

SENAD Community Limited

# Senad Community Ltd- Coventry

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 15 and 16 January 2017 and was announced. This was to ensure people and staff we needed to speak to were available to speak with us.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people and younger adults with dementia, physical disabilities, mental health needs or learning disabilities or an autistic spectrum disorder. The service provides both a home care and support service and a live-in care service. This service was previously inspected in September 2016 and was rated as "Good."

At the time of the inspection there were seven people using the service who received the regulated activity of personal care. Not everyone using SENAD Community Coventry receives a 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.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were extremely satisfied with the quality of the service they received. The registered manager provided clear leadership to the staff team and was valued by people, staff and the provider. There was a positive culture and the provider's value system placed people at the heart of the service. There was a whole team culture whose focus was on how could they do things better for people.

There was a strong focus on continually striving to improve. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Information from customer surveys and the actions the provider took were shared openly and honestly with people. Feedback from people through surveys and complaints was used to continually drive service improvement.

The provider valued their staff and saw them as an asset to deliver high quality care to people. They appreciated that people wanted consistency in their care and that the way to achieve this was through staff retention. To achieve this they had identified a range of ways to retain their staff which enabled them to attract and retain good quality staff to deliver high quality care to people.

People and their relatives told us the service was safe. Staff had undergone relevant training and understood their role in relation to safeguarding people and the actions they should take to keep people safe from the risk of abuse.

People told us staff managed any risks to them well. There were robust processes in place to ensure risks to

people were identified and managed whilst also promoting people's independence and their right to take risks. Staff understood how risks to people were managed and were observed to follow the written guidance provided. There were processes in place to protect people and the security of their home when they received support. People were supported by a consistent staff team who they knew and trusted.

The provider used their electronic systems to ensure only staff with the correct training and skills were rostered to provide people's care. People's support was monitored and office staff took immediate action to address any issues to ensure people's safety.

Robust recruitment checks had been completed to ensure staff were suitable to work with people who used the service.

People received their medicines from trained staff whose competency had been assessed to ensure they received their medicines safely.

Any feedback from healthcare professionals was provided to staff to ensure they had up to date guidance about people's healthcare needs and how to meet them. People were supported to maintain good health and to access health care services as required.

People told us staff had sought their consent for their care and treatment. 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. Staff had received relevant training and understood the principles of the Act. People's consent to their care had been sought in line with legislation and guidance.

People consistently told us staff were well trained. Staff underwent a rigorous induction programme prior to providing people's care. The dignity care staff champion shared their learning with peers. The registered manager had used innovative and creative ways of training and developing staff that enabled them to apply their learning in their practice in order to deliver outstanding care for people.

The provider had developed strong links with the local community. They worked alongside other organisations to ensure they followed current good practice in the delivery of people's care.

There was a strong focus on the use of technology in the delivery of people's care and the provider understood how its' use could improve people's experience of the care staff provided. People's care was being delivered more safely, effectively and responsively due to the provider's utilisation of technology to support the planning, delivery and monitoring of care.

There was a strong emphasis on the importance of people eating and drinking well. The provider's full utilisation of the electronic recording system meant they could very effectively monitor if people had received their required support with eating and drinking. Any issues were picked up promptly through the instant electronic feedback to the office staff from care staff' records of the care they had provided to people.

People and stakeholders consistently praised staff for their caring attitudes. The registered manager and staff were able to tell us about how they supported people in a caring and kindly manner.

People unanimously told us that staff consulted them about how they wanted their care to be provided and gave them choices about their care. Staff offered people choices about all aspects of the care they were providing to them. People's preferences were recorded in their care plans for staff to consult.

Staff understood people's communication needs and used non-verbal communication methods where required to interact with people.

Everyone we spoke with told us staff ensured their dignity and privacy was promoted. People were treated with respect by staff, and that staff had considered how people's rights to privacy could be compromised and had taken appropriate action to ensure their privacy.

People consistently told us they received personalised care from care staff who understood their care needs. People's care and support needs were planned proactively in partnership with them and they had individualised care plans that were delivered by skilled staff. staff

External agencies confirmed to us that the service was flexible and responsive to people's needs.

The provider had a compliments, concerns and complaints policy which outlined to people how and to whom they could address any concerns they had with the service. People told us they knew how to complain if they needed to and that if they had raised an issue it had been promptly addressed. People had been provided with information about how to complain, staff understood their role and the service had been responsive to any issues raised .

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was extremely safe.

Robust, safe recruitment procedures were followed and staff skills, expertise and knowledge related to the specific needs of each person.

The provider minimised risks while offering life enhancing experiences to people who used the service.

Staff knew who to contact in case of emergency and both relatives and staff had access to out of office hour's services if the need should arise.

People were supported to take medicines by staff who had received training and were competent to do so.

### Is the service effective?

Good 

The service was effective.

People received care that was based on best practice. People who used the service and outside organisations were involved in training staff in accordance with current best practice.

There was a strong emphasis on the importance of eating and drinking well. Any risks to people associated with eating and drinking were quickly identified and addressed for the person.

People were supported to maintain good health and to access health care services as required.

Staff had received training on the Mental Capacity Act 2005.

When people lacked the capacity to do so legal requirements were met.

### Is the service caring?

Good 

This service was caring.

Staff had formed strong caring relationships with people who

used the service. They took the time to listen to people and get to know them.

People told us staff consulted them about how they wanted their care to be provided and gave them choices.

Staff were kind and sought consent from people before providing care.

The preservation of people's privacy and dignity was central to the way their care was delivered.

### Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care from care assistants who understood their care needs. Staff supported people to maintain their independence.

Staff were skilled in working with people to meet their care needs.

The service was highly flexible and responsive to changes in people's needs.

Concerns and complaints were always explored thoroughly and responded to in good time by the provider.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The provider had created a very positive staff culture and value system which placed people at the heart of the service. They valued their staff, developed them and had identified ways to retain them to ensure continuity of care for people.

The registered manager provided clear inspirational leadership and was valued by people, staff and the provider. There was a strong management team both within the location and across the provider's other services.

There was a strong emphasis on continually identifying ways to improve the service for people.

# Senad Community Ltd- Coventry

## **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.

The inspection took place on 15 and 16 January 2017 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure staff we needed to speak with would be available.

This inspection was completed by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received feedback from six health and social care professionals who worked with the service.

We spoke with three people who were supported by the service and who had limited verbal communication. We also spoke with one one relative. We spoke with the registered manager, the provider and five members of staff.

We reviewed records which included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was previously inspected in September 2016 and was rated as "Good."



# Is the service safe?

## Our findings

People told us they felt safe. One person said "Yes I feel safe, I know them (staff)" another person said "They're (staff) there if I need them."

People and relatives said the care and support they received from the service was exceptionally well organised and extremely reliable. After an initial referral, the registered manager explained they worked together with the person and their family to recruit their own dedicated team of care workers. This meant staff were recruited with a range of skills, expertise and knowledge, which related to the specific needs of each person who used the service.

Without exception, everyone told us that the recruitment process worked extremely well and people expressed a high level of confidence in their respective staff teams. Care workers confirmed they worked together to cover any absences within the person's preferred team to ensure that staff continuity and consistency was maintained. One relative said, "The continuity is excellent. [Name] is very happy so we are happy." They went on to explain "We know that [Name] is safe with staff who they know and trust, and who we trust." Feedback from healthcare and social care professionals was equally positive. One social care professional commented, "Once support workers are allocated to families they have consistency with the same support workers working with the person, which is important for continuity."

Recruitment files showed that the provider had a robust recruitment policy which was followed. This ensured that staff employed had been interviewed, had supplied proof of identity and references and had been subject to Disclosure and Barring Service (DBS) checks to help ensure they were suitable to work with people who used the service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups of people.

Care workers told us staffing levels were sufficient to carry out their roles and were tailored around the needs of people who used the service. The registered manager told us, and we were able to confirm, that staffing levels were assessed according to the individual needs and dependencies of people who used the service, which enabled an individualised service to be provided. People told us the provider carried out an initial screening process before prospective staff were introduced to them. A relative described their staff team as "100% reliable" said, "They are very good at matching people up with the right package." They went on to explain that if a new staff member was introduced to the team they were introduced to their relative and then given time to 'shadow' (work alongside) another staff member to get to know how the person liked to be supported. They went on to say, "[Name of person using the service] doesn't have anyone they don't know coming in; that just doesn't happen." People told us they were happy with the people who supported them and felt confident that if there were any problems the registered manager would arrange for alternative staff to support them. This meant people had a say in who was going to work with them which contributed to a high level of satisfaction with the service they received.

Some people had very complex care needs requiring intensive one to one support and constant supervision. One person who used the service told us that a member of their care team was with them at all times which

they found reassuring. This also provided an additional safety factor as their care workers were on hand and able to respond immediately to any concerns and seek assistance for them if needed.

Staff had a very good understanding of risks associated with people's care and how to manage these. Meetings were regularly held with health and social care professionals to discuss the needs of each person and identify any new or on-going risks. One health professional told us, "I have been impressed by their [Provider] motivation to participate in the multi-agency arrangements and to share appropriate information to help protect both the individual and other people." The registered manager told us that if any new risks were identified they were able to contact professionals to immediately put actions in place to maintain people's safety.

We saw the provider had extremely detailed risk assessments in place and that these were always completed before any care was delivered. They covered an extensive range of risk areas so that the issues relevant to each person were captured and used to inform their care plan. One relative said, "The staff they employ are experienced at working with complex needs. I know I can go and leave [person who uses the service], and that they will be happy and safe." A health and social care professional told us the people supported by the service were involved in creating and reviewing their risk assessments. They explained that care workers had included people in reviewing their own daily behaviours that could increase risks to them. A care worker explained that they did this by discussing behaviours with the person and allowing them to consider consequences of different actions and to explore different solutions.

In order to support positive risk taking, staff undertook equality and diversity training and staff members we spoke with were aware of issues of discrimination and human rights. We found that staff went to great lengths to enable people's views to be acted upon, in accordance with the UN Convention on the Rights of Persons with Disabilities (UNCRPD). For example, the registered manager told us about a person who they supported who wished to go swimming. The person had previously been told this would not be possible because of the risks involved due to behaviour they could exhibit. The service balanced the risks against the advantages of a person being able to take part in an activity they enjoyed. A solution was found whereby the person went to the pool during a session when it was quieter, so that the risk to themselves and others was minimised. This demonstrated the service's commitment to finding solutions, whilst minimising the risks.

The registered manager explained to us that when another person began to use the service they did not leave their house and were dependent on a relative for all of their needs. With support from their care workers the person now is involved in every aspect of their care. The person makes choices about what clothes they would like to wear, helps to prepare meals and regularly goes to local shops and the gym. The registered manager explained that this had helped the person to feel more confident and independent. The person's care file included information and photographs of different activities they had taken part in.

We found incidents and accidents were recorded and monitored on an on-going basis to ensure people who used the service were kept safe from harm and that actions were taken to ensure recurrences of these were minimised. The provider had implemented a new electronic system which enabled incidents to be managed immediately. A staff member could use an electronic tablet or a mobile phone to record that an incident had occurred, this would alert the team manager who would review the incident and actions taken. The team manager could then contact the care worker to offer further support. A member of staff told us this system was "Very reassuring. When you work in other people's homes there is a risk that you can feel isolated if something goes wrong, but with this system it means there is always support for you."

Staff we spoke with were knowledgeable about what they would do if they suspected abuse and we saw detailed safeguarding policies and procedures were in place. The registered manager liaised with local

authority children and adults safeguarding teams, and provided staff with support and guidance on safeguarding issues. Records showed that safeguarding was a standing agenda item at staff meetings, supervision sessions and staff appraisals, safeguarding issues were given a high priority in the service. Staff members told us they knew about the provider's whistleblowing policy and that they would feel confident to us it.

Staff told us if they had any concerns they would speak to one of the managers and would follow agreed procedures which were in place. The provider showed us the web based program called CPOMS which workers had access to in order to view their rotas and company policies and procedures. Staff told us they were reassured because in emergency situations there was always a manager available who provided on call cover outside office hours. There was also an 'out of hours' folder so they knew who to contact for each person in the event of an emergency, including which emergency duty team to contact as the service covered a number of local authorities.

Relatives also told us they were aware of the out of hour's contacts if they needed to call for advice or assistance outside of office hours. One relative told us, "I can ring anytime, including in the middle of the night, there is always someone there to answer."

The registered manager was confident they would support staff to raise any concerns. They said, "We encourage an atmosphere where staff know they can bring up anything and they will be supported." They told us how they encouraged staff to trust their "gut instinct" and that if they were in a situation with a person who used the service and something did not feel right, they should raise it with their manager. This was confirmed by health and social care professionals, one of whom said, "They clearly prioritise the safety of both the person they support and the general public. They will pass on information relating to any risks to other professionals, and act on any information they receive." Professionals were continually updated regarding the well-being of people who were supported by the service.

We checked to see whether medicines were managed safely. Medicine administration records we looked at had been signed by staff to confirm medicines had been given as prescribed or a reason had been recorded why they had not been given. Where people were prescribed medicines "when required" for example for pain relief, there were protocols (plans) in place to ensure staff gave them safely and consistently. Staff had received training in medicines administration and where the care worker was expected to administer medicines this was recorded in the care file and on a medicine administration record (MAR). Competence in this area was regularly checked by observation of practice. This meant staff had the specialised skills required to ensure that people received their medicines at the time they needed them, always in a safe way and in line with published guidance. Staff received infection control training and told us that they were provided with personal protective equipment, (PPE) for example disposable gloves. One care worker told us "I always have enough PPE, the office order it and I never run out." The registered manager told us that correct use of PPE was monitored during spot checks.

## Is the service effective?

### Our findings

People told us their needs had been assessed before they received a service. A person told us "They visited me and we talked about what I wanted." The registered manager explained that they would visit people prior to taking over their care, for some people with more complex care needs they visited the person regularly for up to three months to understand their care needs and to introduce each team member. This allowed the person to feel comfortable with their new care team and ensures that knew what to expect from the organisation.

The provider and the registered manager were highly committed and passionate about staff training and development. They told us, "We want the best training for our staff" and "Our focus is to support staff in their learning and development." People consistently told us staff were well trained. One person said, "Definitely the carers are well trained."

The registered manager used innovative and creative ways of training and developing staff that enabled them to put their learning into practice to deliver outstanding care for people. The provider explained that they had worked with local universities, health care professionals and training providers to create training that supported staff with the unique care requirements of the people they supported.

The registered manager told us, and records confirmed that new care workers underwent a five day classroom based induction, followed by a period where they shadowed a more experienced member of staff. Their competency was then assessed before they undertook a 12 week probationary period. This included supervisions, spot checks on their practice, review meetings and a probationary appraisal during week 12. Staff underwent a rigorous induction programme prior to providing people's care to ensure they had the required knowledge and skills to provide people with high quality care. The induction training was linked to the competencies in the care certificate to enable staff to understand the link between their practical training and the competencies they were required to demonstrate. The care certificate is the recognised industry standard for the induction of social care staff. A member of staff told us "The induction training gives you a lot of skills and you learn more in the role when you're shadowing which helps to put it in practice." This meant that people were supported by staff who had the necessary skills and knowledge.

The provider was focused on continually developing staff skills and practice over time. In addition to regular supervisions, staff received spot checks on their practice and annual appraisals. Care staff underwent additional training in areas which were relevant to the person they supported. For example, when a package of care was arranged for a new person who had epilepsy, training was arranged for all staff about epilepsy and how to respond to seizures. The registered manager and training director told us they had worked with an NVQ provider and created a diploma for staff which related to the support needs of people who used the service. There were also monthly "learning groups" staff could attend to discuss best practice and training. These were held at staggered times so that staff had the opportunity to attend without impacting on care provision. A member of staff told us "I think the training here is very good, we have refresher courses and are offered new courses regularly. In the time I've been here I have done a lot of training which has helped me understand how to support people better."

People were treated with the utmost dignity as staff were able to apply the principles of the bespoke training they had received in relation to dignity. Staff were trained to follow best practice and supported to share their learning across the staff team through peer to peer learning, to ensure people received high quality care from highly trained staff. One care worker explained to us "Some people we support have had a lot of their decisions taken from them in the past. We work with people in a person centred way to give them back their dignity and the ability to make decisions." They went on to say "We take time every day for reflections, it is a two way process. We can raise things to them and ask 'Can you think of another way you could have handled that' and they can raise things that they're unsure about or might have been worrying them. Because we have these discussions every day it stops things from being bottled up."

.People were cared for by staff who were well trained in relation to fluids and hydration and had written guidance to support them. Staff had received relevant training and were able to demonstrate to us that they could recognise the signs a person might not be drinking sufficiently and the actions they would take. A person told us, "The carers make sure I have food and drink." People's care records provided guidance for care staff about people's food and fluid needs and preferences. One person's care plan explained they could overeat until they reached a point where they were sick. The registered manager explained they had applied to the court of protection to be able to lock food in cupboards to prevent the person making themselves ill. The Court of Protection exists to safeguard vulnerable people who lack the mental capacity to make decisions for themselves. These decisions may relate to the person's finances or their health and welfare. People's care plans documented any food allergies they had.

People were supported to access medical professionals on an ongoing basis and if there were changes in their health. A person's relative told us, "They (staff) always contact the GP as required." People's care records demonstrated who was involved with the person. People were in contact with a range of healthcare professionals such as GP's, nurses, dentists, continence service, opticians and psychologists. One person's records demonstrated staff had noticed they had sore skin on one area of their body and they had immediately alerted the district nurses so action could be taken. Records showed another person had been seen by the Speech and Language Therapist, the service had a copy of the assessment and the guidance provided. This ensured care staff were aware of the support the person required. When people had seen healthcare professionals, in addition to updating the person's care plan with any relevant information, staff were also alerted by the electronic recording system, any guidance provided to ensure they were aware of how to support the person to maintain good health.

Care staff told us that care records were updated with any changes to a person's needs and that this was communicated to staff through verbal hand overs at the start of each shift and updates through the electronic care records. Each person had a hospital passport what support they required if they were taken to hospital of another service.

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.

The registered manager told us and records confirmed that care staff underwent training in MCA during their induction programme. Staff were able to explain to us the principles of the Act and their role in supporting people to make decisions. People's care plans demonstrated they had been asked to provide their written consent for their care and treatment and noted any support they required to make their own decisions. Where people lacked the capacity to consent to their care staff had recorded that family members had been

involved in making the decision for the person on the basis that it was in their best interests. Some people had a lasting power of attorney (LPA); this is when a person has appointed another to make decisions on their behalf at a time when they lack the mental capacity to make them. There was a copy of the document on people's files to ensure staff were aware of who they were legally obliged to consult about the person's care.

People told us staff always sought their consent before supporting them. One person said, "Carers ask my permission." They added, "I was asked to sign my consent." Care staff reflected in their daily notes that they had sought people's consent in respect to the provision of different aspects of their care.

# Is the service caring?

## Our findings

People, relatives and professionals consistently praised staff for their caring attitudes. People told us that, "They are kind, they listen to me" and "They look after me, they look after things well. They decorated my house when I moved in, I chose the colours." A person's relative told us, "They are very caring people. They treat [Name] with respect." A social care professional who worked with the service told us, "The managers and staff seem to be very caring."

People valued their relationships with the staff team and felt that they often went the 'Extra mile' for them. The registered manager told us how care workers had supported a person to attend a friend's wedding which the person enjoyed. The results from the November 2017 'Customer Quality Survey' showed that everyone supported by the service thought staff were caring. One relative wrote about their appreciation for the staff that supported family member. They went on to say that by having "a good team" supporting their relative had a direct impact on their health and they had noticed an improvement which had not occurred since their relative's childhood.

People's care records contained information about what was most important to them. For example, one person enjoyed having a bath with bubbles and staff supported them to do this daily. Another person wanted to increase their independence and staff supported them to try new activities and tasks. People received care from staff who were motivated to be caring and guided by the provider about ways in which they could make a difference to people's day.

People unanimously told us that staff consulted them about how they wanted their care to be provided and gave them choices. A person told us, "Yes, I was asked how I wanted things." Another commented, "Yes, I get lots of choice."

People's preferences about their care had been noted, such as the time they liked to receive support. Staff told us a person they supported did not like to get up early and preferred to wake up by themselves. When we checked the person's care records we saw that when possible healthcare appointments were not arranged for early morning times. One person's record in relation to daily living noted, "As part of my difference in sensory perception I will not always feel the heat or the cold. As part of this I may wear jumpers and a coat even when it is warm. At such times I need staff to encourage me to remove clothing if it appears I am sweating." Staff were able to tell us about people's care needs and their individual preferences. A staff member told us, "We get to know people really well" and went on to tell us about a person's interests. They also said, "We support people in the way they want." Staff told us one person enjoyed watching dvd's so they supported them to buy new ones.

People's care plans also noted their dietary preferences and preferred foods and drinks. Staff supported people to complete food shopping and choose the meals they wanted. A care worker told us they offered people choices about all aspects of their care. For example, what they wanted to wear, what they wanted for breakfast and what they wanted to drink.



People's care plans contained details of their communication methods and any sensory impairment which could impact on the person's ability to communicate such as a sight or hearing impairment. A staff member explained to us how they used various communication methods with people who were unable to communicate verbally including non-verbal communication and writing. Staff told us how they supported a person who had limited verbal communication and capacity to understand complex questions. It was recorded in the person's care records that they could answer direct questions with a "yes" or a "no" but would laugh or not answer open ended questions. Another person did not like it if staff assumed how they felt or what they were thinking. This person had a selection of cards to show various emotions and each emotion had details for how the person wished to be supported. The person had been involved in creating these and this helped them to feel empowered in how they were supported.

When people commenced with the service they were provided with a copy of the customer guide and welcome pack. Information such as the complaints policy was available to people in alternative formats where required, such as braille, large print or in other languages. The provider ensured a range of information was provided to people about their care in formats they could understand.

People were supported by staff to maintain their independence. A person told us, "They take me shopping and we go to a café." This supported the person to make independent decisions about items they bought. One person's care plan said the person was able to wash themselves but they required staff to put soap onto a sponge for them. Staff understood the importance to people of retaining their independence and provided responsive care that recognised what people could do for themselves and what they required support to accomplish.

The provider had a strong focus on ensuring people received their care in a dignified and private way. This was embedded within practice in the service and reflected in people's experiences of the service and their positive feedback. Everyone we spoke with told us staff ensured their dignity and privacy was promoted. A person told us, "Yes, they uphold my privacy and dignity" and "The door is always shut when I'm getting washed." The results from the providers November 2017 Customer Quality Survey demonstrated everyone thought care workers were polite and treated them with respect.

The provider had appointed a care assistant as a dignity champion. They told us their role was to promote people's rights to be treated with dignity and privacy. They did this both within their practical work with colleagues who shadowed them, and through spot checks on staff practice. Staff were able to describe to us the measures they took to preserve people's dignity when providing their personal care. A staff member told us "It's about how we would want to be treated ourselves."



## Is the service responsive?

### Our findings

People consistently told us they received personalised care from care workers who understood their needs. Their comments included, "They always do what I want," and "They (staff) know what I need." A health and social care professional told us, "The service is very responsive". They informed us that SEAND Community Coventry were selected to support people with complex needs and behaviours that could pose a risk to themselves or others. They stated that, "A reliable, responsive & flexible service was required to deliver the care for these service users and SENAD have exceeded our expectations." Another health and social care professional told us, "We have worked with SENAD to support [Name]. We have found that they have been very responsive and provided a safe and a caring service. They keep us well informed and updated us as and when required."

People's care records contained a form 'What you should know about me.' This documented the person's living arrangements, how they liked to spend their time, places and events that were important to them such as their work history, their religion and social interests. It also detailed the support they required and how they wanted it provided. People's care plans were developed with them and reflected their care needs and how they wanted them to be met.

The registered manager had introduced behaviour charts which were developed with the person who used the service. This detailed a range of scenarios that could cause distress to the person and different behaviours they could display. The behaviours each had a range of actions staff could take to help calm the individual. Each plan was individualised to the person. For example, one person was known to seek tactile activities for both pleasure and reassurance if upset. Staff told us that the behaviour charts that were in place helped them to recognise what the behaviour indicated and how to support the person if they were upset.

Staff told us they could access the new electronic care records system via the smartphones they were given by the provider. This meant they could read people's care plans on-line and check the care records since their last shift, which meant they were able to access the most recent information about any changes to the person's needs or risks. Staff had instant access to up to date information about people's care and could therefore spend their time in their shifts with the person rather than reviewing their records.

Staff had completed training about how to support people who could show behaviours which could be resistant to support with their care. Staff stated the training promoted their understanding of how to support people responsively. A staff member was able to tell us how the team had worked with a person over a period of time, in order to modify one of their behaviours which was creating challenges for them in their life. The changes staff had achieved with this person in relation to their health had improved their quality of life.

The service was responsive to people's needs, and changed as required to ensure care was delivered in ways that promoted people's well-being. The registered manager told us they had identified a person recognised day and night based on the time the care workers changed shifts. This had resulted in the person going to

bed at an early hour and then waking during the night. The registered manager had discussed this with the person and their staff team and it was agreed that shifts would change at a later time. This helped the person to recognise times of the day more easily and stopped them from having a disturbed night's sleep. The service was flexible and responsive and able to respond instantly to this change in the person's requirements and to provide their care at their new preferred time.

People and their relatives were involved in regular reviews of their care, and encouraged to provide feedback on the service they received. One person's relative confirmed to us, "We get reviews of care." The registered manager told us people had their care reviewed every three months or if their support needs changed. People's reviews of their care demonstrated they had been asked if they had any concerns about the service, whether any changes were required and asked if they were satisfied.

A person told us, "I'm happy, if I wasn't they (staff) would make things better." People and relatives knew how to raise complaints with the service. A person's relative told us the person had not "got on" with one care worker and they raised this with the office and the staff member had been moved to another team. This helped the person to feel confident that they would be supported by a team of people they knew and trusted. The provider had a compliments, concerns and complaints policy which outlined to people how and to whom they could address any concerns they had with the service. The policy detailed for people how their complaint would be handled and how to take it further in the event people were not satisfied with the response. Staff were able to tell us about their role if they received a complaint, in ensuring they passed it to the office for investigation. Records demonstrated that when any complaints had been received, the registered manager had investigated them, in accordance with the provider's policy and responded to the complainant with the actions taken. Any required actions from complaints such as changes to a person's care plan, for example, had been completed. People had been provided with information about how to complain, staff understood their role and the service had been responsive to any issues raised.

People had benefited immensely from staff having received end of life care training. The quality of the training staff received had enabled them to provide people with high quality care at the end of their life. The registered manager explained they had supported one person with complex behaviours at the end of their life, this included continuing to support them whilst they were in hospital which provided continuity to the person and helped to reduce any agitation.

## Is the service well-led?

### Our findings

This service was previously inspected in September 2016 and was rated as "Good."

The provider placed people at the heart of the service. Their values were based around the individual needs of people who used the service, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Staff consistently demonstrated their understanding and application of the values in their work with people. In addition to their values people received a document which outlined what people should expect to receive from the provider in terms of quality of care and service. Care workers told us they worked well together as a team and were enthusiastic about working for the service.

From their governance systems the provider and registered manager were able to identify any areas of the service that required improvement. The registered manager told us they had reviewed the role of team leader because the responsibilities for the role did not allow the person to develop their leadership skills effectively. The changes meant that team leaders had time each week to spend in the office to complete spot checks and audits. The team leaders responded positively to the changes and it created a career pathway for them to progress into management roles. The provider told us, and records confirmed, there was a clear ethos of developing staff member's skills and promoting them within the service wherever possible. People benefited as the provider had taken action to attract and keep their staff which in turn provided continuity for people in the delivery of their care.

The registered manager gave significant weight to feedback from people who used the service and staff. Compliments were discussed within the staff team and used positively to motivate staff. Staff were encouraged to share ideas of how they could improve the service, these were then shared with the Human Resources director and if the idea was used the staff member received a £50 voucher. The registered manager regularly rewarded staff who went "the extra mile" or showed a high level of dedication to their role with a thank you card and gift. The staff newsletter was used to recognise staff who had done something extra for people. One person had been rewarded after working additional shifts to support a person who's mobility needs had changed. In this time they had developed a very positive relationship with the person who had later fed back to the service that they would be happy to continue working with them if their usual support workers were unavailable. The provider and registered manager promoted the link between people's positive experiences of their care and staff performance and recognition.

The provider told us the registered manager had created a "One team culture" which pulled together and functioned as one across both the office and community based staff. A staff member told us, "It's a supportive and motivating place to work." Staff told us they could raise any issues and that it was an 'open culture' where they felt comfortable to speak out. A staff member said, "Office staff ask for our views on people's care. If I am unhappy about something I raise it." People benefited from the positive culture as staff felt part of a single team where they were able to speak out if required.

The registered manager explained it was important that staff member's wellbeing was supported and that

this was vital if they expected staff to support people with complex care needs. The registered manager had introduced "Wellness Wednesday" and staff received an email from an employee support line which covered different topics including guidance for better sleep patterns and emotional wellbeing. Staff had responded positively to these emails and stated that it gave them opportunities to discuss things that could affect their wellbeing. The registered manager had increased staff supervisions (individual meetings between a staff member and their manager) from once every twelve weeks to every four weeks. The registered manager explained this was done because the staff members support people who may behave in ways which can impact on the psychological wellbeing of staff and more regular supervisions enabled staff to discuss any concerns they had or support they wanted. People's care had been positively impacted upon by the registered manager's ability to continually review the systems in operation, recognise where they could make improvements, and to take action.

At all levels of the organisation there was a focus on the development of staff and they were supported to achieve accredited qualifications to continually improve the service people received. The provider told us their objective was to share staff talent and skills across all of their locations to enable them to operate the same way at each location and therefore ensure consistency for people. The registered manager told us, and records demonstrated that a new induction programme had been implemented to improve consistency in completing the care certificate which is the industry required induction for staff new to providing social care. They had worked with the provider's other managers to identify what action they needed to take to ensure the staff induction programme met these new requirements. People had benefited from the sharing of resources and knowledge between the locations, as this ensured good practice and ideas to improve the service were implemented across the provider's locations.

The service had found innovative and creative ways to enable people to be empowered and voice their opinions. The registered manager was working with an IT company to develop software for people to provide feedback with questionnaire on electronic tablets that were presented in an easy read format. Easy read is a style of written communication that uses simple sentences and pictures. This was being developed so that people who used the service could provide feedback in a more independent and anonymous way without relying on staff to complete the questionnaires with them. The service worked in partnership with other organisations including social care organisations, ACAS and local universities to make sure they were following current practice and providing a high-quality service. ACAS is an organisation that supports good relationships between employers and employees and for organisations to improve their practices with up to date employment law.

The provider had an apprentice scheme which gave people the opportunity of gaining experience of working within the office. One apprentice had been successful in gaining employment with the service at the end of their apprenticeship. The registered manager was also looking at the opportunity to create a volunteer position for a person who wanted to gain work experience.

The registered manager was aware of how to support staff in ways that promoted equality. They identified that during Ramadan some members of staff were unable to work their usual shifts because fasting throughout the day left them feeling very tired. This was discussed with staff and a variety of options were available, for example booking annual leave or working an earlier shift which allowed them to rest in the evening. People had benefited from the provider's recognition of people's spiritual needs and the development of staff knowledge on this topic.

The provider told us that in addition to providing the service they also had a role in promoting the importance and value of social care locally. They explained that many of the people who were supported by SENAD had previously been in "institutional style care" and that there had been concerns about how people

would be able to be supported safely in a community setting. By highlighting the value of social care for people, the provider challenged negative perceptions and demonstrated its value for people in supporting them to live well independently. People had benefited from the provider's community presence and links which they had used to secure additional training for staff and to raise the importance of high quality homecare locally and its value to people and the community. The registered manager had created a forum for registered managers of homecare services to meet regularly and share best practice. The registered manager told us that they found this to be beneficial as ideas and resources were shared between the different services.

People consistently told us the service was well managed. Their comments included, "Yes, it is well managed" and "I can speak to the manager about anything." A staff member told us, "Management are very supportive, nothing is too much trouble." They went on to say, "Senior managers are often here, we get to know them and they know us, there's no barriers in the way if we want to speak to them." Another told us, "There is good communication from the supervisor and the manager."

The registered manager told us they had reviewed the recruitment paperwork and refined and developed it. They had produced a more detailed record which helped new staff to understand the processes involved in their induction. Staff had benefited from this because they understood what was expected of them and it prevented new staff from feeling frustrated if there were any delays, for example in obtaining a DBS certificate.

The provider was continually striving to improve the service. They had identified, purchased and implemented an innovative electronic care recording system to enable them to deliver a high quality service to people. Records demonstrated staff had been supported through the introduction of the new system and they had received training and support to ensure they were competent and felt able to use it. The new care planning and recording system was electronic and enabled all staff to have immediate access to information about people's care on smart phones or tablets supplied by the provider. Staff had to enter on the system the care they had provided for the person, and if an aspect of their care was not delivered, this showed as an alert with the office for them to follow up. People's care was being monitored live rather than issues with their care delivery not being identified until care staff raised it or their care notes were returned to the office. This enabled the provider to be extremely responsive to any issues with people's care delivery and to address them for the person. For example, during our inspection a staff member raised an alert that the skin on a person's legs appeared red and sore, an appointment was arranged for the person to see their GP. Staff told us the next stage of the project was to introduce an application whereby people and their relatives would be able to view their 'Live' care records as well. The innovative and effective use of technology had impacted upon the responsiveness of the service in being able to monitor care people's care delivery almost 'As it happened' and to identify and address any issues for people very quickly.

There were robust processes to monitor the quality of the service provided. Office staff produced weekly reports which were then collated by the registered manager into a weekly provider report. Topics covered within the registered managers' report included care hours delivered, quality monitoring, feedback, safeguarding, complaints and training.

Once reviewed the weekly report was then utilised to produce a list of actions and completion dates for the registered manager to complete with their team in order to address any issues identified. There were meetings across the week both between the registered manager and their management team and with the provider to continually review performance and service delivery for people. A person told us, "They check if we are happy, we get questionnaires." The provider's customer quality survey was completed every three months. A letter was sent to each person after the survey was completed which provided people with

actions the provider was taking based on their feedback. The November 2017 survey showed a very high degree of satisfaction with the service. An action following the survey in November 2017 was to remind people how they could contact managers to ensure their views were heard and the office phone number was included in the letter. People's feedback had been listened to and changes made to improve the service as a result of feedback received.

In December 2017 staff files had been audited. Other areas of the service that were audited included people's care plans which the registered manager and team leaders audited each month. They were able to demonstrate that when issues had been identified, such as a missing document in one person's file, these had been addressed. The service had been audited by the Local Authority in August 2017 and received positive feedback about the care it provided. The audit had identified two minor actions were required as a result; records demonstrated these had been addressed quickly and effectively.