment checks and mandatory training was completed before new staff cared for people.

Staff understood their responsibilities to keep people safe from harm and the processes in place supported this. The risk of cross contamination from infection was controlled by hygienic and preventative practice.

Staff received relevant training and support to manage medicines safely. Medicine records were audited frequently and best practice was followed in respect of administration and record keeping.□□

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the specialist training, knowledge and skills to meet individual and complex needs. Staff sought and followed guidance from external professionals to ensure people received safe and effective care.

Staff were supervised and supported by a skilled and specialised management team that promoted personal development and learning.

Staff sought consent from people and followed the principles of the MCA.□

Is the service caring?

Outstanding ☆

The service was extremely caring.

People were cared for by staff who were kind and compassionate; and went out of their way to ensure people were cared for in the way that they preferred.

Staff took time to get to know people and understand their life

history, which they used to develop positive relationships based on dignity, respect and individual identity.

Staff understood the communities people lived in and how this influenced their views and preferences. People were encouraged to remain part of their local communities.

Is the service responsive?

Good

The service was very responsive.

Staff clearly understood people's preferences and choices and respected these. People were included in decisions about their care and daily living activities.

Staff promoted people's views and preferences and developed a person centred response to individual need.
The service was continually developing and improving. The management sought feedback and used this to improve the service and the care people experienced.

The staff had developed a sensitive and personalised approach to end of life care and accommodated people's wishes and preferences, where possible. People were supported to have a dignified death and family were supported throughout the process.

Is the service well-led?

Good

The service was extremely well-led.

The registered manager had the passion, knowledge and skills to develop and deliver the service and used feedback to improve and deliver a high quality service. Staff were passionate and motivated to provide high quality care for people and the systems and structures in place supported them to do this.

The quality assurance systems and processes in place to monitor performance and quality of care were embedded in the service and were used effectively to bring about improvements to the service and the care people received.

The management team consisted of staff with specialist skills and knowledge; and it was extremely effective and responsive to the needs of people who used the service. The management structure in place was established to support current staff and had the capacity to accommodate future development plans to expand the customer base.

There was a clear vision for the service which was focused on providing personalised care for people and ensuring their views and preferences were at the centre of any developments.

Senescence Care Agency 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 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 was the first inspection for this service and was a comprehensive inspection. We talked to people who used the service or their relatives by telephone, on 16 May 2018 and the inspection visit took place on 17 May 2018 at the provider's office base. The inspection was completed by one inspector.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR) which we received in April 2017. A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred. We also contacted external professionals who worked in partnership with the service to ensure that people's wider health and social care needs were met.

In order to make an assessment of the quality of the service, we looked at a variety of records and spoke to people. We spoke to 11 people who used the service and their families; as well as the registered manager and five staff. We reviewed five care plans and other records associated with people's care, which included medicine administration records (MAR), needs assessments, risk assessments and daily care logs. We also reviewed management records which included staff records, policies, business development plans and evidence of training.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse or harm, by staff who understood their responsibility to keep people safe. One person told us, "Yes, I feel safe with the carers; they are very nice and keep an eye on me." Staff told us there was a safeguarding policy in place and they described what they would do if they had any concerns regarding a person's safety. One staff member said, "I wouldn't hesitate, if I thought someone was at risk, I would report it straight away. The manager encourages us all to say something if we're not sure, he doesn't blame you, he just wants to make sure people are safe." The registered manager was aware of their responsibilities to keep people safe and adopted a 'no blame' culture where staff were encouraged to speak-out if they had any concerns or made a mistake. There was a positive culture that enabled staff to speak up if they had any concerns and the safeguarding policy gave clear directions on how to do this.

Any equipment used to support people's mobility was provided by the health services; however, people told us that staff checked the equipment before using it, to make sure it was safe. One person told us, "I have special equipment they had not used it before and they all had training on how to use it when I came to them." A relative said, "They (care staff) are very good with the equipment, they make sure the annual checks are done and they even suggested better slings to meet my [family member's] particular needs; they (family member) said they feel much more confident in it now." We saw staff meeting minutes, where the registered manager had asked all staff to check for service dates for relevant equipment in people's homes and to keep a record in the office of service and renewal dates, so they could ensure all equipment was maintained and safe to use. We saw this information was also in people's care records. The service took responsibility to ensure that equipment used to assist people to mobilise was maintained and serviced and staff contacted relevant services to ensure this took place at the required intervals. Staff also had training on the correct use of moving and handling equipment, to ensure they were competent and people were safe.

Risk assessments were in place to identify risks to people and plans were in place to mitigate against such risks. We saw risk assessments were personalised and included in people's care plans. The views of people and their families, where appropriate, were included when the initial assessments were completed and when they were reviewed. We saw risk assessments were completed for all aspects of people's care and were personalised to their specific needs and abilities, whilst promoting people's dignity and independence. For example, with respect to how much support a person needed when getting out of bed and using the bathroom, whether they needed any equipment and how much assistance (if any) they needed to bathe and dress.

In the provider information report (PIR), the registered manager had stated that risk assessments were reviewed every three months or sooner if required, we saw evidence that this took place at this frequency in people's care records; and people told us the reviews took place in their homes and they were included in decisions about their care and managing risks. One person said, "The manager comes out every 3-4 weeks to review how things are and check on the staff." This demonstrated that people were included in decisions about how to stay safe.

Information about risks to people were shared with care staff in the care records that stayed in people's homes, they were also discussed in staff meetings, supervisions and whenever risk assessments or care plans had been updated. Staff told us they read care records in people's homes to bring themselves up-to-date at each visit and they discussed risks to people with the senior team. Risk assessments were in place to ensure risks to people were identified and managed, and people were cared for safely.

People told us there were enough staff to care for them and they arrived on time for their planned visits. One person told us, "I have the same carers and they understand my needs, they are very respectful." A relative said, "My [family member] has a regular team and they've never missed a call." Where possible, people had the same staff caring for them. People told us this was what they really liked about Senescence Care Agency – the ability to have their own team of care staff, who understood their needs and knew how to keep them safe. One person said, "What I like about this service is that carers have time to talk and to listen, it makes such a difference". Another person told us, "I describe the carers who look after me as 3 pieces of gold." Staff told us they had enough time to sit with people and get to know them. One staff member said, "It's important that we give people time to get to know us, it helps build a positive relationship and they know they can trust us." Another staff member said, "We're like their family, for some people we're the only people they see each day, they feel safe knowing we are coming in each day. Families appreciate it too, they know their relative is safe and they don't need to worry about them." The rotas showed there were enough, suitably trained and knowledgeable staff to care for people and keep them safe.

People and staff told us that where people's care needs were such that they required two people to assist them, then there were always two staff to care for them and use any equipment safely. One person told us, "The rota's emailed every week so we know who's coming and at what time." We saw the weekly rotas which were emailed out to people every Thursday and confirmed that where possible people had the same team of care staff and where required, calls were attended by two suitably experienced staff.

In the PIR the registered manager stated, "We only employ staff that are suitable for our client's needs." The registered manager followed safe recruitment practice and all new staff completed an application form, attended an interview and provided references and underwent a disclosure and barring service check. There was a thorough induction into the service and a new staff member confirmed that all pre-employment checks had been completed and they completed all mandatory training, before they started caring for people. They also told us as part of their induction they had a period of observing and supporting existing staff until they were confident to care for people on their own. New staff were also introduced to the people they would be caring for and had time to familiarise themselves with each person's care plan and any equipment they required to mobilise safely. We saw evidence of the induction process which included training and competency checks in staff records. Staff had training relevant to the needs of people in order to keep people safe.

People told us they received their medicines as prescribed and on time. One person told us, "They help me with my medicines which must be taken at certain times and they are never late." A relative told us, "My [family member] can't manage their medicines anymore they were getting confused, so now we share responsibility for medicines with the carers. They do them when we are away or at work and they always complete the medicine administration records (MAR) so I know what they've given them and I complete it when I've given some – it works very well." There was a medicines administration policy in place and protocols to support staff to administer 'as required' medicines appropriately for people.

Staff told us they received training in managing medicines, which they said was essential to maintain people's safety. They said it was especially important to have policies in place where people had particular requirements for how their medicines were prepared and administered. We saw 'body maps' had been used

to identify areas where topical creams needed to be applied; and the quality assurance manager was developing a topical medicine application report (TMAR) which would support staff to ensure creams were applied correctly. This demonstrated the service developed new and personalised ways of working and recording which helped maintain safe management of medicines.

We reviewed some people's MAR and saw they had been completed in line with the provider's medicines policy. We also saw that medicine records were audited monthly and any errors or gaps were highlighted and discussed with staff immediately. Medicines and record keeping were also discussed at supervisions, staff meetings and extra training and support was offered on a regular basis, to ensure staff maintained safe medicines practice. This ensured that staff remained vigilant and medicines were managed safely.

People told us staff used aprons, gloves and hand gel when caring for them. One person told us, "I can't fault them, they're very good." Staff told us how they disposed of aprons, gloves and over-shoes (if used) hygienically in separate waste bags, which they placed in people's outside dust bins. This helped to reduce any risks of cross infection. One staff member said, "It's important we protect people and ourselves, from infection and we don't spread it around." We saw evidence that staff training included infection prevention and control as part of their induction and as refresher training. Processes were in place to control infection and reduce the risk of cross contamination.

We saw evidence that demonstrated the management team identified areas for improvement in respect of safe care and practice and responded appropriately. For example, infection control and hygiene were covered during 'spot checks' completed by the management team, in people's homes. 'Spot checks' were part of the auditing and quality assurance monitoring of the service and took place regularly to ensure staff were competent enough to perform their roles and people were cared for safely.

Where care or records were not at the standard expected by the registered manager, this was discussed with staff in team meetings and extra training was provided to ensure all staff understood the process and their responsibilities. For example, in the minutes of a staff meeting called urgently after an audit of MAR where a number of gaps had been found; the registered manager decided that from then on, both staff attending a 'double-up' call would sign the MAR to reduce the risk of gaps where one staff member thought the other had completed it. We saw more recent MAR where this practice had been followed resulting in a reduction in the number of similar errors. Staff also felt this was good practice and made sure MAR were completed accurately and people received their medicines safely. This showed opportunities to improve practice, were identified and acted upon to keep people safe.

Good

Is the service effective?

Our findings

Policies and procedures we viewed referred to evidence based practice and guidance. For example, the medicines policy referred to NICE guidance and NHS code of practice for health and social care. The staff handbook refers to the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers; and the NMC Code for nursing staff. The registered manager used the 'self-care deficit model' to measure people's independence and was able to identify increased need or increased independence which was used to evidence positive outcomes for people. We also saw that policies ended with a further guidance reading list, which enabled staff to expand their knowledge and understanding more and view examples of good practice. For example, the record keeping policy included a link to the 'Health Foundation Inspiring Improvement' user guide and Unite's record keeping guidelines. This demonstrated the service was developed using best practice and evidence based guidelines.

People and their relatives told us that staff were knowledgeable and knew how to care for them. One person said, "They are doing brilliant, they've all been brilliant. They've made a big difference to my life, they've took a weight of us, we no longer have to worry about things. They've helped me a lot, doing more than expected, they took me to hospital and stayed with me." Another person said, "I am very happy with the care, I think they are very good at what they do, it's very good from my perspective." Staff told us they received specialist training to meet people's individual needs. A relative told us, "I'm very happy with the care, I was apprehensive at first but it's worked out much better than we hoped it would. My [family member] has very complex needs, they have to take their medicines a certain way, it's not a usual call. Staff need to know what they are doing, the staff had specialist training so they knew how to use the equipment. My [family member] now has the same carers and they know [name's] routine and how things need to be done". This demonstrated that staff had the specialist knowledge and skills to care for people.

All new staff completed an induction programme which included observing experienced care staff, reading people's care plans, familiarising themselves with company policies and procedures, getting to know people they would be caring for and completing mandatory training. Once they were ready to care for people, they were observed by experienced staff or mentors and their competency was checked. This was recorded in a 'new starter sign-off booklet' which demonstrated they had acquired the skills necessary to care for people, safely and effectively. The provider's induction programme was aligned to the Care Certificate as part of the development of staff skills and practice. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure new staff had the necessary training and skills to meet people's needs.

All staff completed training the provider had identified as mandatory each year, along with additional specialised training, which met the needs of people cared for. For example, dementia care, peg feeding and training in people's homes from occupational therapists, in correct use of moving and handling equipment. A staff member told us, "I found the training essential to ensure I provide the right care, in the right way, to meet each person's needs." We saw evidence of training in staff records, including specialist training on dysphasia, safe use of enteral feeding methods (for people who received their food through a tube), end of

life care and dementia care. The training matrix was also on the wall as a reminder to people of when training was due. Staff had the skills and specialist knowledge to care for individual need.

Staff told us they attended three monthly supervision meetings with a named senior, which provided opportunity to discuss development needs and reflective practice. Staff told us this was a useful process for learning and reflecting on their practice. One staff member said, "I am well supported, I find supervisions really useful, I get lots of support and advice, which I needed at the beginning." We saw minutes of supervision meetings were retained in staff records and a supervision matrix on the wall ensured staff were aware of their next meeting.

People consistently told us they were very happy with the way staff supported them with their meals. One person told us, "They know what food I like and how I liked it prepared." Another person said, "They are very good, I like poached eggs and they know exactly how I like them." A person who received their food through an enteral feeding tube told us, "They are all very reliable, they even walked one mile in the snow as they knew I wouldn't be able to eat otherwise. I'm very happy with them." New staff were shown how to prepare food to meet individual and cultural preferences and needs. Staff told us it was important people had enough to eat and drink and they tried different ways to encourage people to eat a varied and healthy diet. For example, they looked at recipe books with people, talked about favourite foods and looked at alternative ways of preparing food to meet changing needs. One staff member spoke about making smoothies and soups with preferred ingredients, to ensure people still had fruit and vegetables in their diet. People told us they always enjoyed their food and especially enjoyed having someone around at meal times or to have a cup of tea together, as this made it more sociable and less isolating.

Some people required assistance to prepare or eat their meals. Where this was required it was documented in their care plans and included any particular dietary needs or preferences. Where people were at risk of weight loss, poor nutrition or dehydration; food and drink was recorded and monitored by staff. We saw evidence in people's care plans that they were referred to specialist services or their GP if they were found to be having insufficient to eat or drink. Staff talked knowledgeably about the impact of poor diet or hydration on people's health and wellbeing. For example, one staff member talked about the impact of poor diet on a person with diabetes; and another about how dehydration can lead to water infections and the impact this had on people's moods and behaviours, particularly people living with dementia. Staff understood the importance of well managed nutrition and hydration, on maintaining a person's health and wellbeing.

We saw evidence in care plans and team meeting minutes that staff followed advice and guidance from specialist professionals, to ensure people had the right care and support to meet all their health needs. For example, some people had dysphagia which meant they had difficulty swallowing; we saw evidence that staff had sought advice from dieticians and speech and language therapists (SALT) to ensure they prepared people's meals to the correct consistency. Some people used enteral feeding tubes to receive their nourishment and staff received training from specialists before caring for them. One person said, "They all came to my home and were shown how to use it, it's very specialised." Staff supported people to access health care services to ensure they maintained their health and wellbeing.

There were processes in place to ensure information was shared amongst relevant staff in a timely way. We saw communication records in people's care records and saw these were completed by care staff at each care visit and provided details of what care had been provided and how the person was feeling. Staff told us these were really useful especially since they had been changed to a box and comment version, following comments from relatives, staff and audits of records. Previously activities completed at call visits had been recorded in an on-going log, which made it difficult to find particular information when it was required for review. This was further evidence that the management team listened to people and staff and responded by

making positive changes which made it easier to find relevant information when it was required. We also saw minutes of team meetings and supervisions which demonstrated that information was shared with staff that informed their care practice. Audits of records and spot checks of staff competencies by the management team provided further evidence that changes were implemented correctly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that where people were identified as possibly lacking capacity to make some decisions or understand what was being asked of them, the service had completed capacity assessments. These assessments were held within people's care plans. Where a person was assessed as lacking capacity to make decisions about their care, decisions had been made in the person's best interest, by family members and relevant professionals, who understood the needs and preferences of the person. This showed that the provider took responsibility to ensure that they were operating under the principles of the MCA and that people's views and preferences were considered, when making decisions regarding their care.

A relative told us, "My [family member] can no longer make decisions, we have power of attorney but staff know what they want, they look for the smile, the nod or the wink, so they know [name] is happy with their choices, they (staff) don't make assumptions. The relative went on to say, "[Name] has a regular team and staff speak to them with such respect, you can see they really care about them." Staff told us it was important to ensure that all people, regardless of ability, were treated equally and were given time and opportunity to make their views known. One staff member said, "They're still a person, with opinions and preferences, they have a right to express it and we have a duty to listen." The service followed the principles of the MCA and people were supported to make decisions, or people close to them were consulted when decisions were made in their best interest.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives were overwhelmingly happy with the care they received and they consistently described the care staff as "brilliant", "amazing" and "marvellous". One person said, "Some days I don't speak to anyone else, I can't talk on the phone very well because I can't always hear people; now it's a lot better, I have someone to talk to." A relative told us, "I'm more than happy with the care, the difference between this and other companies, is that every carer cares. They're brilliant. You can tell by their body language, it's not just a job, they are kind and considerate. They really do care."

One person told us, "The carers realise that for some people they are the only people we will speak to each day. They are a lifeline, they brighten my day." This person went on to say, "We have such a laugh, laughter is so important, I'm coming alive again," and, "They provide the best care anybody could have, I would definitely recommend them." People we spoke with explained how staff collected prescriptions for them or did shopping for them on their way to visit them. One person said, "It's the little things they do that make such a difference, they always ask if there is anything else they can do before they leave and they always leave me with a drink, they're marvellous really, you couldn't get better anywhere else." A relative told us how a staff member who lived nearby did a safe and well check on their family member when they were going to be late arriving home, they said, "They (staff) did it in their own time, this shows how much they care, you wouldn't get that with other services." People told us staff made a positive difference to their lives. One person said, "I wouldn't be here if it wasn't for them". This demonstrated a strong empathic, person centred culture which focused on the wellbeing of people who used the service.

We saw that management and staff were passionate and highly motivated about caring for people. This was evident in the friendly way they spoke to people on the phone, their responses to people's comments and changing needs and the questions they asked. For example, we overheard a staff member asking a person how they had got on at a health appointment the previous day and asking about a family event. Staff explained how they enjoyed caring for people and supporting them to remain independent. One staff member said, "It's a pleasure to care for people;" and another said, "I love it, I can't imagine doing anything else." People and their relatives told us staff were consistently kind, caring and compassionate and repeatedly said, "They always go the extra mile", and "They put the care into caring" and "They really do care." One relative said, "The manager always makes you feel that you are important too, he looks after the whole family. He supported us all with a recent bereavement and made a safe and well check when I rang to say I would be home late – he's marvellous, always goes the extra mile." A professional we consulted prior to the inspection told us, "I have worked closely on one occasion with one of the carers providing personal care with my client and was impressed with her caring and professional manner." This further demonstrated that staff were competent, compassionate and professional when they cared for people.

The service was exceptional at helping people express their views on their care. People and their relatives told us they were very much included when staff were planning and reviewing their care needs. Relatives told us that staff took time to involve their family members who had communication needs when planning their care. For example, staff spoke clearly and slowly, close to people with hearing impairments and described and read out options to people with visual impairments. We saw evidence of people's views and

preferences regarding their care were included in people's care plans.

Another relative told us, "Staff are very vigilant, they advised us when my [family member] was at risk of pressure sores after leaving hospital and recommended bed rest rather than sitting in the chair. They always involve us and listen to what my [family member] wants." A third relative told us how the care from the staff had enabled their family member to stay at home rather than in hospital or move to a care home. They said, "They (staff) know my family member wants to stay at home, so they do their best to make sure that happens." Staff had encouraged this person to explore the options for their care, listened to their wishes and advocated for them as necessary. Staff told us that where people may benefit from external advocacy, they provided information on independent advocates who could support people to receive the care they required. This demonstrated that staff considered people's views and enabled people to be involved when planning their care. This had a positive impact on people's lives and led to positive outcomes for people.

The service promoted people's independence and enabled them to remain in their own home and live in the community they were familiar with. One relative told us, "My [family member] is very happy; They know they are not on their own each day and looks forward to the visits. They (staff) are a good support network; my [family member] wanted to stay at home and now they can with their (staff) support." A second relative said, "I couldn't be more happy with the care, I know my family member is OK when I go to work, I don't need to worry about them anymore." Staff told us how they encouraged people to do as much as they could manage themselves; and they only offered assistance, where it was required. A staff member said, "It's important that people are encouraged to do as much as possible for themselves, it's important for their self-esteem. It's not good to create a dependency when people still have the ability to be independent." One person said, "I have good days and bad days, sometimes I can do more, the carers know me now and know when to step in." Staff promoted people's independence in a respectful and dignified way.

The registered manager told us how they used the 'self-care deficit model' to monitor improvements or deterioration in people's independence. As part of this process, staff created a visual display of increasing or decreasing need which staff said was helpful; and enabled people to see the changes in their needs. We saw evidence in people's care records that this had been used as part of the review process, and had led to people's care being changed to accommodate their increasing care needs. For example, one person told us, how their care was being reviewed as they were no longer able to manage their medicines. Another person told us how the timing and number of their calls had been changed to accommodate their strict eating regime. The self-care deficit model was also used to identify improved outcomes for people and increased independence. A relative told us, "My (family member) is really happy and looks forward to their visits. Their mental health has improved and they've now asked for a reduction in the number of calls each week." This was a useful tool for staff to use with people, when reviewing their care plan; it helped identify people's changing needs and independence and ensured they received the correct level of assistance.

Respect for privacy and dignity was at the heart of the service's culture and values. People and their relatives told us staff respected them and treated them with dignity. One person said, "They help me with showering and dressing and are respectful and professional." A relative said, "My [family member] was a very proud person and it's hard for us to see them lose their independence, they (staff) understand this and treat [name] with the utmost dignity and have such patience. They have spent time building up a relationship with [name], they know their ways and how they like things done." Staff spent time developing positive relationships with people who had little verbal communication; they got to know their life history with help from families and used this to maintain a person's identity whilst acknowledging their place in the world. For example, the service operated in former mining communities and the culture and traditions of these communities had shaped people's lives and their interests. Staff also came from these communities and understood these traditions and ways of living; they were able to support people to maintain these interests

or reminisce about their past lives and experiences. By doing this they acknowledged a person's life and respected their contribution to the local community.

A second relative told us, "I am so grateful for this service, they look after my [family member] really well, they (staff) are all lovely with them." They went on to say, "They also respect my family who live at home and realise that this is a shared space, everything is done with dignity and consideration." Staff told us how they respected people's dignity and privacy and ensured care took place away from other family members when caring for people who lived with their families. They also explained how they made sure they tidied up afterwards, carefully disposed of used products and did not encroach on other family member's time or space. This demonstrated that staff had a high respect for people and their relatives and promoted their dignity.

Good

Is the service responsive?

Our findings

People told us that staff showed an excellent understanding of their needs, responded promptly to changes and knew how to care for them. One person whose needs had become more complex told us, "Staff know how to care for me, I have a lot of issues, they are reviewing me at the moment as I can't manage as well as I used to." A relative told us, "They know all about my family member's past life and their hobbies, even though they can't talk much they (staff) go through photo albums with them and reminisce. I'm really impressed with them, they've even got my [family member] to say the odd word and they seem more alert when the staff are around. [Name's] quality of life is quite good now." Another relative told us that when providing care, staff considered the whole family and how the person's needs impacted on them. They said it was important to have good communication between families and care staff so nothing was duplicated or left out. "The records are always up-to-date, that's the first thing I do when I get home, to see what [name's] been doing that day. I leave little notes for them and I know it will always be done when I get home."

A professional who works in partnership with the service gave very positive feedback and told us, "The manager is very responsive and always approachable to any queries we may have and always goes the extra mile to make sure the service users have a good standard of care." Staff told us they used the communication book to describe how they have cared for people at each visit; and they read this at the beginning of each visit, to bring themselves up-to-date with any changing needs of the person they are caring for. These examples demonstrated how people received personalised care which had a positive impact on their lives and the provider had a reputation in the sector for providing high quality response care.

People and their relatives felt listened to and empowered by the registered manager's approach to their care. They told us care staff were flexible and responded quickly and positively to changing need. One person told us, "I'm so impressed by the manager he puts the care into caring, he always goes the extra mile, visiting me in hospital, making sure there was food in the house and my dog was fed – he's wonderful. I was worried sick about the hospital but he was kind and reassuring, I trust him with my life." People provided many examples of changes to timing of visits to accommodate individual needs or obligations. For example one person preferred to stay in bed a little longer in the winter, this was suggested to the team and the morning visit was promptly re-arranged to suit their preference.

Other people described how visits were amended to fit in with GP or other appointments and how staff accompanied people to appointments if family were not available to do so. One person told us how staff had collected their prescriptions for them when they had not been delivered and another told us how staff often rang before their planned visit, to see if they needed any shopping collecting on the way. Both these people said, "I don't know what I would do without them, I can't get out by myself anymore" with one adding, "They are my lifeline." Staff explained how they cared for people's pets and made sure they were exercised and fed. One person told us, "They are brilliant with my dog, I can't manage him on my own anymore, but he is family to me and they look after him as well as me. They're marvellous." This demonstrated that staff provided a highly personalised, flexible and holistic service that responded positively to people's changing needs.

Staff told us how they supported people with sensory impairments to understand their options for the care they required. They spoke close to people so they could hear them, used pictures or photographs to aid understanding and made sure people's hearing aids and glasses were maintained and used appropriately, to ensure people were able to access information independently. Where required the service provided information in large font or on different coloured paper which made it easier for people to read information themselves. The service promoted the rights of people with communication difficulties throughout their care planning and assessments. A relative told us, "Staff are so dignified, they listen to [name] and give them plenty of time to verbalise, they really understand them and their needs. They (staff) really care." The registered manager told us, "We use clear language in our publications and on our website, avoiding any unnecessary jargon." This made information more accessible to people and easier to understand. Staff made sure people were included in decision making and supported them to consider all the options available to them, in ways they could understand. This was in line with the principles of the accessible information standard.

There was a complaints policy in place and people told us they knew how to make a complaint. There were no formal complaints received during the last 12 months but all the people we spoke with, said they would have no hesitation in ringing the office, if they were unhappy with any aspect of their care or needed to change how their care was planned. One person said, "Any problems I ring the manager and he sorts it straight away, but they've only ever been little things." Another person said, "There were teething problems at the beginning, but that's to be expected, the manager's learnt from his mistakes." A third person said, "I am very happy with my care, I have no problems everything is good, but if I did I would ring the office and they would sort it. I am very happy with everything." A professional who works in partnership with the service told us, "We work closely with Senescence care agency they provide a good service of care, we have had no complaints or concerns from any relatives, service users or other members of the MDT." People were happy with their care and confident that any comments or complaints were rectified quickly and with no fuss.

The registered manager had stated in the PIR that people were consulted every three months by survey or personal review. We saw the results of such surveys and found they were, without exception, always positive about the staff, the service and the care people received. The registered manager told us he regular visited people who used the service or spoke to them on the telephone, to check they were still happy with the care they received and the staff who provided it. People confirmed the registered manager did indeed visit them or speak to them frequently and they felt they listened and responded positively to any comments or suggestions. For example, the registered manager had responded positively to requests from people for the same care staff and people told us they were very happy with their regular care team. The registered manager also ensured people received the rota each Friday, for the following week; this was in response to requests from people to know which staff were caring for them each day. People were consulted about their care and staff responded positively to feedback.

Staff had developed a sensitive and personalised approach to end of life care and accommodated people's wishes and preferences, where possible. One person told us they had discussed their final wishes with staff and their families and it was written down so everyone knew what they wanted. Other people said there were 'do not attempt resuscitation' (DNAR) in place and this was something they had discussed with their GP, their families and with staff. We saw evidence of discussions about people preferences for their end of life in their care plans and copies of DNAR where these were relevant. People and families expressed gratitude to Senescence for enabling them to remain at home and not be admitted to a care home or hospital, to spend their last days. This was important to people and their families and it was something all staff and management understood and wished to facilitate, wherever possible. People were supported to have a dignified death and family were supported throughout the process.

The registered manager provided us with an example of how staff had provided compassionate end of life care for a person they cared for. They explained how named care staff said they would be available to care for a person at the end of their life, following the wishes of the person and their family. The staff had come in especially during non-working hours to care for this person and their family at the end of their life. The family had later expressed how grateful they were and how sensitive staff had been to their loved one and to them. They said it had made the experience less stressful and more dignified for all involved. This demonstrated how staff cared for people with compassion and dignity at the end of their life.

Staff told us they were supported after a person's death by the team and the registered manager. Staff had one to one time with the registered manager and other staff as required, to talk through their feelings and actions. Good practice and positive outcomes were shared with the team, who also attended training on providing dignified end of life care. The registered manager said he was sourcing additional training for staff as many of the people who used their service required palliative or end of life care. They told us they had good links with healthcare services and where required, medicines to support a pain free and dignified end of life, were available for staff to administer in people's homes, in case they were required. They had also developed links with an information service that supported people and families through the end of life and funeral process. This was shared with families and provided useful information on things to consider when preparing for the death of a loved one. Staff received support to care for people at the end of their life to ensure they died with dignity and their final wishes were respected where possible.

Good

Is the service well-led?

Our findings

There was a clear vision for the service that was inclusive, empowering and ensured that the service was developed to meet the needs of people. This was written in the statement of purpose and was enthusiastically promoted by the registered manager. It was clear during conversations, that the registered manager was passionate about providing dignified and inclusive care for people that promoted their rights and their independence. From conversations with care staff and observations of staff in the office, it was clear that staff supported this vision. We observed staff reviewing a person's changing care needs and they spoke about the person with respect and dignity. They discussed options and their capabilities and discussed who to contact for further advice. Although this person had asked for more assistance, staff remained focused on maintaining as much independence as possible whilst still meeting the person's increased needs. This demonstrated a positive culture and showed how care was flexible, inclusive and personalised to the needs of individuals; with a view to assisting them to remain as independent as possible.

People told us they were extremely pleased with how the service was managed and said it was personalised, responsive and flexible enough to accommodate their changing needs and preferences. People told us they were involved in developing their own personalised care plans and their views were requested and considered when making improvements to the service. For example, staff rotas had changed to meet the preference of people to be cared for by the same staff. People were clearly very satisfied with how the registered manager led the service and promoted the vision which, they told us, cascaded to all staff who worked within the service. One person said, "The manager is marvellous; he's got the balance just right" and another said, "The manager knows what he is talking about." A third person said, "I trust him with my life." Staff told us, the registered manager was very supportive and "kept his promises" in respect of training and support. One staff member said, "The manager is brilliant, ring once and it's done." Staff confirmed that audits took place and rather than focussing on the negatives when errors had been identified, the registered manager encouraged them to improve. This demonstrated a positive and empowering culture where people and staff felt valued and respected.

The registered manager was respected by staff and external professionals, who all acknowledged his passion and drive to provide the best possible care for people. The management team ensured there was constructive engagement with staff and their views influenced service development. Staff were motivated to improve and were proud of the service. One staff member said, "I love working for this company, I wouldn't want to work anywhere else. It's so rewarding. The manager is fantastic, he's always there for support and he really cares. In fact everybody cares - 24/7, not just during the call and not just the care staff. Everybody wants the same as the manager; we want to achieve the best for people." Another staff member said, "The best thing about working at Senescence is the support for staff, we get a good induction and training and never have to do anything we're not comfortable with. I've had good feedback which has boosted my confidence and makes me believe in myself. It all makes a difference to how I care for people." A third staff member said, "The manager is there for the staff, he looks after the staff and we look after the people, that's how it should be. He knows how to get the best out of us, we have staff incentives and employee of the month, it makes such a difference." Before the inspection visit we contacted other agencies who worked in

partnership with Senescence and a representative from one agency told us, "I know that the manager is passionate about the care of older people and would think that this proactive and caring attitude would influence his whole workforce." People and staff felt the service was extremely well managed and well led; they felt supported by the registered manager, motivated by his passion and shared his vision for the service. Staff were supported to develop their skills by accepting additional responsibilities which broadened their experience; for example, mentoring new staff. Staff told us this made them feel valued, gave them increased confidence and a desire to accept more responsibility. This demonstrated the registered manager was an effective and inspiring leader and was the reason for the services excellent reputation.

The quality assurance process was embedded into the service and ensured there was a clear framework of accountability and performance management within the service. People expected an excellent service and that is what they told us they got. They told us records were collected from their homes each month for auditing purposes and management staff did 'spot checks' of records when they came to their home for whatever reason. One person said, "They check on staff and check records are completed properly." Staff told us their performance was monitored and discussed in supervision meetings; and they received support to develop and improve when necessary. The registered manager had stated in the PIR that audits took place on a three-monthly basis or more frequently if there were concerns or changes in practice or care needs. We saw evidence in people's care records that care plans had been reviewed at this frequency. We also saw that small amendments to people's care requirements were included more frequently and were placed prominently within care records. This meant staff were able to identify changes to the care plan and they could ensure that people received care which met their current needs and they had agreed to.

The quality assurance manager showed us examples of audits of MAR and communication records; as well as staff competency 'spot checks' of care and record keeping, which were conducted in people's homes. We saw that where errors or areas for development were identified, this was discussed with staff promptly and recorded in their staff records as well as on the audit record. When the audits identified an increase in errors on the MAR the registered manager took appropriate action. We saw the minutes of an emergency team meeting that was arranged in response to the results of the audit. At the meeting the registered manager checked staff understanding of medicines administration and recording, gave clear direction and guidance to staff, reminded them of their responsibilities and warned of disciplinary action for repeated errors. However, they also reminded staff not to be afraid to admit when they have made an error as that is the only way it can be rectified. We saw the MAR audits demonstrated a reduction in errors following the team meeting. This indicated that people were receiving their medicines as prescribed, which helped keep them healthy.

The results of any monitoring and audits were displayed on the service development boards within the office, so staff could be reminded of these on a regular basis and check their understanding. The registered manager described to us the audit process for the 'clocking in-and-out' process for staff home visits and explained how this was not consistently used by all staff. We saw evidence in team meeting minutes that this had been repeatedly discussed and staff were warned that future omissions would lead to disciplinary action. We were told this had led to increased compliance with this process and more accurate evidence that people received care at the time agreed in their care plan. One person told us, "There are odd times when staff are late, but it's usually due to an emergency, I mentioned it to the manager and now it's sorted, they are much better." This demonstrated the robust framework of accountability within the quality assurance process was used effectively. It had identified areas for development and had led to improvements in people's care.

The registered manager understood their responsibilities to share relevant information with other providers which included CQC. They had completed the PIR on time and provided information as required under the

terms of their registration. Staff told us they were clear about their responsibilities and their role in the wider organisation and how all the different roles were aligned to ensure that staff met their obligations to provide dignified care to people. There were clear lines of accountability within the organisation and staff told us they were supported to develop and respond positively to feedback and work together to make improvements where required.

The disciplinary process was used effectively to ensure that staff adhered to the terms of their employment contract and appropriate action was taken when this was not followed. Information was shared appropriately and relevant authorities were informed of the outcome of investigations and any impact on people. This ensured staff continued to be suitable for their role in keeping people safe from harm.

The management structure in place was established to support current staff and had the capacity to accommodate future development plans to expand the customer base. There was a business plan in place which identified improvements planned for each quarter of the year and the management team worked together to ensure that these targets were met. For example, the need for a quality assurance manager had been identified in quarter one of this year and this had been achieved. They explained they had recruited to a number of specialist, senior and management roles within the organisation as they intended to grow the business and wanted an effective management structure in place before they expanded.

There was a robust framework of accountability within the organisation where performance management and continuous improvement were embedded within the responsibilities of the management team. The management team included: a finance manager, care coordinator, quality assurance manager, induction, training and development coordinator and senior care assistants. Staff were aware of their personal role responsibilities, who they reported to and how their role fitted into the wider organisation. Staff across all roles, told us how well they all worked together as a team and were supportive of each other. Staff received constructive feedback from seniors and they told us they welcomed this, as it helped them develop and improve their skills. New staff were supported by a well-structured induction and a management team that supported staff to develop the knowledge and skills necessary to meet people's' individual needs. With an established management team as well as robust systems and processes in place, the service also had capacity to expand and care for more people. This demonstrated that the governance structures in place supported the vision of the registered manager for people to receive person centred care from skilled and knowledgeable staff. The addition of robust business planning ensured the registered manager remained focused on service development, sustainability and ensured the service was exceptionally well led.

There was regular, positive and constructive engagement with staff, through a programme of planned team meetings and one-to-one supervisions, when the views of staff were promoted. Staff felt valued and confident to share ideas and feedback with the registered manager, who they said, was always willing to listen and consider new ways of working. This willingness to consider innovative ways of working or caring for people had led to staff being creative about meeting people's changing care needs. For example, when discussing how best to support a person whose dietary needs had changed, a staff member suggested they may benefit from a blender, to enable them to have a varied diet at the consistency they required. Staff had encouraged this person to maintain a healthy and varied diet by looking at recipes together. This had led to the person showing much more interest in their diet which had a positive impact on their wellbeing. Staff were encouraged by a positive culture that promoted learning and innovation, in order to ensure people received the best possible care.

The registered manager was keen to improve the service and had set high standards of record keeping and care. Staff told us they were supported by the registered manager to maintain high standards of care; and areas for personal and service development were identified through the feedback and review process, so

plans could be put in place to address them. For example, an audit of MAR identified that some staff had adopted the 'pop and dot' approach to recording the administration of medicines. This meant that when medicines were 'popped' out of the dispenser and handed to the person, a dot would be placed on the MAR; only when they had witnessed people swallowing the medicine did they then initial the MAR to indicate the medicine had been administered. The registered manager had discussed this with staff and local authority colleagues to ensure it was an appropriate method of recording medicines; and with agreement from all, it was adopted as the new method of recording medicines. We saw the medicines policy had been amended and now included this new practice and all staff had been trained to ensure consistency of recording. The quality assurance manager told us that since its implementation, errors or gaps in MAR have reduced and administration of people's medicines had improved. Staff told us this new process helped ensure MAR were completed accurately and they could evidence that people received their medicines as prescribed.

There was regular formal and informal engagement with people who used the service and their views formed a large part of any service developments. People and families were consulted during care plan reviews and through surveys every three months. One person said, "The manager is on the ball, he asks our opinions on the staff and how we are cared for." Another person said, "We get asked, but everything is always alright, we have no problems, the manager knows what he is doing." We saw copies of the responses from the last survey and they were all positive. The analysis of the service user and staff surveys were displayed on the service development boards for staff to view when they visited the office; and to keep them focused on making improvements. People were more than satisfied with how they were consulted and all commented on the positive response they had from the registered manager and the staff team.

However, a recent audit process had identified a reduced number of replies to the three monthly written surveys and many of the comments were similar or the same. The management team analysed this and felt that the three-monthly surveys had been beneficial in the early days of the service but now systems had become established, they did not need to be quite so frequent. People told us they had plenty of opportunities to feed back to the registered manager who was in regular contact. One person said, "The manager's always popping in to see how we are and if we're happy" and another person said, "We can ring at any time." With agreement from people, the management team decided to reduce the frequency of the surveys to six monthly, this led to time saved in distributing and collating the surveys and hopefully more relevant responses from people.

The registered manager told us of their plans to include relatives in staff training, in order to raise awareness of different health conditions and safe care practice. For example, they felt it was particularly important for relatives to have an understanding of safe medicine administration as this is something many relatives were involved with. They were making plans for relatives to be invited to the next available training which they hoped would lead to greater consistency of medicine administration and ensure people received all their medicines as prescribed.

These examples demonstrated the strong focus on continuous improvement within the organisation. This had led to improvements in the quality of care; the achievement of more positive, relevant and personalised outcomes for people; and a better quality of life.

The service worked in partnership with other services to ensure people receive 'joined-up' personalised care, which considered evidence based practice and peoples informed choices. Where people had multiple needs, the service consulted with specialist services to seek guidance or additional support. One person with increased needs told us, "They are checking with the hospital to make sure everything is in order." We saw evidence that staff had consulted the continence nurse for people who were not managing with their existing arrangements. People with special dietary needs were referred to a dietician or a speech and

language therapist if they had dysphagia. Staff who assisted people with enteral feeding were advised by a specialist nurse who also provided on-site training in the homes of people requiring this type of support. One person told us, "They all came out to get trained on using the equipment, it was all done properly. A specialist nurse came out to do the training; they all know what they are doing now." People benefited from the organisation building effective partnerships with other services and co-ordinating their care to best meet their personal needs and ensure a seamless transfer between services. This led to improved outcomes for people.

The service had close links with the local authority personalisation and prevention team; and the local clinical commissioning group. The registered manager provided examples of when they had successfully supported people to request reviews of their care packages, to accommodate their changing needs. This ensured people had care packages in place that were up-to-date, relevant and met all their needs. We saw evidence in care plans that staff consulted with local GP's, pharmacies, occupational therapists, social workers and district nurses to ensure people had the most effective care and information to make informed decisions about their care. The registered manager had an excellent reputation amongst local health and social care practitioners, who told us they could always rely on them to personalise the way they cared for people. A representative from one of the agencies we consulted with prior to the inspection, said, "Senescence is regarded as one of the agencies we feel we can rely on wholeheartedly and have a very good working relationship with." Another representative from a different agency said they found the staff to be helpful, and said, "The manager had found out information on a client's condition and had passed this information on to his staff. He has asked for advice from professionals to help improve the care for this client." People told us they were impressed by how staff asked advice from specialists if they were not sure; they said this gave them confidence in the staffs ability to care for them.

This demonstrated how the service had developed an inclusive and collaborative approach to people's care and worked in partnership with other services, to provide meaningful, effective care and smooth transitions, based on best practice. Senescence Care Agency provided an excellent care service that led to positive outcomes for people and a better quality of life.