

Saracen Care Services Limited

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Inspection report



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Ratings

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

Summary of findings

Overall summary

About the service

Saracen Care Services Ltd provides personal care and support to people with a learning disability, physical disability and/or mental health need in their own home or in shared accommodation. At the time of the inspection, there were 25 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People continued to receive an outstandingly caring and well-led service. Following our previous inspection, the service had further developed their exceptional person focused approach and responsiveness to people's needs. Staff viewed each person as individuals and we found people had been empowered, through creative communication, to make truly informed decisions that enabled them to live the lives they wanted. Highly motivated staff worked tirelessly to advocate for people and find solutions with people to negotiate the challenges they faced when making their life choices.

Since the previous inspection the provider and registered manager had continued to develop and improve the service. This had led to improved outcomes for people and excellent levels of support. Time and resources had been invested to develop a variety of accessible communication tools to support people to take control of their care.

People and their relatives spoke highly of the staff and the support provided. Without exception, people and relatives praised the staff for their caring attitude and their commitment to

support people. The staff valued and respected people decisions about how they wanted to lead their lives and the support they required. Staff understood the different and diverse needs of people and delivered care which was non-judgemental and promoted equality. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care provided by the service was person centred and focused on people's individual wishes and strengths. Staff had encouraged people to maintain their interests and relationships and be inclusive in the community. The provider supported people with the use of technology to assist people in communicating and understanding their needs and how to protect them from danger.

Comprehensive care plans were in place to provide staff with the guidance they needed to support people. Control measures and risk management plans were in place for people with specific medical conditions and others who were at risk of harm or harming others. People, where possible, were supported to understand the risk involved in any activities they were doing and how to stay safe. Health care professionals reported that the service was highly effective and responsive to people's needs and that staff worked collaboratively with them to achieve the best outcomes for people. People's medicines and finances were managed safely.

Safe recruitment practices of staff were used. The managers valued people's feedback about the staff who supported them. All staff completed an induction programme and were trained in their role. Staff reported they felt supported and that managers were approachable. An effective on call system was in place to help manage out of hours concerns.

Complaints, accidents and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events and managers worked openly and took prompt action to address any shortfalls.

There was an extremely positive 'can-do' culture within the service. The provider had a well-developed management system in place with clear responsibilities for every member of their staff team. The management team provided support to staff and a clear vision and strong values about how people were supported. The provider's governance was well-embedded and there were effective assurance systems that ensured ongoing compliance. There was a strong ethos of learning when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 26 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Saracen Care Services 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 prior notice of our inspection as some people using the service did not have the mental capacity to agree to a home visit from an inspector. The service needed time to complete the legal process for gaining permission on people's behalf.

Inspection activity started on 2 September and ended on 5 September 2019. We visited the office location on 2, 3 and 5 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and observed the interactions of staff with four other people to help us understand the experience of people who could not talk with us.

We also spoke with eight relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, care director, two quality managers, a human resources manager, a training manager, two care managers, two senior staff and four care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from seven professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained.
- People and their relatives told us they felt safe. Comments included "Yes I am happy around the carers. I have my favourites, but they are all nice."
- Staff had invested a lot of time in supporting people to understand their personal risks and the possible actions they should take to protect themselves.
- Comprehensive policies and protocol in relation to supporting children ensured staff were aware of how to keep children safe, free from exploitation and harm and supported in a manner which was appropriate to their age group. The managers were aware of the legal frameworks and principles of supporting children and their role to work inclusively with family members, the local authorities, educational services and other relevant organisations.

Assessing risk, safety monitoring and management

- People were supported to take positive risks to maximise their independence. For example, people were supported to explore new activities such as swimming, have intimate relationships and to own a pet.
- People's personal risks had been identified and assessed. Detailed control measures were in place to provide staff with the information they needed to support people to remain safe. This included guidance for staff to support people using ceiling track hoists and how to safely support people who experienced seizures. Possible triggers and de-escalation strategies were recorded for those people who may become agitated or frustrated and display behaviours which may challenge others.
- Staff told us they felt sufficiently trained to support people to manage risk. Staff worked with specialist health care professionals to ensure that people received safe care and treatment in line with their recommendations. One health care professional wrote to us and said "I can confirm a very positive experience with Saracen Care who meet the needs of complex young people in our service. Risk is carefully assessed and managed with careful risk assessments and support plans. Saracen are clear in terms of staff training and the type of support they are able to deliver, particularly around use of safe hold and restrictions."
- People's needs, and risks were continually reviewed, and their care plans were updated to help prevent further incidents. This included a weekly management meeting and keyworker meetings to discuss people's wellbeing and any accidents and any incidents where people had exhibited behaviours that had challenged themselves or others.

Staffing and recruitment

- Robust systems were used to safely recruit new staff and vet agency staff. The service used a value-based

approach when recruiting staff as well as exploring their previous employment, criminal background and health and wellbeing to ensure they were of good character.

- There were sufficient numbers of staff to support people. Where possible, people were supported by a small staff team that were familiar and competent to support them. People's preferences in staff such as their gender, interests and skills set to support people were considered before staff supported people. An electronic system helped to plan staff rotas and prevented people being supported by staff who had not been matched with them.
- An effective and proactive on call system was in place. Information about potential concerns relating to people or possible staff shortages were shared in advance to the on-call staff to enable them to consider and implement a contingency plan if required. Any on call involvement was communicated to the managers daily for them to review and take action if required.

Using medicines safely

- Safe medicines management systems were used by staff who were trained to ensure people ordered, stored and received their medicines as prescribed or as needed. The management and administration of people's medicines were clearly recorded to guide staff in how to support people with their medicines.
- People were supported in different formats and approaches to understand their medicines and side effects such as easy read leaflets. Staff researched people's medicines and worked with health professionals so that people could better understand the reasons, risks and benefits of their medicines. People's preference in how they wished their medicines to be administered to them was clearly recorded to give staff guidance such as the order they should be administered.
- Comprehensive guidance on was in place for people who required medicines such as epilepsy recovery medicines or medicines which helped people to manage their anxiety. The reasons and frequency of use of these medicines were monitored to ensure the medicines were effective and not misused.
- Regular medicines audits ensured that discrepancies on the management of people's medicines were quickly identified.

Preventing and controlling infection

- People were protected against infections. Staff were trained in infection prevention and control and had access to personal protective equipment such as disposable gloves and aprons.
- People's care plan's prompted staff to be proactive in protecting them from the spread of infection such as carrying out effective handwashing between tasks. Staff supported people to maintain high standards of personal cleanliness and keep their home clean and free from infection.

Learning lessons when things go wrong

- The services policies and procedures to support people to manage their medicines and finances had been robustly reviewed following some medicines errors and financial discrepancies in people's money. As a result, new systems were introduced, and staff received additional training to help minimise the risk of further medicine and financial management irregularities.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Managers were aware of the legal frameworks to support adults and children. There was an all-inclusive approach in working with people, families and other organisation such as health care professionals and advocates to gain the best results for people such as living independently in the community and making independent decisions about their lives.
- The service had been recognised for providing a service with people's complex behavioural and physical needs. A comprehensive assessment of people's needs was carried out which focused on people's strengths and how the service could support them to progress in their wellbeing.
- The service technology and electronic devices such as tablets and computers creatively to helped people understand information such as using safety awareness videos to improve people's safety awareness.

Staff support: induction, training, skills and experience

- People were supported by staff who felt valued, supported and highly trained to support people with complex needs.
- A training manager had an overview of the training and support needs of staff and mentored and line managed new staff during their first 12 weeks of employment. New staff attended a comprehensive induction programme and were signed off by the training manager as competent before they became part of the staff team.
- Staff who supported children were provided additional training to help support and safeguard children.
- Staff had been supported to develop a strong understanding of how people with complex needs were required to be supported. In addition to their mandatory training requirements, staff were provided with opportunities to learn about people's health conditions and support requirements such as autism, mental health, drug and alcohol misuse and positive behaviour support.
- The skills and competencies of staff were regularly checked to ensure they were knowledgeable through supervision. Staff competencies to assess their understanding of people's specific care needs and conditions were being further developed to ensure staff had the skills to support people with complex needs.

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

- When needed people were supported to plan, shop, prepare and eat their meals. People made their own decisions about their meals using pictures of meals and menu planners and were encouraged to help them prepare their meals.
- People were encouraged to understand and eat a healthy balanced diet as well some favourite snacks and meals of their choice and chose to eat out. Staff were aware of people's dietary requirements and how

to prepare their meals and drinks to eliminate the risk of choking. They spend time with people to explain their dietary requirements.

- Staff promptly reported changes in people's dietary needs and appetite. People were referred to the dietician or staff had considered people eating their main meals at different times of the day when they had a bigger appetite. This approach has led to people eating a varied diet and maintaining their weight.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Relatives praised how staff supported people to access health care services and how they were always informed of changes in people's healthcare. One relative said, "They [staff] are on the ball, keeping up with appointments and making sure they are regularly reviewed by the GP and the other services".
- Each person had a health action plan and hospital passport which was used to share relevant information between health services and hospitals as required. This ensured people's health care was monitored and care and treatment were provided in people's best interest.
- All the health care professionals who contacted CQC, reported that they felt the service was effective in meeting people's needs and staff always implemented their recommendations and reported any concerns promptly to them. One health care professional said, "The staff team have demonstrated that they will respond to advice and recommendations given to them by myself and others."

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

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. 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff worked with people who were transitioning from the children services to adult services, their families and health care professionals to enable them to make their own decisions about their life and how they wished to be supported. Through the outcomes of best interest meetings on behalf of people who were unable to consent to their care, staff had the information they needed to support people in the least restrictive way.
- Staff and managers were aware of their responsibility of supporting people in the least restrictive manner and the importance of working with people's representatives and advocates to ensure their human rights and freedom of liberty were always upheld.
- From our observations we found that the principles of MCA were embedded in staff's care practices. We observed staff asking for people's consent before they delivered care and involved people in any decisions such as their meals and activities for the day.
- People were continually offered choices and encouraged to express their wishes and preferences. People were supported with picture cards or electronic devices to communicate their decisions.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service was focused on empowering people to express their views and being in control of their lives. Staff were exceptional at developing positive relationships with people and excelled at supporting them emotionally with compassion. One person told us they could live the life they chose, and that staff supported them to do this in a non-judgmental manner. Another person had been supported with the use of pictorial aids, to make a decision to have a do not resuscitate order in place in the event that their health significantly deteriorated. One person spoke about the relief they felt in being supported to take control of their lives when making these difficult decisions.
- Staff saw people as experts when it came to how they needed to be supported and were open to hear what they could do to enhance people's care experience. Two people had lead information sessions for staff to better understand their health conditions and for one person this led to a significant decrease in their hospital admissions. Staff told us they now had a better understanding and empathy with people's physical and emotional needs.
- Staff continued to go above and beyond people's expectations to provide a service which treated people with true kindness and promoted well-being and happiness. One person told us "I love my little team. They are the best." People were consistently supported to fulfil their dreams and overcome fears. One person's dream was to drive a car and pass their driving test. Staff invested time in planning with them how they could achieve their goal. The person initially was supported to practice and complete the theory test and then started the process of driving lessons. After two failed driving tests, staff supported them to find a driving instructor with an automatic car. They have since passed their test and plan to buy a small car. Staff went out of their way to support other people to achieve their dreams such as night fishing, eating fish and chips at the seaside and riding on a train.
- The provider valued people's views and experiences about the service. A steering group had been set up for representatives of people who use the service to meet and express their views, share information and arrange activities. Information from the steering group was shared in the service's accessible newsletter. The newsletter also provided information about events, clubs, and community activities. One person expressed an interest in becoming more involved with Active Gloucestershire as they looked to set up a Power Lifting Team to gain Gloucestershire entrants for the National Special Olympics.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's wishes and requests to maintain relationships with people who mattered to them. People had been provided with different opportunities to develop new relationships and attend social events in the wider community. For one person, staff had supported them to re-acquaint with an old friend

and planned to have regular future meet ups. Staff had supported people to understand possible risks associated with their decisions to enable them to make informed and independent choices about their lives. For example, staff had supported and helped one person to develop strategies to protect themselves from persuasive relationships.

- We observed that staff knew people well and were attuned to people's speech, body language and unique signs which helped them understand people's views. Staff knew people well and knew their individual preferences, likes, dislikes and communication needs. Staff were sensitive and knowledgeable about people's individual ways of communicating. Through time and dedication, staff had gained an understanding of people's limited verbal communication. Staff had explored different ways and innovative electronic devices and tools to enable people to express their views and needs. For example, hand held computer devices was used for one person to enable staff to explain health care appointments.
- Staff went out of their ways to find different ways of helping to people to come to terms with their new living situations. Staff invested time into people to help build up a rapport and trust within their relationship which in turn allowed them to overcome barriers and work on their strengths. This was confirmed by relatives and healthcare professionals. One relative who spoke of the complex needs of their family member said, "I can honestly say they have turned our lives around. Without them we wouldn't have survived. The carers have a real passion for their job. They do an excellent job." Staff helped people use technology to enable them to live more independently such as using assistive technology to remind them to pay bills.
- The critical process of matching of staff to the people they supported had resulted in people benefiting from outstanding positive relationships between staff and people. For example, staff who were of a similar age or had similar interests to people were matched together. From our observations of staff, you could see that staff were genuine in their rapport and respect for people. There was clear evidence of warm and friendly relationships between people and staff without over stepping the professional boundaries.
- Staff were always respectful and treated people and their relatives equally and with dignity at all times. Supporting people's human rights and dignity was embedded in staff practices. One person confirmed this and said, "The staff that support me are really good. They give me space if I need it but there for me if I want any support."

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception everyone spoke positively of the staff who cared for them and told us the staff were highly motivated and dedicated to providing high quality care to people. People told us that their staff teams were exceptional. One person said, "They are the best." Another said, "They are wonderful. I wouldn't want to be supported by anyone else." Relatives said comments such as "I can't praise them enough", "They [staff] all go above and beyond for my Mum, who is at times difficult to manage" and "The care they [staff] provide is outstanding. They do a tough job, but they are always willing to look at how they support [name] and to see if it could be done differently." Health care professional expressed that the caring nature of staff was the strength of the service. They said comments such as "My experience is that Saracen are a sympathetic provider who will go the extra mile to accommodate and include family requests, whilst being clear on the boundaries regarding what they can offer" and "I was extremely impressed with the homes and the staff were really informative and friendly.They appear to take a very person-centred approach and appear to have a very skilled team of support workers who are very dedicated to the service."
- Staff supported people sensitively with protected characteristics such as their sexuality, religion and culture and helped them be part of similar communities. Managers dealt with ethical dilemma and became advocates for some people to break down prejudices of others

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff had outstanding skills and an excellent understanding of their individual needs relating to their protected equality characteristics and their values and beliefs, which may influence how they want to receive care. Since our previous inspection the service had focused on further enhancing people's control and autonomy over their lives.
- Staff ensured people were fully involved in making decisions about how they wanted to be cared for and promoted their equality. This helped people to make sense of information when difficult decisions needed to be made. Two people had to make life changing decisions about medical treatment. Staff had gathered all the information they needed to help them make an informed choice including easy read leaflets about their medicines and side-effects and worked tirelessly with health care professionals to provide assurances through every stage of the process and to protect their human rights to live their life as they wished.
- Staff had an outstanding knowledge of people's individual needs and had been responsive to people's individual requests or potential of becoming more involved and independent in their care and health needs.
- Staff responded to people's requests to be more involved and make their own decisions about the management of their conditions. For one person, staff had supported and empowered the person to gain better awareness and to develop their own diabetes care plan and manage their own insulin and medical appointments independently. Staff had supported another person to attend a health awareness day and seek support from health care professionals to better understand the impact of unwise meal and drink choices on their health.
- Staff had empowered and encouraged people to explore their care and support options at their own pace and had supported people to explore sources of additional help and advice with care and sensitivity. One person expressed a wish to manage their own medicine. Staff invested a lot of time and training for them to understand their own medicine, the side effects and safe handling. This happened at the person's pace and they are now self-medicating and attending their medicine reviews with their GP independently. The service has also developed a set of competencies to aid people's development of their skills to self-manage their health and medicines.
- Staff made sure that people received the support they needed and wanted. Staff were particularly skilled when exploring and trying to resolve any conflicts and anxiety involved. In one supported living household staff worked creatively with people to prepare them to live without overnight staff.
- Staff supported them to develop their self-confidence through additional support and training such as role play about stranger danger, management of fire and emergencies. Since our last inspection, the service had used innovative ways of using technology to improving people's skills and awareness such as developing short training videos with people acting and role-playing different scenarios which may put

people at risk such as fire awareness and unsafe relationships. This has resulted people being able to explore and develop skills to manage their anxiety and live independently with no staff staying overnight.

- Staff had a personalised approach when supporting children who were transitioning from the children to adult services and worked within the legal frame works. Care plans identified the intended outcomes for each child in relation to their health, emotional, social and educational welfare. Staff were aware of the requirement of statutory reviews by an independent reviewing officer. One health professional wrote; "Saracen Care have always been clear in terms of recognising their capabilities and will not stretch themselves and risk a detrimental effect on an individual. They plan well, ensure an appropriate transition to their services. They are responsive and credible in their service delivery."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Each person had a keyworker who took the lead on ensuring people received the care and support they needed and achieving their goals. Staff had invested time and went out of their way to help people overcome their fears and barriers and achieve their personal dreams and wishes. Staff had supported one person to overcome their fears of travelling by train by initially spending time at the train station observing the trains arriving and departing and watching passengers getting on and off the trains. In time, the person built up the confidence to travel on the train.
- Staff had arranged for another person who was a big football fan of a local team to go behind the scenes of the local football club and meet the players. Another person who was enthusiastic about the police was given an opportunity to meet the police, try on their uniforms and attend the police open days.
- People were supported to maintain and develop relationships with friends and family. For example, one person was supported to meet a person they used to live with. Staff told us the meet up was a great success and they would be arranging further dates in the future.
- People were supported to be part of the local community and engage in local events. Staff supported some people to arrange their own fun fair and raise money. People who use the service, staff and local residents were invited to the event which was a great success and enjoyed by everybody.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took every opportunity to assist people to communicate their support requirements, choices and wishes depending on their communication needs and preferences such as sign language, easy read formats, pictorial and word cards and the use of technology. The service was testing the use of video care plans which enabled people to be more involved in their care planning and provide staff visual prompts and information on how best to support people.

Improving care quality in response to complaints or concerns

- Any concerns or complaints made by people, their relatives or stakeholders were taken seriously and used as an opportunity to reflect on the services practices and policies. Staff valued feedback from people which enabled them to reflect on the care being provided. For example, there was evidence that the complaint of one person was investigated and a series of recommendations were implemented by the manager to address their concerns.
- People were supported to access the service's complaints policy through advocates, easy read complaints policy and with support from people's key workers. People were supporting the service to make a video to explain how people who used the service could make a complaint or raise a concern.

End of life care and support

- The managers told us they were taking a sensitive and phased approach of speaking to people and their families about people's end of life care and wishes. Staff knew people well and were able to identify and promptly report changes in people's wellbeing. For example, staff were working with a health care professional to better understand and monitor people's health baseline who would be unable to communicate about changes in their well-being. This would provide staff with additional information if people started to show symptoms or behaviours of becoming unwell.
- People's end of life care had been planned with significant others to ensure that end of life care would be delivered in their best interests. The management had used guidance and resources to explain death and the different stages of grieving to people with a learning disability.
- Staff had been trained in end of life care which focused on respectfully supporting people in a multidisciplinary approach and focus on positive outcomes for people.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People continued to benefit from an exceptionally well led service and people were happy with the service. One health care professional wrote to us and said, "Very well led - I would say that this is at the director level, through to service managers. I would thoroughly recommend working with Saracen." A person said, "I am very happy with the managers. They make sure things get done and always there for me." It was clear from speaking to staff and managers that was an open and transparent culture throughout the service with a willingness to learn from mistakes and drive improvement.
- The service had initiatives to show staff they were valued, to promote staff wellbeing and retention. The provider told us that the skills and competencies of staff were integral to their aim to deliver high quality care. They said "It starts from recruitment, through induction and supporting our staff to personally develop, be our critical friend and support people with the best possible care. To do this we invest into our staff." Staff were thanked individually for their hard work and commitment.
- Staff had the opportunities to progress in their role and within the service. Management and leadership training and meetings were held to enable staff to learn and develop their own skills to become effective leaders.
- The provider had enlisted clinical psychologists to help staff to support and come to terms with people's palliative care needs and to explore the possible outcomes which may have been difficult for staff.
- Staff were passionate, highly motivated and proud to work with the service. Comments included, " Right from interview stage, they [the provider] are in care for the right reasons and I feel privileged to work for them. Their values are very much incorporated in people's care."
- Since the previous inspection the provider had continued to develop and improve the service. This has led to improved outcomes for people and excellent levels of support. The service had developed a significant number of creative communication tools which included pictures, easy read, video care plans, training videos involving people and an accessible newsletter to strengthen people's involvement in expressing their views and driving their own care. The caring culture of staff had been enhanced through the use of these tools and people were supported with compassion to make difficult life decisions.
- The provider had further developed staff's specialist skills. Staff were encouraged to become leads and trainers in areas of interests such as autism and Mental Capacity Act which enable them to tailor their training to the needs of the service. People and their relatives were supported to deliver information sessions to staff to better understand their needs. We found this led to a confidence in staff with a 'can do' attitude, supporting people creatively to take control of their lives, advocating for people and challenging stereotypes.

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

- People continued to be very much involved in the running of the service. The person-centred approach meant people were in control, directed their care and support, and lived their lives the way they wanted. People were asked for their views about the service via visits, phone calls and surveys. They were involved in, planning events and activities. They were involved in the checks on staff within their home and invited to give feedback on staff. People were involved in staff recruitment. Their feedback about potential new staff and their views of the staff who they wished to support them were continually reviewed and considered by the management team. Representatives of people who used the service regularly met with the director of care to discuss their experiences and make suggestions about the care their relatives received. The provider was looking into how technology could further assist them in capturing people's experiences of care.
- Feedback was acted on and used to improve the service such as person specific training for staff to enable them to better understand people's conditions and care requirements. The service was working with some families who said they wanted to see some strengthening of their relatives' staff team and to review the management's communication with them to ensure it met their needs.
- Staff felt able to contribute their thoughts and experiences informally and through regular meetings.
- People received information about what was happening in their community. Since the previous inspection, the service had developed an accessible newsletter to share service and local information with people.
- People were supported to part of the local community and to get to know their neighbours. For example, together people and staff had arranged a fun fair of games and stalls to fund raise money for a mental health charity.
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally with respect for protected characteristics.

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

- The registered managers and managers understood their registration and legal requirements to report any concerns and work openly with other statutory agencies. Their policies and protocols reflected the legal frameworks of supporting adults and children.
- Quality assurance arrangements were robust with an emphasis to continually review, learn and make improvements. The structure of the management team allowed them to have a very good oversight and understanding of the complexities of the people who the service supported. Regular quality audits were completed in relation to medicine audits, staff observation and internal quality audits of specific households and action was taken when areas for improvements were identified.
- There was a requirement for the management team to regularly review people's schedule of visits, staff rotas and on call logs to identify any concerns or potential risks of people not being adequately supported by the right numbers of effective staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All accident and incidents relating to people's welfare, safety and any physical interventions were reviewed and analysed. Relatives told us the management team were open and transparent when incidents occurred and kept them fully informed. The managers reviewed their own practices and took learnings from incidents that had occurred both locally and nationally. For example, they had reviewed the management of people who had been assessed as being at risk of choking as a result of the death of person by choking in

another provider's service.

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis on continuous improvement both within the service and within the care industry. Independent advisors had been used to investigate and make recommendations about specific concerns. For example, an independent bursar was used to investigate into the discrepancies of people's money and to strengthen the systems and policies used to manage people's finances.
- The service implemented the 'stopping over medication of people' (STOMP) with a learning disability, autism or both with psychotropic medicines campaign. People's medicines were being reviewed with health care professionals and staff were looking at other creative ways of supporting people without the over use of psychotic medicines.
- The service was working to produce all their key policies in a format that would help people understand the main points of the policy such as audio and visual policies.