

SENAD Community Limited

SENAD Community Limited - Coventry

Inspection report

Sherbourne House
Humber Avenue
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16 September 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

SENAD Community - Coventry is registered as a domiciliary care service which provides personal care and support to people in their own homes. The service specialises in supporting people with rehabilitation following injury or a prolonged period of inpatient care, such as in hospital. At the time of our inspection visit the agency supported seven people with personal care and employed 49 Support workers. The service supported people with a range of care needs which included physical disability, mental health care needs, sensory impairment and learning disabilities or autistic spectrum disorder. The registered manager explained to us that they called care workers "support workers" because this enabled people to recognise that they were there to support a person to do things for themselves.

We visited the offices of SENAD community on 16 September 2016. We told the provider before the inspection visit we were coming so they could arrange for support workers to be available to talk with us.

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

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

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

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

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

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

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

listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on support workers and a programme of other checks and audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

Is the service effective?

Good ●

The service was effective.

People were supported by support workers who had the relevant skills and knowledge. Support workers were able to request additional training. People were asked for their consent before any support was provided and best interest decisions were made for people who could not make specific decisions. People were supported to meet their nutritional needs if required.

Is the service caring?

Good ●

The service was caring.

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

Is the service responsive?

Good ●

The service was responsive.

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

Is the service well-led?

Good 

The service was well-led.

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

SENAD Community Limited - 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 16 September 2016 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure support workers would be available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with three people who used the service and one relative by telephone following our visit to the office to gain their views on the care they provided. During our inspection visit we spoke with the registered manager and four support workers. We spoke with one health professional who supported some people who received care from SENAD Community. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe with their support workers. One person told us "I feel very safe" and a relative said "I trust the support workers implicitly."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. One person we spoke with explained that before they began using the service, family members were involved in their care decisions but this had been done without the person's consent. The person went on to explain they had discussed this with the registered manager, who had arranged for the family members not to be involved in the person's care. The person told us "Having control of my care makes me feel very safe. It reassured me that (registered manager) listened to my concerns and then took steps to keep me safe." Support workers we spoke with had a good understanding of abuse and how to keep people safe. Support workers understood what constituted abusive behaviour and their responsibilities to report this to the management team. One support worker told us, "We have safeguarding training every year. It includes signs that could suggest a person is being abused and how to record and report them." Another support worker explained, "If I was concerned I would ask the person about it and reassure them. I would tell my manager and they would refer it to the safeguarding team if that was appropriate." Records showed that when concerns had been raised with the registered manager these were then referred to the local safeguarding team. This showed the provider used safeguarding policies and procedures to ensure the safety of people who used the service. The registered manager kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

There was a procedure to identify and manage risks associated with people's care. Assessments of people's care needs were completed when they started to use the service and these identified any potential risks to providing their care and support. For example, one person had been known to become physically and verbally aggressive if they became agitated. Information about what assistance the person needed was recorded in risk assessments which provided guidance for staff about how to help reduce the person becoming anxious and what they could do to de-escalate a situation. Support workers explained to us how they would support this person if they displayed aggressive behaviour and their responses corresponded with the information in the risk assessments.

Support workers told us that they were kept informed about any changes in people's needs by the management team and this information was recorded in the risk assessments. A health professional told us "We (SENAD staff and health professional) have regular meetings which include the person to discuss changes in their support needs. We write the plan together and staff follow the plan. I've never had any concerns about a person's safety." The registered manager told us that risk assessments were updated regularly but if any risks changed they would be updated immediately. Records we saw had been updated with changes in people's risks.

Support workers knew how to monitor the condition of the skin of people who had reduced mobility, to make sure it remained healthy. A relative told us "[Name] has never had any bed sores. Staff help me to keep her clean." One support worker told us, "I check people's skin and if there are any red areas I tell them,

record it in their care plan and tell the manager. They will contact the GP or district nurse so it can be checked." The support worker went on to explain that the risk assessment would then be updated with any actions recommended by the health professionals. Care records showed that this was happening.

There were enough staff employed to support people safely. People told us their support workers arrived at the time expected and stayed long enough to do everything that was required before they left. A person told us "I never feel rushed by my support workers; they aren't like other companies I've worked with when you feel like they are hurrying off to another person." A relative told us "The support workers are always on time and they take their time to do their job properly." The provider's operational manager and care co-ordinators responsible for scheduling calls, confirmed there were enough support workers to allocate all the calls people required. Support workers told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Support workers said they either phoned the person or asked the office to let people know they were running late. People confirmed this happened.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us, and records confirmed, they had to wait until their DBS and reference checks had been completed before they started working with people unsupervised in their own homes. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds and criminal history. The registered manager explained the provider had a spreadsheet which tracked at what stage of recruitment applicants were at; this clearly showed when references and checks had returned. It was only once these checks were completed that people were able to begin their induction.

People were supported to take their medicines safely, if required. Most people we spoke with administered their own medicines or their relatives helped them with this. One person told us, "I take my own medication but staff always ask me if I have had it, this reminds me and means I don't miss any doses." This helped people to take their medicines safely because some had to be taken at specific times of the day or at set intervals.

Where support workers supported people to manage their medicines it was recorded in their support plan. Support workers told us, and records confirmed; they had received training to administer medicines safely which included checks on their competence. One member of care staff explained that after they had completed their medication training and checks, they worked with a more experienced member of staff for a few shifts until they felt comfortable with giving the medicines. Another support worker told us, "I did training to learn how to give people their medicines safely and my manager watches me a couple of times a year to make sure I am doing it right."

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

Clear instructions were in place for medicines that were administered 'when required', such as pain relief. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Information was documented in people's care records about what the

medication was and when it was to be used. This information corresponded to information on the person's MAR chart. Records showed that people were not given as required medication unless they needed it. We saw that when as required medication had been given it was recorded correctly.

Is the service effective?

Our findings

People said staff had undertaken training and knew how to provide the care and support they needed. One person told us "Staff know what support I need and have had lots of training, they are very good." Another person told us "I think that staff have the right training, I've never felt that a support worker didn't have the skills to support me properly." A relative explained that staff regularly attended training and this helped them to understand behaviours the person could present and how to support them.

Support workers told us they completed an induction before they supported people. Staff told us the induction included training which the provider considered essential in order to meet people's care and support needs. Records confirmed this. Support workers also told us they spent time with experienced members of staff to learn how to support people who used the service. A person said "If I have a new support worker they will come with my regular support worker to get to know me. They ask me questions and learn my needs."

The induction training was designed so that staff completed the Care Certificate by the end of it. The Care Certificate is a recognised qualification, acknowledging staff have achieved fundamental skills and knowledge expected from staff working in a care environment.

Support workers told us they felt confident and suitably trained to support people effectively. A support worker told us "The training is very good; we're always looking to improve our knowledge." Another support worker said, "We get lots of training. It is always about improving our knowledge, I find it very interesting." Records confirmed support workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults.

Support workers told us they were encouraged to complete qualifications in care and had training to support people's specific health needs for example how to support people with autism. One support worker told us, "I asked to do additional training in autism to better understand how to support a person who uses the service. The training was very good. I didn't know people with autism can have difficulty with senses and I'm now conscious of this and it can cause [Name] to react in different ways."

Support workers told us their knowledge and learning was monitored through one to one meetings with their manager and unannounced 'observation checks' on their practice. Support workers said they had regular supervision meetings to make sure they understood their role. A support worker explained they found the one to one meetings beneficial because the meetings "give us chance to ask for advice if we're unsure about things and get support before anything can become problematic." A senior member of staff told us, "I never use supervision as a negative tool. It is about them (staff they supervise) not me. It helps to build strong relationships in the team."

Staff told us that they received unannounced spot checks by their managers. The registered manager told us that during observation checks senior staff looked to see if support workers performed their duties

according to the provider's policies and training. They explained that during these observations the senior staff checked if support workers were dressed appropriately and had their ID badge. They also checked care records and made sure support workers recorded what they had done accurately. They said during visits to people's homes they talked to the person about the care they received and asked them if they were satisfied with their support workers. A person told us "(Registered manager) has been to check that the support workers are doing their job properly. They ask me if I am happy with them (the support workers) and if I want anything to change." Records confirmed support workers were observed working in people's homes to ensure they had put their learning into practice .

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in the community are called the Community Deprivation of Liberty Safeguards (Community DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. They told us they had applied for two community DoLS where they had identified they were potentially restricting people's freedom. We were told some people lacked capacity to make certain complex decisions, for example, how they managed their finances. These people all had somebody who could support them to make these decisions in their best interest, for example a relative or an independent advocate. An advocate is a person who speaks on behalf of a person to ensure that the person's preferences and opinions are considered when making a decision in their best interest.

People told us support workers asked for their consent before they provided care. Support workers had completed training in MCA and knew they could only provide care and support to people who had given their consent, or if they did not have capacity to give consent it was agreed that it was in the person's best interest. We asked support workers what the MCA meant, a support worker told us "We always work to the principles in the MCA. You can't assume someone doesn't have capacity. We encourage people to make their own decisions and understand that people have the right to choose something that we might not. If a person doesn't have capacity you make sure that anything you decide is in their best interest." Support workers said everyone they supported could make everyday decisions for themselves. In people's care records it was documented what decisions people could make for themselves and when decisions were made in people's best interest.

People we spoke with told us that they prepared meals for themselves however if they wanted support staff would help them. One person required their nutrition to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing food substitute, fluids and medicines directly into the stomach, if people are unable to eat and drink orally. Support workers we spoke with knew how to administer food substitute through the PEG and said they had received training so they could do this safely and that care records included detailed instructions that they could refer to. One support worker told us, "Before I had training I felt nervous about giving someone a PEG feed but the training helped me to feel more comfortable and I was supported by other, more experienced staff, until I felt ready." Records confirmed that the person received the correct amount of nutrition each day .

Support workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. A relative told us "The support workers take their

time when helping [Name] eat. Sometimes [Name] can hold a spoon but needs encouragement to eat enough. The support workers have a wonderful way of talking to [Name] and this helps them to eat and drink more." One support worker told us, "If someone is at risk of losing weight I complete nutritional charts and if they've not eaten or drunk enough I will record this on their communication chart so the next support worker is aware. If this continues for more than a meal I let my team leader know and this can then be referred to the GP."

Most people we spoke with managed their own health care appointments, one person told us "My independence is very important to me; I will make my own appointments and take myself." Another person said "I am able to arrange my own appointments but staff sometimes suggest I make an appointment if they notice something that I haven't recognised. They are good at reminding me when I have an appointment too." Support workers said they would phone a GP and district nurse if they needed to, but usually the person or relative preferred to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions where needed and had access to health professionals when required. Care records showed that information and guidance from other health professionals was included in the person's support records, which ensured support workers were aware of it.

Is the service caring?

Our findings

People and relatives told us support workers were kind and treated them with respect. Comments included; "They are wonderful, they're always very kind," and, "I have a lot of respect and time for them. They don't just offer support to [Name] but they are concerned for my well being too."

Support workers respected people's privacy and dignity. A person told us "I never feel uncomfortable with my support worker; they are very respectful when they offer support." A relative told us "They absolutely respect [Name's] dignity. They are not forceful but calmly speak with [Name] and explain what they are doing. The doors are always closed when they do personal care." Support workers told us how they upheld people's privacy and dignity. One support worker said "I always think about if I would feel comfortable if someone else supported me this way. If I wouldn't be comfortable then that's not how I will support someone else."

People confirmed that they were supported by regular support workers. One person said "I always have the same support workers." Another person told us "If I have a different support worker, for example if someone is ill, then the registered manager phones me to let me know who will be coming to me and then checks afterwards to make sure I was happy with them." Support workers confirmed they were allocated regular calls to the same people. Support workers told us they also read the person's care records to gain further information. The registered manager explained that people were supported by the same people however in the case of absences there were "floating staff" who knew all of the people who use the service. They went on to say "It is very important that our service users build a relationship with our staff. Without regular staff that relationship could not be built which means it would be harder to motivate people." Continuity of staff helped support workers to have a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. We looked at the call schedules for people who used the service; these showed people were allocated regular support workers.

People told us they were supported to maintain their independence. One person told us "That is SENAD's entire purpose; they help you to regain your independence." Another person told us "Definitely. SENAD has helped me regain a lot of my independence, I have control of my own life again but I know I can always ask them for support." A support worker explained to us "If we do our job well we will no longer have a job to do. We aim to help people do things for themselves and to relearn skills."

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

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. One person said "They are the best service I have had; I am included in all plans and decisions. Other services say they put people at the heart of what they do but SENAD are the first one's I've known who really mean what they say." A support worker told us "Communication is very important, without it we can't include people in their own care which isn't right. If someone communicates in a different way, with sign language, gestures or uses objects of reference, this is recorded in their care plan and you are taught how to communicate with them before you begin to support them." This ensured people who used the service were able to be involved in planning and reviewing their care.

Support workers we spoke with had good understanding of people's care and support needs. A support worker told us, "I'm never too busy to be able to spend time with the person and I can read their care plan to check for any changes." Another member of staff said, "If a person's needs change information is shared with us in their communication book. Most of the time the person will tell you too because they will have been involved in planning the change." Support workers told us they referred any changes to people's care and support needs to the office staff or the management team, and records were reviewed and updated quickly so they had the required information to continue to meet people's needs.

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

We looked at how complaints were managed by the provider. People said they would raise any concerns with the management team in the office. One person said "If I had any problems I would phone (registered manager). She is very keen to know if there are any concerns so they can be addressed." Support workers knew how to support people if they wanted to complain, we were told, "People have information about how to complain. I would encourage them to contact the manager or if they complained to me I would phone the office immediately to pass it on." Records showed that when people had contacted the office to raise concerns these had been recorded and resolved to their satisfaction. Complaints had been recorded and investigated in a timely manner. One complaint was from a person who used the service who was not happy with the level of support they received. This had been discussed with the person and other health professionals who had explained to the person that the service was to support the person to do activities for themselves and not to be done for them; this was reflected in the person's care plan. The registered manager recorded all complaints to identify if any themes developed. Where a theme had been identified actions had been taken for the benefit of people who used the service.

Is the service well-led?

Our findings

People said they were happy with the service they received and how the service was managed. , Comments included, "The manager is always happy to speak to you and to listen to anything you have to say." Another person said, "[Registered manager] has changed so many things for the better that has made a huge impact on staff."

Support workers told us they felt supported by the management team. One support worker told us, "Managers are always available to speak to, we have a few different levels of managers and they are all approachable and friendly." Support workers said they could contact or visit the office at any time to discuss any issues. During our inspection visit we observed staff came into the office and phoned the office staff during the day for advice. This enabled staff to check relevant details and to ensure they were supporting people effectively.

Support workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One support worker told us, "I love my job. I don't live locally and I travel to work here because I really believe in what we do and the company I work for. Support workers said they enjoyed working for the agency and that it was managed well. None of the support workers we spoke with could think of anything that could be improved and said the service worked well. Comments included, "I couldn't ask for more support, there is always help available if you need it." And "The work can be tiring but I wouldn't change it. I am proud of what I do."

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

People told us they were regularly asked for feedback about the service, both formally through satisfaction surveys and informally through discussions. One relative told us "I'm always being asked for my feedback, we get a questionnaire every couple of months. I think they (the provider and registered manager) really are interested in what I have to say." They explained that previously they had a new support worker but their relative had not felt comfortable with the new person. They had raised this with the registered manager who immediately changed the worker and this made the person who used the service feel happier with the support they received. We viewed the most recent satisfaction survey which had been sent to people who used the service, relatives and health professionals. The responses provided positive feedback about the care people received and how the service was managed. The majority of the feedback described the service as "good" or "very good." The registered manager explained that following this feedback they fed back the responses to staff in team meetings, which enabled any suggestions for improvement to be discussed.

Support workers told us they had regular group staff meetings to discuss any information about the delivery

of the service and to discuss any updates including new training. Support workers told us they found these meetings useful because they were able to plan as a team and share ideas with each other.

The registered manager understood their responsibilities and the requirements of their registration. For example, they mostly knew what statutory notifications they were required to submit to us and had completed the PIR which are required by Regulations. During our inspection we saw that actions the provider had identified in the PIR to improve the quality of the service had been completed. These included employing more team leaders who would be able to offer additional support to their team through supervision and conducting checks on the quality of service provided.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The registered manager told us, "I complete audits every week to check the safety and quality of the service. (The Provider) comes to the office each week too and completes further checks on what I have done." The registered manager went on to explain that the multiple checks helped to ensure no errors were overlooked and that there was consistency in the quality of the service provided. We found the registered manager played an active role in quality assurance and ensured the service continuously improved.

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

The provider completed checks similar to a CQC inspection and from these an action plan was created to drive improvement within the service. We viewed the most recent action plan and saw that actions were identified and completed within the time scales set. One action that had been identified was that some of the new staff were "falling behind in completing the care certificate work books." A plan was created for the training co-ordinator to support staff with this. This had been done and new staff were now up to date in completing the training. Another action that had been identified shortly before our inspection visit was that team leaders needed to check records more effectively. We saw training had been planned for all managers and team leaders so they had a better understanding of what was expected of them. The registered manager explained that they took pride in the level of training they offered to staff. This included having a training co-ordinator in post that both arranged and delivered training. The training co-ordinator had previously worked as a support worker which they told us helped them to tailor training to meet the specific needs of the people who used the service.

The registered manager told us the service was continuously looking at ways to improve and had, for example, started to use a new computer system which enabled them to record information relating to staff and people's care more efficiently. This enabled managers to easily access information and to quickly identify any training needs or trends in incidents.