

SenaCare Services LTD

Senacare Services LTD

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

Senacare Services LTD is a domiciliary care agency. It provides a service to older people, people living with dementia and younger adults living in their own houses and flats. Not everyone using Senacare Services LTD receives a regulated activity. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 22 people using the service.

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

People told us they felt safe. There were safeguarding adults procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. The provider carried out an assessment of people's care needs before they started using the service to ensure staff could support them safely. There were appropriate recruitment checks before staff started work and there were enough staff available to meet people's care needs. Where required people received safe support from staff to take their medicines.

The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID-19 and the use of personal protective equipment (PPE). The service had business continuity and COVID-19 contingency plans in place that made provisions for safe care in the event of an emergency, or an outbreak of COVID-19.

People were supported by staff who were well trained and competent in their role. Staff had received training and support relevant to people's needs. Where required, people received support to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Those whom we spoke with knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

People were supported by a caring staff team which provided them with continuity of care. We were told how staff encouraged people's independence, "They support [relative] to go out for a walk, even though it's a complicated process." People told us they were treated in a consistently caring and respectful manner and they had been consulted about their care and support needs. They were complimentary about the registered manager and care staff and gave many examples of how the service they received had a positive impact on their life and enhanced their wellbeing. They told us about acts of kindness which were outside the remit of the agreed plan of care. One person said, "[Registered manager] was there for me when my [relative] died, came around to check on how I was doing." Everyone we spoke with told us they would recommend the service to others, and some had already done so.

There were effective systems in place to regularly assess and monitor the quality of the service people received. Staff benefited from regular supervision, competency assessments and observation in their care visits by the registered manager. Staff said they attended team meetings and received good support from

the registered manager. The registered manager took people and their relatives views into account through regular telephone surveys and their feedback was used to improve the service. The registered manager and care staff worked with health care professionals to plan and deliver an effective service.

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

Rating at last inspection

This service was registered with us on 18 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Senacare 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 who worked on site and two inspectors who spoke by telephone with people who used the service, family members and care workers.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the service was registered by CQC. 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 four members of staff including the registered manager and care workers. We reviewed a

range of records which included risk assessments and care records for three people who used the service. We also reviewed four staff files in relation to recruitment, accident and incident records, contingency plans and monitoring records.

After the inspection

We spoke with three people who received care and support from Senacare Services LTD about their experience, six family members and two members of staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service and in the company of its staff. One person told us, "Oh yes I definitely feel safe with them," and another said, "If I weren't well, they have my son and daughters details and I know the carers would ring if they had any concerns."
- Relatives told us, "I can trust the carers. I don't worry about anything when they are around," another said, "[Relative] is safe in their hands and I have no concerns about them being in the house all day on their own with [relative]."
- Staff had received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would then make a referral to the local authority safeguarding team. One staff member told us, "As soon as I start noticing something out of the usual, like a new mark on their body, I will call the office and complete a body map," another said, "I would report it straight away to [registered manager]."
- The registered manager understood their responsibilities in relation to safeguarding and safeguarding concerns had been raised with the appropriate authority. The service worked with the safeguarding team to investigate or provide additional information when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people specific to their healthcare needs, moving and handling and medicines.
- People were supported to stay safe and free from harm. A family member described how staff noticed a deterioration in their relative's condition and, "The carer kept in contact with us whilst waiting seven hours for an ambulance and then went with [relative] in the ambulance to hospital. I have no doubt that [relative] feels safe when they are there."
- People were known well by staff. They knew people's individual risks and where additional support was required. One member of staff said, "Everything I need to know about clients is spelled out in their risk assessments." Another described how they followed guidance set out by a speech and language therapist with regards to a person's fluid and drink requirements.
- Accidents and incidents had been logged consistently, and actions taken were documented. An accident and incident log was kept. We reviewed some of the incidents reported to the office and noted these had been followed up. For example, staff called paramedics on one occasion and alerted a family member on another occasion.

Staffing and recruitment

- Enough staff were employed to ensure care visits were completed consistently and at the scheduled time. A call monitoring system was in place which alerted the office should staff have not arrived on time at a

planned call, so they could follow up and if needs be inform the person their carer was running late.

- One person told us, "I generally see the same faces, I prefer to keep it to the same staff. I get a call if they are running a bit late." Another said, "The girls are great; they always arrive on time and stay at least for the correct amount of time." A relative told us, "There are plenty of staff, we haven't ever had a missed call even though [relative] has four calls each day."
- Staff told us they had enough time to do their work. One said, "We have enough time for the calls we do. If someone goes downhill, I report it to the manager and they listen to that and get extra hours agreed."
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed. Medicine administration records (MAR) were audited by the registered manager to ensure people received their medicines as prescribed.
- Where required, people received support from staff to take their medicines safely. A family member told us, "I have no worries about this, [relative] gets their medicines regularly and staff always write this down."
- A care worker told us, "You have to be very careful and observant about what medicines a person is discharged from hospital with; they can be different from what their prescription says. I tell the GP and the pharmacy straight away." Another told us, "The medication training we do is very tough, but it has to be; giving medicines is no joke."

Preventing and controlling infection

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to. People told us, "The care staff always wear protective gear like masks. I think they are very conscious of that."
- Staff had received training in infection control and the safe use of PPE. A staff member said, "We had training for COVID and how to keep people safe."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Assessments had been completed with people or their relatives, to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- One person told us, "The hospital did an assessment before I was discharged and then the manager came out to check that everything I needed was included."
- A family member told us, "An assessment was done with the manager prior to starting my [relative's] care. I was involved and we all talked at length." Another said, "The manager made a point of getting me involved."
- Care was provided in line with relevant national guidance. The manager kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received enough support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy. The provider maintained a log of training, supervision and appraisal refresher due dates.
- One family member told us, "I have no concerns over their training, they are superb," and another said, "The girls are definitely skilled."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. One care worker told us, "We are told about any changes to policy and we get training if there is a client who has a new piece of equipment like a different type of hoist."
- Each new member of staff shadowed (observed) experienced staff for at least two days to understand the needs of people they supported. One member of staff said, "Shadowing really gave me confidence, especially since I was told I could shadow until I had total confidence [to work alone]."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support in line with their assessed needs, this included making people a drink, as well as supporting people with meal preparation.
- A care worker described how, "We have two or three clients who are on pureed food. It is pre-made, so we

just have to heat it up. We also have one person on a PEG (percutaneous endoscopic gastrostomy). The district nurses come in to sort this, but we keep an eye out for any redness around the wound area."

- People received support to maintain good health. People we spoke with said they knew carers would summon help if they needed and would help to refer them to health care professionals. A relative said, "Staff manage [relative's] skin integrity and I know they have reported concerns to the district nurses."
- Where necessary the service supported people to access healthcare services. For example, on the day of inspection, we heard how the registered manager advised a care worker who rang in to discuss a concern they had about the person they were supporting, to contact the NHS advice line.
- We also saw on a person's record how a care worker noticed on their first visit to a new person that their medication had run out. They immediately notified the office who managed to secure this person's medication through contact with their GP and local pharmacist.

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.

- The registered manager told us some people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, meetings had taken place with relatives and/or other professionals to ensure decisions made were in the person's best interests. This was documented on their assessment record.
- Staff had received training in the MCA and knew how the legislation applied to their roles. One carer told us, "Most people can make some decisions for themselves, no matter how small. Take food for example, I always show a couple of examples of meals and I can usually work out what their preference is."

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received consistently positive feedback about the caring nature of the service and staff's compassionate approach. Relatives referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional.
- Staff were very kind, caring, and committed to the people they supported. For example, they ensured people's special days, such as birthdays and anniversaries were acknowledged and celebrated, sourcing specific gifts which they knew people would appreciate, because they had spent time getting to know them.
- One person told us, "They are absolutely brilliant – I don't know what I would do without them." One family member told us, "When [relative] didn't have 24 hour care, we set up an emergency contact list and the managers insisted their personal number was included because they said they lived so much closer than [family member] and could come around quickly if anything was wrong."
- Another family member told us, "They are so very caring. The manager brought around a special frame they bought especially for a rose that I had kept from my [family member's (service user)] funeral. It's those kind gestures things that really count."
- Other family members said, "Oh goodness, they are so kind and caring, each and every one of them. [Relative] prefers the older generation who tend to talk more but they all spend time getting to know [relative]."
- Discussions with the registered manager and staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We treat everyone as individuals and respect them in whatever way they wish to identify."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. The registered manager told us, "We consider all this during the initial assessment and try to give everyone a service that matches and respects all of their needs."
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People and relatives were extremely complimentary about how well the service communicated with them and involved them in discussions about care and support.
- The service completed regular care reviews, to ensure support provided still met people's needs. The service was quick to respond to changing needs, including amending care packages to better suit people. One person said, "Staff are so polite, courteous, kind and caring. They spend time building a rapport with my

family too." Another told us, "Staff know me and guide me through tasks. If I want to change things, I just ring through. I am very pleased with what they have been doing for me."

- A relative told us, "I am very happy and I wouldn't use anyone else. They are the best thing that's happened for [relative]."
- Staff worked sensitively and compassionately with people. One told us, "I always answer every question as if it is the first time I have been asked, even if it is the 20th time in an hour!"
- Another said, "I wouldn't dream of doing anything without first asking permission. If the person is living with dementia I will be very clear in what I intend to do and wait for them to respond; it's all about helping them to make their own decision."
- Care workers told us they understood the importance of enabling people to express their views. One told us, "If I notice someone is upset, I just talk to them and try to work out why they are sad. Making time for people is so important, I want people to know that I am there for them, whatever problem they want to share."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who knew them well. A family member told us, "Staff are polite and friendly, they do lovely things like taking [relative] out into the garden which isn't easy, but it gives [relative] a feeling of independence."
- Another said, "[Relative's] care plan makes it clear that it's important for [relative] to see the same carers and they always manage to fulfil this, three times a day every day of the week."
- Staff were knowledgeable about how to maintain privacy and dignity when providing care. One staff told us, "When providing personal care, I always explain what I intend to do and wait until I am satisfied that they understand me." Another said, "I always close doors and curtains and make sure there is no one who can see the person. Even if it is their husband or wife, we all like our privacy, don't we?"
- One care worker we spoke with said, "I believe that respecting people's independence is one of the main parts of my job. There's nothing better than to know that the support I give is helping people to stay in their own home." Another told us, "I really believe that our job is to promote independence; we are there to assist and not to take over."
- Care staff took interest in people and the things they may like to do. One care staff told us, "I spend time trying to find out [person's] likes and try to create an atmosphere which is good for them. It's better for them in their mind and health."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's needs, choices and preferences were explored at the initial assessment to make sure the package of care was tailored to their wishes and needs. The registered manager told us, "The local authority's initial assessment gives us a starting point on which to build our support plan." There was a 'care grid' in each person's record which was a quick reference guide for staff and included all the activities required to be completed at every call.
- Care plans were personalised. Plans included a background history of the person, communication needs, nutritional support, health conditions and mobility needs. One person said, "Staff knew I needed to get out and walk and they helped me and gave me confidence. They got me back on my feet."
- Family members told us staff followed care plans and spoke positively of the support, "They (staff) definitely know [relative]. They've taken time to get to understand them."
- Staff had a good knowledge of the needs and preferences of the people they visited. One said, "I never go to a new client without proper information. This will be on the care plan and the manager sends updates to our phone if things change suddenly." Another told us, "Support plans help us, everything is in them. This is so important where there is someone with dementia who cannot tell us what they want or need."

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.

- People's communication needs were assessed in line with the AIS and recorded in their care plans.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments. One said, "I never rush someone to answer me and always make sure clients can watch my face when I am speaking."
- Documentation was available in accessible formats for people who required this.

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

- People told us they enjoyed the company of care staff. One person told us, "The carers know me well, we can have a joke together and they always make me feel happier."
- The management team had taken time to think about the importance of social isolation and during the COVID-19 pandemic had ensured additional measures were in place. The registered manager told us that there was increased telephone contact with those whose relatives could not visit during the height of the

pandemic. They also made and delivered meals on special occasions such as birthday and Christmas.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to and felt confident they would be listened to. One relative told us, "I've got no complaints, they are excellent. I did raise a minor issue on one occasion and the problem got sorted out immediately."
- A complaints policy and procedure was in place. The provider received one complaint since they began to operate. We saw that this complaint had been recorded, investigated and responded to promptly. Appropriate action had been taken in response and feedback given to the complainant.
- The provider was responsive to all forms of feedback and this was evident in the comments we received from people.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their life.
- We saw a thankyou card from the relative of one person who was supported at the end of their life. It read, 'I would like to say how special [staff member] was, going that extra mile with [relative]. They and all the team are a credit to your company'.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good understanding of their responsibilities towards the people they supported and demonstrated a commitment to delivering person-centred care. They were involved in all aspects of the running of the service and told us, "I put myself on the rota and work alongside carers. I find this is the best way to get to know them and the people we support."
- People told us they were happy with the care they received and had recommended the agency to others. One person told us, "Based on personal experience, I have recommended the company to one of my friends." A bereaved relative wrote, 'I would not hesitate to recommend your services to others.'
- Family members felt included and knew they could rely on the care staff and management team to act in their family members' best interest. One told us, "It is a very good company, nothing is too much trouble for them," and another said, "[Registered manager] is very approachable and engaged and will sort things out, they take action."
- All the staff we spoke with told us they were proud to work for the provider. For example, one staff member said, "It's a really good company to work for. I feel very supported." Another told us, "The fact that the manager also does some care means that they knows what it is all about and appreciates the challenges we face."

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

- The registered manager understood their role and responsibilities to ensure good care. They demonstrated a good knowledge of people's needs and the needs of the staffing team. One person told us, "[Registered manager] sets the standards high and staff follow."
- The registered manager told us, "We want family members to feel supported by us and to feel that they can come to us and see us as an additional support to them."
- There were quality assurance processes in place that ensured continued oversight of people's care and the service. This included regular managerial reviews of staff documentation and training, medicines administration, complaints and incidents.
- Staff were enthusiastic about their role and understood the provider's goals and aspirations to deliver high quality care. One staff member of staff told us, "Management are very good, 10 out of 10. It's a very good team." Another told us, "I had to ring the office for guidance recently. [Manager] went through everything I had done and talked me through it. That's when I realised that this company does what it says – to care and support."

- There were regular staff meetings. These included discussions of good practice and ways the service could improve. One care worker told us, "We have really good staff meetings. We can talk about things, how to help the clients, what we can do for them, or how we can change and improve things."
- Staff told us they had the opportunity to discuss their role and performance during supervision with the registered manager.

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

- People, their relatives or representatives had a say in how the service was run. Their views were sought in a variety of ways, including regular spot checks of staff's working practises, and regular quality assurance telephone calls.
- People told us they felt their views were considered. One person told us, "I asked for calls to be changed to allow more time between my tea and bedtime and it was changed just like that."
- One family member told us, "I get a regular 'check-up' phone call from the office. [Registered manager] has an open door and even if I leave a message, they get back me in a couple of hours."
- All staff we spoke with felt valued by the provider. One staff member told us, "I feel valued; when I have helped out a bit extra, I have been given flowers by [registered manager]. We all pull together because we know that it is for the good of our service users and the company values our efforts."

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; Continuous learning and improving care; Working in partnership with others

- The provider understood their responsibilities under duty of candour.
- The provider understood their regulatory responsibilities around notifying the CQC of incidents they were legally obliged to.
- Staff understood the importance of their roles and responsibilities. They were able to clearly describe what concerns required reporting.
- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health professionals, and they told us they welcomed these professional's views on the service delivery.
- Staff we spoke with gave examples of working in partnership with a range of health and social care professionals, including GP, social workers and district nurses.