

Senacare Ltd

Senacare Ltd

Inspection report

87 Station Road
North Harrow
Harrow
HA2 7SW

Tel: 02085720417
Website: www.senacare.co.uk

Date of inspection visit:
14 March 2019

Date of publication:
29 April 2019

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

About the service: Senacare is a domiciliary care agency that provides care to people in their homes. There were 27 people using the service at the time of our inspection, one person did not receive support with personal care. CQC does not regulate this part of the service. Most people using the service were older adults (over 65 years of age), although some younger adults with physical disabilities received a service. Everyone using the service lived within the London Borough of Harrow and the majority had their service commissioned by the local authority.

People's experience of using this service: People we spoke with told us that they were satisfied with the level of care they received from the service. People told us they felt safe in the presence of care workers and said they had been treated with respect. Relatives spoke positively about the service and told us they were confident people were well looked after by care workers and treated in a caring and dignified manner.

Our previous inspection in August 2018 found that the service had failed to ensure the safe and proper management of medicines and we found a breach of regulation in respect of this. During this recent inspection on 14 March 2019, we found that the service had made improvements and had taken appropriate action to address the breach of regulation. Our previous inspection found that Medication Administration Records (MARs) were not completed correctly and it was therefore not evident whether medicines were being administered as prescribed. During this recent inspection, we found that the service had addressed this issue and found that MARs were completed fully.

Our previous inspection found that where medicines prescribed formed part of a blister pack, the service had no record on MARs of what medicines formed the blister pack. It was therefore not clear from the MARs what medicines had been administered to people. During this recent inspection, we found the service had made improvements and MARs clearly detailed what medicines were in the blister pack.

Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

Systems were in place to help ensure people were protected from the risk of abuse. Staff records indicated that staff had received safeguarding training and staff confirmed this. Staff were aware of the process for identifying concerns and said that they would report their concerns to management without hesitation.

Our previous inspection found that there had been instances where care workers had failed to arrive at people's home and therefore missed visits. The electronic call monitoring system had failed to identify this and therefore the system was not working effectively. We previously found a breach of regulation in respect of this. During this recent inspection, we found that the service had taken action to make improvements. They had upgraded their electronic call monitoring system so that it clearly highlighted when a member of staff was late or missed a visit. This enabled the service to monitor staff punctuality and ensure staff stayed for the duration of the visit. The deputy branch manager confirmed that since the previous inspection,

there had been no missed visits.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

People received care and support from the same team of care workers and this was confirmed by people and relatives we spoke with. This maintained consistency and ensured that staff knew people and could build friendly professional relationships with people. People and relatives spoke positively about this aspect of the service.

People and relatives told us they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff received a range of training, which they said was useful to their role and responsibilities.

Where people received support around their nutrition and hydration this had been documented clearly in the care plan.

Where possible people were involved in making their own decisions about their care and staff sought appropriate consent. Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA).

People received care that respected their privacy and dignity as well as promoted their independence wherever possible.

Our previous inspection found that the service had failed to ensure care support plans were an accurate reflection of people's needs and we found a breach of regulation. During this recent inspection in March 2019, we noted that the service had taken appropriate action to address this and made improvements. The service introduced new format care documentation and this had been implemented. New format care support plans were person centred and individualised. They addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences and details of their history and interests.

People and relatives spoke positively about the management of the service. There was a clear management structure in place which comprised of the registered manager, deputy branch manager, care coordinator, field care supervisor and a team of care workers. Staff also told us that there was good communication amongst staff and they were always kept informed of important information and developments.

The service had procedures for receiving, handling and responding to comments and complaints. People and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern.

Our previous inspection found the service did not have effective systems in place to monitor and improve the quality of the service and we found a breach of regulation. During this recent inspection, we found that the service had made significant improvements in respect of their monitoring systems. The service had introduced new format medicines audits, visit log audits and regularly reviewed care records. We saw documented evidence that the audits identified issues and the service took appropriate action.

The service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through regular telephone monitoring and home visits. This enabled the service to continuously monitor this to ensure the effectiveness of the service.

The management team and office staff demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

Rating at last inspection: Requires Improvement. The service was inspected on 13 and 15 August 2018. The service was rated 'Requires Improvement' overall. The service was rated as 'Requires Improvement' under Safe and Responsive and received an 'Inadequate' rating under Well-led. The service was rated as Good under 'Effective' and 'Caring'.

Prior to the inspection in August 2018, the service had been rated 'Inadequate' at the inspections on 24 April 2017 and 13 December 2017. This was because we found that the service was not safe or well-led.

The inspection on 13 and 15 August 2018, we found that improvements had been made in many of the areas where we had concerns. However, we identified risks which had not been appropriately monitored or managed and this meant that some aspects of the service were still not safe or well-led.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, we may inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Senacare Ltd

Detailed findings

Background to this inspection

The inspection: 'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: This inspection was carried out by two adult social care inspectors.

Service and service type: Senacare Ltd is a domiciliary care agency which is registered to provide personal care and support to people living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to make sure the registered manager and staff we wanted to speak with were available on the day of our inspection.

What we did: Before the inspection, we asked the provider to complete 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 completed PIR. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people. The provider also completed an action plan following our previous inspection detailing what improvements they were making so that we could monitor this.

An inspection site visit took place on the 14 March 2019. It included speaking to the deputy branch manager, care coordinator and field care supervisor. During the inspection, we reviewed eight people's care records, which included care plans, risk assessments and daily care notes. We also looked at medicines administration records (MARs) for two people. We also looked at six staff files checking staff recruitment, training and supervision. We looked at records relating to the management of the service which included various policies and procedures, complaints, quality monitoring and audit information.

The registered manager was away on leave at the time of the inspection and therefore we were unable to speak with him on the day of the site visit. We however spoke with the registered manager after the inspection. Following the inspection, one inspector carried out telephone interviews to obtain feedback about the service. We spoke with three people who used the service and five relatives of people who received care from the service. We also spoke with four care workers. We also contacted one care professional prior to the inspection to obtain their feedback regarding the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Our previous inspection in August 2018 found that the service had failed to ensure the safe and proper management of medicines and we found a breach of regulation in respect of this. During this inspection on 14 March 2019, we found that the service had made improvements and had taken appropriate action to address the breach of regulation in respect of medicines management.
- At the time of this inspection in March 2019, the service provided medicines support to three people.
- Our previous inspection found that Medication Administration Records (MARs) were not completed correctly. We found gaps, errors and that the MAR's key to record administration of medicines was not correctly being used. It was therefore not evident whether medicines were being administered as prescribed. During this recent inspection, we found that the service had addressed this issue. The service had introduced new format MARs. We looked at two people's MARs for months from December 2018 to February 2019 and found that these were completed fully with no unexplained gaps and errors. Where the key was used, further information about the administration of the medicines was clearly detailed on the back of the MAR. This provided a level of assurance that people were receiving their medicines safely, and as prescribed.
- Our previous inspection found that where medicines prescribed formed part of a blister pack, the service documented 'blister pack' and there was no record on MARs of what medicines were in the blister pack. It was therefore not clear from the MARs what medicines had been administered to people. During this recent inspection, the service had made improvements in respect of this. The inspection found that MARs now clearly detailed what medicines were in the blister pack. The deputy branch manager explained that since the previous inspection, the service ensured that all medicines were listed individually on the MAR and this was their practice going forward.
- Previously we found that some medicines were being administered to people without a proper assessment or agreement as part of the care plan. Since the previous inspection, the service had introduced a 'medication authorisation form' for each person that received care from the service. This document detailed whether the person took medicines and if so who was responsible for administering them; the person themselves, their family or the service. This document was then signed by the relevant person to indicate that they were responsible. The deputy branch manager explained that this document ensured that all parties were clear about who was responsible for administering medicines.
- Records showed staff received medicines training and that their competence to administer people's medicines safely was assessed.
- The service had a policy in place which covered the recording and safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe in the presence of care workers. One person said, "I feel safe and comfortable with them. They wouldn't be coming into my home if I didn't." Another person told us, "I feel safe. They are kind and helpful." Relatives we spoke with confirmed this. One relative told us, "[My relative] is safe. They are kind to [my relative]." Another relative said, "I feel that [my relative] is safe. Absolutely 100% safe."
- The service had relevant policies in place, including safeguarding and whistleblowing policy. These clearly detailed the process in place for reporting concerns.
- Care workers had received safeguarding training and documentation confirmed this. Care workers we spoke with were clear about the importance of their role in safeguarding people and said if they had concerns about people's safety they would report their concerns immediately to management, and if necessary the host local authority, safeguarding team, police and CQC.
- Care workers were aware of the whistleblowing policy and told us they would not hesitate to use it, should it be necessary. They told us that they would always report to management any poor practice from staff to ensure people were safe.
- All staff we spoke with told us they were confident management would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- There were effective systems and processes in place to minimise risks to people.
- Support plans included risk assessments covering a range of areas, including those relating to choking, pressure sore management, moving and handling and medical conditions such as diabetes. There was information to guide staff members when delivering support to people, including how to reduce identified risks.
- For example, one person was at risk of choking, and their support plan contained a set of instructions to reduce the risk. This included, cutting the food into small pieces to make it easier for the person to eat. The person was also provided with fluids from a suitable cup to make swallowing easier for them.
- We noted that fact sheets were in people's care files in relation to diabetes where appropriate and for those people who were prescribed high risk medicines. This provided information about common symptoms and how to mitigate the risk. We noted that this information was not always reflected in people's individual risk assessments and raised this with the deputy branch manager. He confirmed that he would ensure that the information was contained in people's individual risk assessments so that they were specific to the individual. Following the inspection the deputy branch manager sent us evidence of this.
- Environmental safety was also considered. The CQC has no regulatory powers or duties to inspect people's own homes. However registered providers have responsibilities in relation to the environment people who use the service lived in. The service carried out an environmental risk assessment of the home at the first contact with the person. The assessment covered a range of areas, including trip hazards, fire safety, and moving and handling. Where risks were identified, there were specific actions to take to reduce the risk. In one example, we saw a carbon monoxide detector had been installed.
- The risk assessments were reviewed regularly which ensured people's safety and wellbeing were monitored and managed appropriately.
- Our previous inspection found that there had been instances where care workers had failed to arrive at people's home and therefore had missed visits. The electronic call monitoring system had failed to identify this and the system was not working effectively. Further, there was no evidence that missed visits had been investigated or action had been taken by the service in respect of these failures. The service had failed to take appropriate action to mitigate the risks associated with this and we found a repeated breach of regulation.
- During this inspection in March 2019, the deputy branch manager explained that since the previous

inspection the service taken action to make improvements. Following the previous inspection, management met with the organisation that supplied the electronic call monitoring system to discuss their concerns and find a way to lessen the risks of missed or late visits not being identified. Following the meeting, the service upgraded their electronic call monitoring system so that it clearly highlighted when a member of staff was late or missed a visit. The current system operated so that staff logged when they arrived at a person's home on an app on their phone to indicate when they arrived at a person's home and when they left. This information was then immediately recorded on the system so that office staff were able to monitor this in real time. The system enabled office staff to monitor staff punctuality and ensure staff stayed for the duration of the visit. On the day of the inspection we were able to see how the system was working to ensure that office staff were continuously able to monitor visits. The deputy branch manager confirmed that the service had not had any missed visits since the previous inspection.

- We were provided with printed out records which showed staff compliance between 25 February 2019 to 3 March 2019. We found there were no instances where staff had failed to turn up to a person's home for a booked visit. The upgraded system enabled management to obtain care worker's punctuality and attendance statistics and we saw documented evidence of this. The care coordinator explained that where concerns were highlighted, the service took appropriate action by discussing their concerns with relevant staff during their supervisions.
- The deputy branch manager explained that the service had made improvements to the staff rota. He ensured that when they devised the staff rota, they ensured that care workers worked within certain postcodes to limit the amount of travel which minimised the chances of delays. He also explained that the service created a "double-up chain". This ensured that where two care workers were required for people's care, they would work together so that they could travel together and this minimised the chances of them being late.
- People and relatives told us there were no issues with regards to care worker's punctuality and attendance. They told us care workers were mostly on time and if they were running late, the office contacted them to inform them of the delay. They also told us that care workers stayed for the duration of their visit.

Staffing and recruitment

- Staff had been recruited safely. They underwent appropriate recruitment checks before they could start work at the service. This ensured they were suitable to provide people's care.
- Checks undertaken included, an initial telephone screening of potential staff, a formal interview with a manager, a written English and numeracy test and checks on their identity, eligibility to work in the United Kingdom, references from previous employers and checks regarding any criminal records from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. Staff were required to record a full employment history and unexplained gaps were explored.
- The service had sufficient staff to support people safely and in a timely manner. The deputy branch manager told us that they kept staffing levels under review to meet the needs of people using the service.
- The service had an on-call system to make sure staff were supported outside the office hours. This service was available at evenings and weekends.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff had completed training in infection control prevention. Staff wore uniforms.

- The service had an infection control policy in place.
- Staff received personal protective equipment (PPE) such as gloves and aprons and this was confirmed by staff we spoke with.
- Some relatives we spoke with told us that the care workers no longer wore shoe covers when they went into people's homes to provide care. These relatives did not complain about this but explained that they were not sure why care workers did not wear them and said that they would prefer care workers to wear them. We discussed this with the deputy branch manager and registered manager. They explained that care workers previously wore shoe covers however the service's insurance provider had raised an issue with this and therefore the service had changed their position so that care workers did not wear them. They advised that they had informed people and relatives of this but said that they would ensure they understood the situation. Following the inspection, management advised that their insurance provider had informed them that they needed to have detailed and appropriate risk assessments in place if staff were to wear shoe covers. Management explained that they were in the process of doing this and would ensure that the current position was clearly communicated with people and relatives.

Learning lessons when things go wrong

- The service had a system for managing accidents and incidents to reduce the risk of them reoccurring.
- We noted that since the previous inspection, no accidents or incidents had been documented and we raised this with the deputy branch manager. He confirmed that there had been no accidents or incidents since the last inspection. However, the service had a policy to follow should any incidents occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us that they had confidence in care workers and said they were well cared for. One person said, "I am happy with the care." Another person told us, "The carers are fine. They do follow the care plan." One relative told us, "[The carers] know what they have to do."
- Staff received a five day induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely. The care coordinator explained that Care Certificate standards were incorporated in the induction programme for new staff. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff had completed mandatory training, which covered a range of areas, including food hygiene, infection control, health and safety, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA). Staff received classroom based training which was provided by the care coordinator who was also the service trainer with the relevant qualification in place to provide training to staff. We saw that relevant certificates were in place in respect of this.
- Staff we spoke with told us they felt supported and spoke positively about the training they received. Staff were trained, skilled and experienced in their role. One member of staff told us, "We have regular training in person. It makes such a difference. Practical training."
- The deputy branch manager explained that management carried out regular staff on site supervisions. He explained that the service did not refer to them as 'spot checks' as the purpose of these were to "support and guide staff instead of just checking on them". Staff were also supported through supervisions and a yearly appraisal of their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support plans showed that people's needs had been individually effectively assessed. They contained the information and guidance that staff needed to deliver the care and support that people needed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, and preferences were included in their support plans. This helped staff more fully understand people's individual needs and effectively provide the care that they needed.
- People's health and support needs were regularly reviewed with their involvement and updated in their care records.
- People who used the service and relatives told us they had been involved and consulted during the assessment process. People's care needs and personal preferences had been discussed with them before they started receiving care from the agency.

- Staff completed notes for each visit, recording the care and support provided to help the service track and review people's progress.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of the inspection, the service supported seven people with their food and drink.
- The service assessed people's nutritional needs and supported them to have a balanced diet. Where people required help with eating and drinking this was clearly documented in their care plans. Care support plans included details about people's likes and dislikes.
- Staff understood and supported people's cultural and religious dietary needs. They consulted with people about the types of food that they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- Care workers had attended training in nutrition and healthy eating.
- The deputy branch manager confirmed that staff were trained to report all changes in people's weight so that the service could take appropriate action.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access the healthcare services they needed. There was information in people's care files to inform staff about people's health, behaviour and general wellbeing. Guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed. The actions for staff to take were clear, person centred and described how to provide effective support.
- People's health care needs were mostly dealt with by the person's family. However, care workers said they would contact emergency services if they had concerns about a person's immediate health.

Staff working with other agencies to provide consistent, effective, timely care

- The host local authority had carried out checks of the service in 2018. The service had taken action to address shortfalls found.
- Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.

Ensuring consent to care and treatment in line with law and guidance

- People's rights were protected because the service ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met.
- The 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.
- Since the previous inspection, the service had introduced new format care support plans. These included a detailed section relating to people's mental capacity. This included information about people's capacity in respect of consent, care needs, medicines and life choices. We noted that care support plans had been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it.
- People we spoke with said staff were friendly and asked for their permission before providing personal

care. Staff had received training in the MCA.

- Care workers were aware of the importance of ensuring people were able to make their own decisions as much as possible. They told us that they always ensured people were given a choice and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us they were treated well and with respect when being cared for by care workers. One relative said, "The carer is absolutely wonderful. I can't praise her enough. [My relative] looks forward to seeing her." Another relative told us, "The carers are pleasant and caring. They have built a good relationship with [my relative]."
- People's protective characteristics such as age, ethnicity and disability were taken into consideration when supporting them. People and staff were matched according to their individual preferences.
- The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, provisions had been made to support people's diversity, and this included gender preferences.
- The agency supported people to meet their personal needs in relation to religion, cultural background or sexuality. For cultural reasons, one person followed a vegetarian diet and the service supported the person to meet this need. Another person had a temple in their home and staff ensured that they didn't go into certain rooms in the person's home to ensure that they respected this person's wishes.
- Staff had a good understanding of protecting and respecting people's human rights. They had received training around equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect. One relative said, "Carers are very respectful. They treat [my relative] with dignity." Another relative said, "[The carer] is absolutely caring. They are so so good."
- People were supported to maintain their independence. Their care records contained information about their choices and independence.
- Staff knew each person's ability to undertake tasks related to their daily living. They took time to support people to participate as fully as they could.
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.
- The service had a comprehensive service user guide in place which detailed the aims and objectives of the service. One of the aims of the service was to assist people "to live as independently as possible in your own home and enable you to have as full and interesting lifestyle as possible." The deputy branch manager explained that that this the service always worked to ensure they met this aim.

Supporting people to express their views and be involved in making decisions about their care

- Staff we spoke with were aware of the importance of seeking consent from the people they supported.
- People told us they received support that provided choice and control of their lives with staff supporting them in the least restrictive way possible. The provider had policies and systems in the service that supported this practice.
- Staff were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included their likes and dislikes, gender, interests, culture and language.
- People and relatives we spoke with told us they had been consulted about their care arrangements and had agreed care arrangements with management that were at suitable times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Our previous inspection found that the service had failed to ensure care support plans were an accurate reflection of people's needs. This meant that people were at risk of receiving care and treatment which was not appropriate and we found a breach of regulation.
- During this inspection in March 2019, we noted that the service had taken appropriate action to address this and make improvements. Following our inspection in August 2018, the service introduced new format care documentation and this had been implemented. We looked at a sample of these and found that the new format care support plans were holistic and person centred. They were comprehensive and provided clear guidance for staff on how people's needs should be met.
- Care plans included details about people's history and medical background. There was a plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, mobility, medicines, religious and cultural needs. They contained information about people's past, previous interests and occupations. This information assisted care workers to understand people's individual's needs so that they could provide the appropriate care and have relevant conversations with them.
- Where people used dentures, the service implemented an oral care plan which provided information about people's oral care needs. The deputy branch manager explained that the purpose of these oral care plans was to ensure people receive the appropriate mouth care and were provided with ongoing support.
- Our previous inspection found that whilst the service responded to people's changing needs, care records were not always updated accordingly. During this inspection, we noted that the service had taken action to address this. We saw documented evidence that people's care records were reviewed at least every six months or more frequently if required. This enabled the service to monitor and update care support plans as required.
- We viewed a sample of completed daily visit records and noted that staff wrote information that identified the person's state of health and wellbeing, and their ongoing progress.
- People told us they experienced consistency in the level of care they received and received care from regular care workers. This was confirmed by relatives we spoke with. One person who received care told us, "I have had stable carers around me for the last six months and this is good." One relative told us, "There is consistency in terms of carers. It is really refreshing."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that currently all the people using the service understood English so understood verbal communication from staff. Some documentation included pictures to help with accessibility of the information.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint.
- Since the previous inspection in August 2018, we noted that the service had received one complaint. At the time of this inspection in March 2019, the service was in the process of investigating this.
- People and relatives felt they would be listened to if they needed to complain or raise concerns. One person said, "They talk to me and do listen to what I ask. I am happy with them," Another person told us, "I can contact the office and feel able to. I have all the numbers and wouldn't hesitate to do so." One relative told us, "Senacare is responsive. If I have had an issue, they have been more than helpful and changed things."

End of life care and support

- At the time of our inspection the agency did not provide end of life care. The deputy branch manager explained that they would ensure that staff received the training and support that they needed to provide people with personalised care if they needed end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Our previous inspection in August 2018 found that the service did not have effective systems in place to monitor and improve the quality of the service and we found a breach of regulation of regulation in respect of this. We previously rated the service as 'Inadequate' under Well-led due to the issues we identified at previous inspections [This information can be found in our previous inspection reports which were carried out in August 2018, December 2017 and April 2017]. During this inspection in March 2019, we found that the service had made significant improvements in respect of the deficiencies we previously identified and they had taken appropriate action to address the issues previously raised.
- Our previous inspection found that the service carried out audits of MARs but there were instances where these had failed to identify errors and incomplete MARs. During this recent inspection, we noted that the service had introduced new format audits which included information about any issues identified and action taken by the service. The deputy branch manager confirmed that management carried out an audit for every completed MAR and we saw evidence of this. We looked at a sample of audits for two people between December 2018 and February 2019 and found that the audits carried out were comprehensive. Further, where any issues had been identified in respect of the completion of MARs, these were clearly documented on the MAR along with information about what action the service had taken.
- Our previous inspection identified discrepancies in relation to spot checks (unannounced visits to observe care). During this inspection, we spoke with management about this and they explained that they had investigated the discrepancy and had found that it related to one care supervisor. They had spoken with the member of staff concerned and also carried out further supervisions. We checked a sample of spot checks and found no discrepancies during this inspection.
- We previously raised an issue in respect of visit log audits. The service previously did not check all logs and we where we found errors and inconsistencies with logs, the service had failed to identify these. The service therefore did not have an effective system in place to check logs of visits sufficiently. During this recent inspection, we saw evidence that management checked all visit log documents and since the previous inspection had introduced a visit log audit form which enabled management to document their checks and detail any issues they encountered. We checked a sample of these and found that there were no discrepancies and audits were completed consistently.
- Our previous inspection found that some care records included inaccurate information. For example, in people's care plans the date of birth for one person was recorded differently in sections and the preferred name of another person was recorded differently. Following the previous inspection, the service reviewed people's care files to ensure the information was accurate. Further, the deputy branch manager explained that management reviewed people's care support plans every six months or sooner to ensure the

information was correct and up to date.

- We previously found that the electronic call monitoring system did not identify which person a care worker had visited and also failed to identify missed visits. After our previous inspection, the service upgraded their system so that it identified late and missed calls and they could continuously monitor this.
- It was evident that the service carried out a range of audits of the quality of the service and took action to improve the service as a result.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service planned and promoted person-centred care for people. People and relatives we spoke with felt the service provided a personalised care that supported them to develop or regain independent living skills and met their needs appropriately.
- Staff had been trained so that they had skills, knowledge and experience to deliver high-quality care which met people's individual needs.
- The service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- People and relatives we spoke with gave us positive feedback about the agency. They felt staff were caring and knew people's needs and the management team were responsive to requests made by people.
- People were frequently asked about their satisfaction with care provided. The service carried out quality monitoring which included regular telephone calls to people and relatives. This ensured they monitored this consistently over a period of time and enabled them to take immediate action if concerns were raised.
- The CQC rating of the previous inspection was displayed in the office and on their website as required in line with legislation. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff we spoke with told us they felt supported by management and there was a clear leadership structure. They told us that the service had improved over the last six months. One member of staff told us, "We get unbelievable support. Management are very helpful. They will help in any way they can. Support is brilliant. I can't fault it." Another member of staff said, "The support is very good. If I have any questions, they are always on call. They are very much approachable. They never turn me away and always have time for me and my questions."
- The service sought feedback from people, relatives and staff and took appropriate action.
- We found the management to be knowledgeable about issues and priorities relating to the quality and future of the service.
- Staff told us there was an open culture within the service and they could raise any issues at team meetings and felt confident and supported in doing so.
- Staff felt respected, valued and supported by management. They were encouraged to identify opportunities to improve the service. The deputy branch manager explained that it was important to recognise staff achievements and the service had a 'carer of the month award' where staff achievements were celebrated and received a shopping voucher.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People who used the service and relatives we spoke positively about communication within the service. One person told us, "Communication has improved massively since Christmas. It is completely different in a positive way. [Deputy branch manager] knows what he is doing." One relative said, "Communication is very good. They call me if anything changes." Another relative told us, "I am favourably impressed with the agency. Senacare is ready to listen."
- People and relatives told us the agency regularly sought their feedback and opinion about the service provided through regular reviews and telephone monitoring.
- Records we looked at showed the agency asked people about their feedback. The deputy branch manager confirmed that they were in the process of completing a satisfaction survey. They had sent these out to people and relatives in February 2019 and were currently waiting to receive responses. Once they had received these, they would analyse the results.
- Staff spoke positively about communication within the service. They said they had monthly meetings where they were updated regarding the operation of the service and were asked about their feedback about the service. They thought the management team had been responsive to their suggestions. One member of staff said, "Management always ask for our input. They listen." Another member of staff told us, "Communication is really good. The agency is well managed."
- We noted that the service had detailed meeting agendas which detailed what was discussed during the meetings. However, we noted that the meetings were not always documented and raised this with the deputy branch manager. He confirmed that in future they would ensure they documented these meetings.