

SENAD Community Limited

SENAD Community Limited - Derby

Inspection report

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Ratings

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

Summary of findings

Overall summary

This was an announced inspection that took place on 8 June 2017.

Senad Community Limited - Derby provides care and support to adults diagnosed with learning disabilities, autistic spectrum disorders, and mental health needs living in their own homes.

At the time of the inspection there were 12 people using the service.

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

People and relatives told us this was a caring service. They said the management and staff were kind and approachable and committed to providing personalised and flexible care and support. Staff were recruited to meet people's specific needs and share their hobbies and interests. People were supported with their cultural preferences and needs which were documented in their care plans.

People felt safe using the service because they had the opportunity to get to know and build up relationships of trust with the staff who supported them. Staff knew how to protect people from harm and gave us examples of this, which included helping a person improve their home environment so it was safe, and assisting another person to make and maintain positive friendships with their peers.

There were enough staff employed to support people safely and enable them to lead full lives. People were involved in choosing their own staff team. Staff were safely recruited to ensure they were suitable to work for the service. People and relatives told us the staff were usually on time for their calls and if they were going to be late they would be informed.

The staff were well-trained and competent. They gave us examples of how they used what they'd learnt from training in their day to day work. These included managing behaviour that challenges the service and dealing with an incident when a person fell. New staff had a comprehensive induction followed by ongoing and refresher training and specialised training where necessary.

Staff worked within the principles of the Mental Capacity Act and ensured that, where possible, people consented to the care and support provided. If people were subject to continual supervision or other types of support that might be deemed restrictive staff ensured this was done lawfully. Staff were open and honest with people and always explained what they were going to do to support them and why.

Staff provided assistance to some people with their meals and drinks. People and relatives told us people were encouraged to choose their own meals and eat healthily. Staff also supported people to maintain good

health and access healthcare service when they needed to. They were knowledgeable about people's health care needs and had specialist training where necessary to meet these. Staff had the information they needed to safely support people with their medicines.

The people and relatives we spoke with said the service was well-led and provided high quality care and support. They told us they had confidence in the registered manager who was approachable, listened to them, and made improvements and changes if they were needed. They said they were regularly asked for their views on the service through questionnaires, phone calls, and in person.

The staff we spoke with commented on how well the registered manager and other senior staff ran the service and told us they always put the people using the service first. They also said that they themselves were well-supported and enjoyed working for a service with such a caring culture.

The provider had systems in place to quality assure the service. The results of the audits we saw showed that people, relatives and staff were overwhelmingly satisfied with all aspects of the service and would recommend it to others.

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.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks.

There were enough staff employed to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered.

Is the service effective?

Good ●

The service was effective.

Staff were trained to support people effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people with compassion.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and

staff listened to them and took action as necessary if they did.

Is the service well-led?

Good ●

The service was well led.

The service had an open and friendly culture and the staff were approachable and helpful.

The provider, managers and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

SENAD Community Limited

- Derby

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care and support of people diagnosed with learning disabilities.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with two people using the service and three relatives. We also spoke with the registered manager, the regional manager, the group quality improvement manager, one team leader and two support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said, "I feel very safe." A relative told us, "[My family member] is safe because absolutely every staff member that we have had has always been brilliant. I have no concerns." Another relative said, "I feel [my family member] is safe. I get to meet all the staff before they start so I know who will be providing support."

The staff we met were knowledgeable about safeguarding (protecting people from abuse) and knew what to do if they had concerns about the wellbeing of any of the people using the service. One staff member told us, "We have been trained to detect abuse and know the signs. We know to report anything suspicious to our manager. We can also escalate concerns to head office as there is a person there that deals with safeguarding."

Staff told us they had confidence in their managers to take action if a person appeared to be at risk. One staff member said, "Senad always act if a person appears unsafe and managers always listen if we express concerns about someone." Records showed that when safeguarding issues were raised staff and managers took prompt and appropriate action including referring people to the local authority in line with their policies and procedures.

Staff were trained in safeguarding adults and children during their induction and had annual refresher training to keep their skills up to date. The provider's safeguarding policy stated 'The golden rule is if in doubt report it' and staff understood the importance of this. One staff member said, "If I have even the slightest concern about someone being at risk I tell my manager. Nothing like that gets past us."

The registered manager and operations manager had lead roles in safeguarding and were responsible for overseeing and auditing safeguarding practice and records at the service. The provider also had a group safeguarding lead who staff could go to for support and advice. These arrangements helped to ensure that staff members were well-equipped to protect the people they supported.

Staff understood the areas where the people might be at risk which meant they could take action to minimise this. One staff member told us, "Through getting to know people and reading risk assessments and care plans and learn how to protect them." Another staff member said, "Risk assessments are key [to protecting people] and the importance of reading, updating and reviewing them was stressed at my interview and from then on. We rely on each other to share information about risk – that's teamwork."

Staff gave us examples of how they protected people from harm. One staff member told us how they had supported a person to tidy and re-organise their home to make it less hazardous for them. Another staff member supported a person to make and maintain positive friendships and reduce their involvement in risky activities. Some staff supported people with fire safety by involving them in the regular fire drills that were a condition of their tenancy.

Records showed that the registered manager or another senior member of staff completed risk assessments

for people and premises before the service commenced. These involved the person themselves, their relatives, and others who supported them both formally and informally. This meant that from sharing information staff at the service could get an overall picture of where the person might be at risk and in what circumstances.

The resulting risk assessments were in people's 'well-being passports' so staff could use these to keep people safe. Those we saw were comprehensive and set out all the risks people might be subject too. They were also personalised and showed that where possible people were involved in making decisions about risk and encouraged to make safe choices.

If risk assessments identified safety issues in people's homes these were addressed. For example, one person was supported to have ground floor personal hygiene facilities installed so their needs could be met more safely. Another person needed different security arrangements being put in place at their home and staff organised this with them. These were further examples of staff taking action to keep people safe.

People and relatives told us the staff were well suited to the work they were employed to do. One relative said, "All the staff seem very nice. They seem to employ people who are good at the job. I'm quite happy with them."

Records showed that the number of staff people needed for each visit was decided prior to their care package commencing. So, for example, if people needed two staff to support them safely they were provided. This helped to ensure that people using the service and staff remained safe.

The registered manager told us the service did not use agency staff as it could be difficult for some of the people they supported to work with staff they didn't know. Consequently if urgent cover was needed one of the managers provided it. The registered manager told us, "We never send support workers out without introducing them [to people] first." This showed that the registered manager understood the perspective of the people using the service when allocating staff.

The service followed a recruitment procedure to check that the staff employed were suitable to work with the people using the service. The two recruitment files we sampled showed a thorough process being followed to determine the applicants' suitability. This included obtaining references, criminal records checks and health checks, and an interview.

Staff worked closely with people to help them understand and play a role in the recruitment process. People were involved in interviewing staff to check they were suitable. In some cases people met the staff who might be working with them on several occasions and were given photos of them to help them choose which staff member they wanted. Involving people in the recruitment process helped to ensure that suitable staff were employed at the service.

Staff told us they were well-trained in medication management. An all-day medication awareness course was taking place on the day of our inspection visit. A staff member who attended told us, "It was very good and thorough and we were tested at the end. I feel confident my skills are up to date now."

Records showed that following classroom-based training new staff shadowed experienced colleagues before administering or prompting medicines themselves under supervision. Once judged competent they were formally assessed before being authorised to give out medicines unsupervised. This process helped to ensure staff managed medicines safely.

People's medicines needs were assessed by the registered manager, operations manager, or a team leader when they began using the service. Arrangements for safe storage were put in place where necessary. Records showed some people managed their own medicines while others had assistance from staff. Medicines risk assessments and care plans were in place and included arrangements for administration arrangements, side-effects, and 'as required' medicines protocols. This meant staff had the information they needed to safely support people with their medicines.

Is the service effective?

Our findings

People and relatives said the staff were trained to a good standard. One person told us, "The staff have said to me that the training they get is excellent." Another person told us staff were in the process of having specialised training to meet one of their needs. A relative commented, "All the staff I have met so far seem to be very competent and professional, they provide excellent care."

Another relative told us that the service shared information with them about staff training to demonstrate they could provide effective care. They said, "When [my family member] first moved in we were given a breakdown of all the staff and the training they had completed. There are new staff now so I'm not sure what training they have but they seem to have the necessary skills."

The staff we spoke with were satisfied with the training they'd had. One staff member said, "We get a huge amount of training, which we are paid to attend, and extra training if we need it to meet people's individual needs." Another staff member said, "The training is exceptional – other companies don't offer anything like what we get here."

Staff gave us examples of how they used what they had learnt from training in their day to day work. One staff member said the training in challenging behaviour they had had taught them 'to use my head not my physical strength when dealing with challenging situations'. Another said the three day first aid course they attended meant they knew exactly what to do when the person they supported had a fall.

Records showed new staff had a comprehensive induction followed by ongoing and refresher training and specialised training where necessary. One staff member told us that at interview the registered manager told them they wouldn't be sent out to provide care 'until they felt comfortable and competent in what they were doing'. They told us, "Senad have stuck to their word which means I won't be supporting anyone until I am fully trained and competent." This was an example of the service ensuring a staff member could provide effective care before allowing them to support people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 it is in their best interests and legally authorised under the MCA.

Records showed that staff worked within the principles of the MCA. They were trained in this legislation to raise their awareness about the issues involved. Care plans included mental capacity assessments and emphasised the importance of staff ensuring people consented to the care provided. The registered manager told us that if there were concerns about any of the people using the service being deprived of their liberty these would be reported to the local authority so action could be taken where necessary to protect and support the person concerned.

Some people using the service had restrictions in place. Their social workers had applied for these and staff monitored the restrictions to ensure they remained relevant and up to date. Best interests meetings were also held if people were subject to continual supervision or due to other types of support that might be deemed restrictive. These measures helped to ensure that any restrictions on people's liberty were lawful.

We looked at how staff ensured that where possible people consented to their care and treatment. One relative said their family member was always involved in decision-making. They told us, "[My family member] can't necessary formulate the ideas of what he wants to do but the staff will give him a choice of things and then he can choose what he would like to do."

Staff told us they were open and honest with the people they supported and always explained what they were going to do to support people and why, and also the purpose of the records they kept. One staff member told us how he constantly interacted with the person he supported, who had short-term memory loss, commenting on what they were doing. The staff member said he knew the person appreciated this as they told him, "I like you [because] you tell me where I'm going to go." This showed that the person felt secure and trusted the staff member to support them effectively."

Staff provided support to some of the people using the service with their meals and drinks. A relative told us, "[My family member] gets to choose her food and then goes shopping for the ingredients and she gets to choose what activities she wants to do. It's all written down so she knows what's happening and when." Another relative said, "They've helped [my family member] with healthy eating and their health has improved just by following a healthy diet, which they are actively involved in choosing."

Records showed people's nutritional and hydration needs were assessed when they began using the service and staff followed care plans and risk assessments to help ensure these were met. Staff told us how they encouraged people to eat healthily where possible, shopping and cooking with them and making sure they had regular meals, drinks and snacks. One staff member said the person they supported didn't always realise they were hungry and explained how they used a meal planner and regular prompts to support this person with their nutrition and hydration. This was an example of staff using their training and the knowledge of the person they worked with to help ensure they had a balanced diet.

Records showed that staff supported people to maintain good health and access healthcare service when they needed to. People's health care needs were assessed when they began using the service. Staff were made aware of these in care plans and had clear instructions on what to do if a person's medical condition changed or deteriorated in any way. This meant they could support people to be healthy and alert health care professionals if they had any concerns.

If people had particular health conditions information about these was included in their care plans. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting. The staff we spoke with gave us examples of how they monitored people's well-being and told us what they would do if they had concerns. This included liaising with healthcare professionals and accompanying people to GP appointments if people and relatives wanted them to do this.

All the people using the service had a care plan for 'communication with health care professionals' which listed the medical personnel involved in their care and support. This meant staff knew who to contact if a person had any health issues and could ensure they had effective support with these.

Is the service caring?

Our findings

All the people and relatives we spoke with said the staff were caring and kind and built relationships of trust with people. One relative said, "[The staff are] very kind and compassionate. They are lovely people." Another relative told us, "The staff all know [my family member] well."

One person said the service provided them with continuity of care. They told us, "I have the same carers now. I am happy with the ones I have. I prefer having the same ones." People and relatives said they were always informed if a different staff member was coming and this was mainly due to holidays and sickness.

The registered manager told us staff were recruited to meet people's specific needs and share their hobbies and interests. For example, some staff had needed to be able to swim, sign or speak a particular language, get on well with animals, and be interested in the same area of academic study as the person who was to be supported. Recognition of what was important to people helped the service to ensure they were matched with staff who they were likely to get on well with.

All the staff we spoke with emphasised the caring nature of the service. One staff member said, "I've sat in on interviews – they [management] are looking for staff with a caring attitude." The staff we met were caring, kind, and interested in the people they supported. One staff member said, "We try and build a rapport with people, there is mutual respect and we listen to them and they listen to us." Another staff member told us how they used humour and light-heartedness to relate to one person. They said, "It works for him. He knows I like working with him because I smile at him and he responds well to this approach."

Staff supported people with their cultural preferences and needs which were documented in their care plans. For example, staff supported people to attend places of worship and family gatherings where particular dress was expected. One staff member said, "If we are unsure about a person's cultural requirement we liaise with them and their families to make sure we are doing things correctly." Staff also supported people with their social lives and personal relationships, if requested, and helped to ensure they were supported with any lifestyle choices they made.

People and relatives told us they were involved in drawing up care plans. One person said told us they weren't happy with their original care plan and didn't want to sign it. However they said the registered manager reviewed it and now it was suitable for their needs.

People and relatives signed care plans were possible to show their agreement with them. One relative said they were involved in developing and updating their family member's care plan. They told us, "We do this regularly and I am always involved." Another relative said, "Yes I have been involved all the way and it [the care plan] is currently being looked at again to make sure it is fit for purpose."

Relatives also told us staff communicated well with them. One relative said staff updated them on any changes to their family member's care and support needs. They told us, "The staff always keep me informed and updated when I visit." Another relative said they were involved in care plan updates "Yes we do this

regularly."

Two relatives said they thought the staff were caring and always respected their family members' privacy and treated them with dignity and compassion. A staff member told us, "I always ask before I provide support and I check that's it's ok with the person and what they want. I also explain what I am doing and why, for example I say: Let me put this towel around you to give you dignity."

The care plans and other records we saw stressed the importance of staff providing respectful and dignified care and support and ensuring people's privacy was maintained at all times.

Is the service responsive?

Our findings

People and relatives told us the care and support provided was personalised and responsive to people's needs. One relative said, "[My family member] has become much more independent learning new life skills like ironing, cooking and going shopping for food and clothes." A staff member told us how they had supported a person to improve their environment and this had led to an increase in their well-being and mental health.

Each person had a 'well-being passport' (care plan) which set out how staff would meet their needs. One relative said, "I have read [my family member's] passport and there is good information in it [...] it's very professional." A staff member told us people's passports enabled them to provide personalised responsive care. They said, "They're very important and we would never work with a person without reading them. All the key information is there to help you get to know someone and support them in the way they want."

The passports we looked at were personalised and designed to be accessible to people and relatives. For example, where necessary, they were produced in large print and in people's preferred languages. They focused on people's likes, dislikes, and lifestyle choices and instructed staff to be flexible and enable people to make decisions and change their minds if they wanted to. They also stated what was important to people, for example one person's passport stated, '[Person] likes to dress 'smartly' to go home and have a shower with hair wash.' The information in people's passports also helped to ensure that staff encouraged people to engage with the local community and follow any religious beliefs they had.

Records showed that some people occasionally behaved in a way that challenged the service. In order to support people in these circumstances the passports included advice to staff on how to address this. For example, one stated that, '[Person] can appear verbally rude if he is anxious [...] staff to reassure and support him to exit the situation.' It went on to state, '[After an outburst] he may be upset and may want a hug/handshake to reassure him its ok. He will want to know that you are friends again.' This type of advice helped to ensure that the person received responsive and caring support if they became distressed. One staff member explained this saying, "In passports we are given a good breakdown of what we need to know about people to prevent them becoming distressed. We know the triggers and we also watch more experienced staff work with people and learn from them."

The passports we saw were current and records showed they were continually updated and re-written as people's needs changed. Staff told us they were informed of all changes and signed the passports to confirm they were aware of these. Relatives said they were also kept up-to-date with how their family member was progressing. One relative commented, "Staff complete a diary every day so when [my family member] comes home I can see exactly what she has been doing, I also ring the house and can chat to the staff and they give me updates. Communication is very good."

People and relatives told us the staff were usually on time for their calls and if they were going to be late they would be informed. One person said staff had only ever been late on two occasions and both times they had been informed that staff were delayed and an apology given. A relative told us, "They have never not turned

up and are very rarely late and if they are it's due to traffic etc they always let me know."

People told us they knew how to complain and would do so if it was necessary. One person said they would contact their care manager and another said they would contact the registered manager. A relative said, "I've never had to complain but if I did I would just phone the office." One person said they had raised a concern on one occasion and they had been listened to and their issue 'sorted'.

Records showed complaints were recorded along with the action taken, where necessary, to resolve them. We saw that when a complaint was received staff immediately logged this and then carried out an investigation, sharing the outcome with the complainant. This showed that people were listened to and treated in a courteous and respectful manner if they had any complaints about the service they or their relatives had received.

Is the service well-led?

Our findings

All the people and relatives we spoke with said the service was well-led and provided high quality care and support. One person said, "I am very happy with the care they provide." A relative commented, "I am pleased with the service and would recommend it to others."

The service had received a number of written commendations from relatives. We looked at the four received so far this year. These included: 'Senad's flexible, positive, and pro-active approach [...] is exemplary'; 'It's brilliant to see [my relative] doing something different each evening [he has made] amazing progress'; and '[The service] is caring, professional and sympathetic.'

People and relative said they had confidence in the registered manager. One person told us, "I think [the registered manager] is very good." A relative said, "[The registered manager and regional manager] oversee everybody and are good at sorting things out [...] they try and resolve issues within the day." Another relative commented, "I feel [the registered manager] is very good she can't do enough for you and always strives to sort issues out."

People and relatives said they were regularly asked for their views on the service. One person told us they were asked for feedback during reviews and through a survey. A relative said, "They always ask at the reviews for our feedback."

The service carries out annual survey of people's and relatives' views. The results of the latest survey, completed in September 2016, showed that the majority of respondents rated most areas of the service 'outstanding' or 'good'. The personalisation of the service and the approachability of the registered manager and staff were particularly highly-rated and scored as 'outstanding' overall. This showed that people and relatives had been consulted about the quality of the service and their views made available to others including the provider.

All the staff we spoke with commented on how well the registered manager and other senior staff ran the service. We received many positive comments about this including: "The culture here is that the service users come first and managers and staff will always go the extra mile for them"; "I came to work with her because it was so person-centred and I haven't been disappointed. I am seriously impressed and very pleased I came over to these people. I would recommend Senad to service users and staff"; and "The managers are passionate about their roles, want what's best for our service users, and are incredibly supportive of the staff team. This is a great place to work."

Staff told us that management always listened to them and took action if any improvements were needed to the service. One staff member said, "We are regularly asked if we have any concerns and have plenty of opportunities to raise them. The managers are all approachable, fair and supportive." Another staff member commented, "I have never seen staff not being listened to here and I have no concerns whatsoever about this agency or the people who run it. I wouldn't leave, I love working here because everyone puts the service users first."

Records showed staff had regular meetings, supervisions, and forums to support them in providing high quality care. One staff member told us, "Even at the interview stage it was stressed to me that we are accountable for what we do. Knowing this means you think before you do things." Another staff member commented, "They [management] are always fair, open, and on call. I have never been as well supported in a job as I am here"; and "The managers go over and above to look after their staff. They helped me when a service user passed away and I was devastated and also through a difficult times in my own life."

The provider had systems in place to quality assure the service. The provider's representatives, registered manager and staff used these, carrying out a series of daily, weekly and monthly audits. These were both scheduled and random and covered all aspects of the service including care and support, safeguarding, risk, and staffing. The results of these audits were used to identify areas where improvements might be required and to help ensure that high quality care and support was being provided.

We spoke with the service's group quality improvement manager who explained the provider's quality assurance systems to us and showed us records to confirm this. The provider carried out regular audits of the service to ensure it was running effectively. We looked at the results of the most recent provider audit, carried out in January 2017. These showed managers and staff were providing a good service which people, relatives and staff were overwhelmingly satisfied with. The report highlighted any areas for improvements and also advised the managers and staff on how to proceed to achieve the provider's rating of 'outstanding'. This was evidence of the managers and staff being encouraged and supported by the provider to continually improve and strive for excellence.

Records showed that the provider's quality assurance systems included other processes designed to enhance the service. These included registered managers' meetings and peer reviews of each other's services, and annual questionnaires sent to people, relatives, staff, and stakeholders. The group quality improvement manager told us, 'This location is working well. [The registered manager] is hard working, caring, and has her heart in the right place and is well-supported by [the area manager].'

The registered manager's involvement in quality assurance included carrying out six-monthly visits to people's homes to check that staff were providing good quality of care and support and that people were satisfied with the service. She also communicated regularly with relatives by phone to update them on the service and get their feedback. For example, records showed that in May 2017 she spoke with six relatives to discuss their family members' progress, any changes to the staff team, and to give them the opportunity to raise any issues they might have. These interventions showed that the registered manager communicated directly with people and relatives on a regular basis to help ensure that they were listened to and the service provided was person-centred, open, inclusive and empowering.