

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was announced and carried out on the 30 November and 2 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

Saracen Care Services provides personal care and support to people with a learning disability and/or mental health needs to live in their own homes either on their own or sharing with others in supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have a tenancy agreement with a housing provider and receive their care and support from Saracen Care Services. At the time of our inspection 13 people were receiving a personal care service.

The service was last inspected on 1 and 2 September 2014. At the previous inspection there were no breaches of regulation.

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

There was a clear management structure for providing good quality care. This included; A registered manager, general practitioner, business and quality manager, care director, three care managers, a training and development manager and office based staff. There were senior support workers and support workers providing support for people in their own homes.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

The service was not always responsible for people's accommodation; however we found they had ensured people's homes were safe and comfortable, through liaison with landlords and other relevant agencies. The Care Quality Commission's role in these settings was to focus on the regulated activity of personal care and had no regulatory responsibility to inspect the accommodation. We saw that the provider had environmental risk assessments and a log of all maintenance records that had, or were due to be completed

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were

extremely passionate about their job roles and felt integral to the process of providing effective care to people. Management and care staff had a good understanding of people's needs and wishes and communicated effectively to support them. Where it was clear people's needs had changed, the registered manager worked with the person, families and health and social care professionals to check if the support needed changing to accommodate any additional care needs or reduced support. Staff said the service was very responsive to feedback.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they wanted to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Support plans were person centred to provide consistent, high quality care and support. People using the service and their relatives were able to raise concerns and were listened to.

The service was well led. Quality checks were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered manager.

People's views were sought through care records, reviews, meetings and surveys. Systems were in place to regularly review and update records. People were actively involved in striving to improve the service and support provided.

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.

Medicine administration, recording and storage were safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. People felt safe and secure in the hands of their care workers.

People were kept safe as risks had been identified and were well managed in a way which promoted independence.

There were sufficient staff with the time, skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a senior support worker, care manager or the registered manager.

People received good support to meet their healthcare needs. People were provided with a varied and healthy menu and food and drink that met their individual requirements.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Outstanding ☆

The service was caring.

People were treated with dignity and respect. People expressed great satisfaction with the care they received which was consistent and matched to their specific needs.

People were supported to access the community and were encouraged to be as independent as possible. People were

supported to maintain contact with family and friends.

We received very positive feedback about the support provided from people living at the home and other relatives and professionals.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs. People's care was kept under continual review and the service was flexible and responded quickly to changing needs. People required less support over time, due to staff supporting people to become much more independent in their own homes.

People were supported to follow their preferred routines and take part in meaningful activities. People were able to either plan for the week or choose what to do each day. The options were person-centred.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them. People were encouraged to give their views and raise any concerns through a range of feedback implemented by the provider.

Is the service well-led?

Outstanding ☆

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and provider.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement and was never complacent about their successes.

There was a strong commitment to deliver a high standard of personalised care and continued improvement. The service was continually striving to improve, whilst always putting people at the heart of the service.

Saracen Care Services Ltd

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was completed on 30 November and 2 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

The inspection was completed by one adult social care inspector. The previous inspection was completed on 1 and 2 September 2014 and there were no breaches of regulation at that time.

During the inspection we looked at five people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the registered manager of the service and seven members of care staff. We spoke to and visited six people who receive support in two different locations. Not every person was able to express their views verbally or were willing to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life in Saracen Care Services Ltd or the support they received in their own home.

After the inspection we emailed six health and social care professionals and received three replies. We emailed 11 relatives and received 10 replies. These were all positive and gave us good feedback on how

people were cared for at the service. We also received an email from one person who uses the service. They also told us about their positive experience of the support provided by Saracen Care Services.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am really safe". One staff member said, "People are 100% safe. In any immediate threat I would contact a manager" and one relative said, "I feel relieved and relaxed that [The person] is well cared for and safe". People were asked regularly in discussions and through surveys if they felt safe. There had been no negative comments and people all said they felt safe. People, who were not able to communicate with us verbally, were comfortable and confident with staff. We observed people laughing and smiling with staff and other people using the service.

People's medicines were safely managed. People's medicines were stored safely in cabinets and their medicines were given as prescribed. People were supported to take their medicines as they wished. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication.

Support plans gave staff guidance on how people preferred to take their medication. One person's support plan said, 'I have my medication in liquid form due to my eating and drinking guidelines' and 'I like to have a sweet after my medicine to take the taste away'. Medicine errors were investigated and action taken to prevent a recurrence. There had been three medication errors in 2016. Action had been taken if needed and the registered manager had signed them off as completed once actions had been addressed. Care managers completed monthly medication checks. One had been completed on 21 November 2016 and showed that one person had requested to have their medicines in their room. A risk assessment had been completed and a lockable bedside table was on order for them.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff which evidenced staff had been recruited safely.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. The safeguarding policy had been reviewed in March 2016. An easy read safeguarding policy was available for people living in the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People, staff and rotas confirmed there were sufficient numbers of staff supporting people. Some people needed additional one to one support either in their home or to access the community, where this was the

case this was provided for them outside the normal staffing levels. There had been five cases of staff failing to attend to support people in the previous 12 months. These had all been reported to the commissioners of the service and investigations had taken place. There was a system in place to ensure people would receive support in an emergency through a 24 hour on-call duty manager. Whilst looking at the staff rota's we saw that the registered manager had made reference to the consideration of matching staff to people and monitoring those matches. Any matches that did not seem to work were altered to ensure the smooth running of care in the service. This showed the person was at the forefront of the planning of their care.

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered managers to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment.

People were supported to take risks to retain their independence; these protected people and enabled people to maintain their freedom. We saw individual risk assessments in people's support plans such as; travelling alone, community access and using household appliances. The risk assessments we saw had been regularly reviewed and kept up to date. Staff told us they had access to people's risk assessments and ensured they followed the guidance in them. One person had risk assessments for mobility, finances and accessing the community. These had been updated and reviewed in August 2016.

The provider had an on-call system which operated 24 hours a day. This was carried out by a team of managers who knew the people, services and staff members well. Each morning on-call logs were emailed to the registered manager and actions were given to different members of the management team. The Quality manager ensured all actions were closed and this was recorded.

All staff had received fire safety training and people had personal emergency evacuation plans. (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. One person's PEEP said, 'If [The person is in bed it takes staff approx. 20 minutes to get them out of bed using an overhead hoist. There is a high risk that this would be too long and would put the person at risk. It is therefore safer for staff to open the bedroom window and close the door. This will enable fire staff to gain access to the building'. A fire evacuation had taken place in August 2016 and a note for one person had been recorded stating that the person knew to go to the park across the road.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. One person said "The staff look after me well". One relative said, "Our family is delighted with the care [The person] receives with the very caring staff who support them". People clearly liked the staff that were supporting them. We saw one person requesting reassurance from staff as they felt a little unwell. Staff responded by making the person comfortable and reducing their anxieties. Relatives gave us very positive feedback regarding the staff using words such as, 'Approachable' and 'Extremely good'.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA.

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed if required and records confirmed this. One person had MCA's for areas such as; where they live, mobility, personal care and finances. These had all been updated in June 2016. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty.

DoLS applications had been made appropriately for people and the registered managers were awaiting further contact from the local authority. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of the inspection, the service was liaising with the local authority who has the duty to submit the application to the COP. There were three people who had been considered for this in early 2016. This was because they were unable to make the decision on where they were living.

Staff had completed an induction when they first started working at Saracen Care Services. This was a mixture of face to face training, in service competencies, online training and specialist training from professionals, clinicians and people who use the services. The first day of induction was a chance for the management team to introduce themselves and each do a presentation. The provider asked for feedback from each staff member after their induction course to see if they had understood what they had learnt and find out if any improvements could be made to the induction process. One staff member wrote, 'It all went well, no improvement needed. I also enjoyed speaking to and listening to the person who used the service who came in to the induction'. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate covered areas such as; equality and diversity, privacy and dignity and understanding autism. There were mandatory courses for staff to complete such as; first aid, MCA and DoLS, safeguarding and positive behavioural support.

Staff had been trained to meet people's care and support needs. Training was delivered in many different ways including; face to face, e learning online, training specific to the people they supported (often involving people so staff could experience it from their perspective), ad hoc discussions and observations which highlighted the need for further training. There was a lot of emphasis on cascading training to all parts of the service through a number of medias including; team meetings, newsletters, face to face, via audits, visits to services by the management team and noticeboards. As well as mandatory training courses such as; safeguarding, MCA and DoLS and moving and handling the service provided extra courses for staff to attend. These included; autism, epilepsy, drug and alcohol abuse, Huntington's disease and personality disorders. Saracen Care Services is a signatory of the Gloucestershire County Council (GCC) concordat on challenging behaviour with an in-house trainer delivering positive behavioural support to the service and other GCC providers. All staff were offered recognised qualifications such as 'The Qualifications and Credit Framework' (QCF) Level two, three or five to complete as part of their job role.

The registered manager attended a Gloucestershire Council forum in November 2016 where a cancer research representative was speaking about training for learning disability services. Saracen Care services have booked a staff training day in February 2017 on cancer and how to support individuals with making small lifestyle choices and being aware of the signs and symptoms. We were also told this would benefit everyone in their day to day lives as everyone has or knows people affected and hopefully this will provide valued education on the subject.

Staff received regular supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained and felt supported. One staff member said, "I have regular supervisions, ad-hoc discussions, training, team meetings, observations and reflections with my management team to ensure that I am confident and well equipped to deliver a safe and individualised approach in supporting people who use the services".

People chose the food they wanted and were supported by staff to assist with food preparation. People were supported to plan in advance what they would like to eat and were able to change their mind if they didn't feel like what was on the menu. One person said, "The food is lovely, I had cinnamon squares for breakfast and I have a chicken wrap for lunch". One relative said, "My relative has regular hot meals and drink as and when required. [The person] is given food they prefer. All in all the overall impression is excellent and I have no faults to report". One staff member said that staff currently cooked one person's hot meals and the person was encouraged to clean their dishes after eating as one of their long term goals. One person's notes said they 'fancied something different for breakfast'. Support staff followed their request for a sandwich made with two types of cheese, pickle and garlic mayonnaise and followed requests from the person for an apron to wear.

People's care records showed relevant health and social care professionals were involved with people's care; such as GP's, dentists, opticians and members of the community learning disability team. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow regard to attending appointments and specific information for keeping healthy. One person had visited the dentist, chiroprapist, opticians and speech and language therapist between June and August 2016.

Saracen Care Services is co-owned by a GP who is available to offer advice on medical health care needs. This did not replace the service provided by the service user's own GP but complimented the service provided by enabling staff to recognise health concerns and act swiftly to ensure treatment is provided as soon as possible. One person had a chest infection on the first day of our inspection and was prescribed

antibiotics when we were visiting them at their home. The GP was available for staff as an on-call to offer advice and guidance out of hours.

Is the service caring?

Our findings

There were positive comments about the staff. People using the service told us, "The staff are helpful, I love being here" and "I want to stay here, I get help when I need it. My staff drive me places". Another person said, "Thank you all for finding me a nice home to live in". One relative said, "The staff always appear to be attentive and doing all they can to support [The person]. One staff member in particular has managed to get them to go outside and this has been impossible in the past". A staff member said, "With regards to the service I work in, I would like to say I think the level of care goes above and beyond what I have experienced with other companies. I thoroughly enjoy my job as I like to see people making progress however small and long it takes".

People had a small team of staff that supported them. This ensured continuity and enabled the person to get to know the staff. To help staff to get to know people there was a one page profile on what was important to the person, what people admire about them and how they liked to be supported. This included their likes and dislikes and activities they liked to take part in. One person had taken an interest in Wicca and witchcraft and they specifically wanted the support of one staff member to support them to find details of local spiritual events which they attended together. [The person] said, "I would not have been able to do this project without the support of my keyworker. It's really personal, a private project and I don't let many people be involved in it. I felt I could trust them with this information".

Advocates, who are individuals not associated with the service were used to support people if they were needed. One person's support plan said, [The person] is offered an advocate when needing to make decisions however at present [The person] has good understanding and is able to make decisions for themselves. Capacity assessments are completed and if at the time [The person] is assessed as not having capacity then an advocate will be offered. One person had an advocate to support them in a best interest meeting in July 2016. Supervision notes for one staff member showed us that a referral for an advocate had been made for one person in October 2016.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained about equality and diversity. We saw people were treated with kindness and compassion. We observed staff responding quickly to people's needs in a caring and meaningful way. One person who had recently left the service due to needing nursing support had been supported by Saracen Care Services for two years. This person was a Muslim and was unable to read the Quran due to limited vision. Staff supported the person by following preferred rituals from the person and reading the Quran to them. There was positive feedback from this person's social worker about how impressed they were by Saracen Care Services staff and meeting particularly complex and sensitive needs.

One person who had lost confidence in going into the community was supported to develop a network of friends and over time now goes out to a late night local social club unsupported. They had identified that they would like to meet a life partner and asked a staff member to support them to look for social opportunities. The person chose a core staff team at first who would support them to attend. Staff

encouraged the person to sit and talk to others whilst remaining unobtrusively at the back of the club. Staff supported [The person] twice weekly and support hours were changed to ensure they would return home safely after midnight. Over time [The person] became a friendly and a popular face at the social club and staff gradually reduced the support until they did not wish staff to attend with them. The door staff know the person well and help to organise a taxi for them to return. A member of staff was scheduled to provide support in case of emergencies and when [The person] returns ensures they are safe and well. The person said "I feel like one of the lads" and is in touch with a number of individuals who are considered good friends.

At each person's care and well-being review people are asked to state preferences of where they would like their next review to take place, who they would like to attend and how they would like their support plan to be recorded. One person said they would like to reserve a table in the quiet area of their favourite restaurant so that it could be held in a confidential place, but somewhere that made them feel comfortable. This person was supported to record this in their own diary and contacted the restaurant to reserve the specific table they wanted. This person's support plan was recorded using an audio format and was narrated by their key worker who was asked to make it 'sound fun'. This support plan was available in audio format and [The person] could access and update it when they wished to. Another person wished to have their care and well-being review with a particular member of staff, their parents and in a venue away from their home which was facilitated. [The person] wished to have their support plan in a pictorial format which is being worked towards with [The person] using magazine cuttings.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff told us supporting people to maintain contact with their family and friends was an important part of providing good care and support. All relatives we contacted had no issues with visiting their relatives when they wanted to. One staff member said, 'Families are always welcome here. It's great'.

The registered manager gave us examples of how Saracen Care Services promote dignity and respect. One person had been attending a day centre and was being fed by staff due to their unpredictable and sudden behaviours and risk of choking. It was felt other staff had found it easier to feed them. This culture had been changed by Saracen Care staff who felt confident enough to support the person to feed themselves. This meant the person's independence was promoted. We were told the lunchtime takes longer and requires more involvement for support workers but the person has achieved a significant outcome. We were told this made the person feel empowered and more independent. Staff told us there had been a reduction in behaviours previously observed around lunchtimes.

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choice around clothes and what they liked to wear was documented in their support plans. People were encouraged to look after their clothes and support plans gave staff clear guidance on how people liked to be supported. One person's support plan said, "I like to choose my own clothes. I go shopping and choose my own". Another person said, "I need staff to help me to wash my clothes".

Is the service responsive?

Our findings

There had been many compliments about the staff from relatives and professionals. One relative said, "We are very happy with the service provided by Saracen Care. Staff are always quick to respond to any issues that we raise. Our relative is very happy and is growing with confidence". One health professional said, "I have always found Saracen Care reliable, compassionate and empowering. They encourage people to access the community and support them in doing this. People have always felt safe under the care of Saracen workers. Communication is good and I am emailed feedback and any concerns are raised with me".

People we spoke with said the service was responsive to their needs. One person spoke enthusiastically about the care and support they received from their staff and how they enjoyed going out to access the community. One person sent us an email after the inspection and said, 'Since being with Saracen Care my support staff have supported me to achieve and continue to achieve more goals than I can set for myself. This encourages me to be more independent. One of the major areas I needed support was to manage my finances to avoid relying on my family or being financially abused. I set myself a goal to recognise money, they helped me with toy money at first and now I am able to withdraw my own money. I have saved for things like furniture and a new tablet without going broke. Staff are continuously supporting me and I am happy with the outcomes of the goals that I have achieved'.

Saracen Care Services used outcome tools to achieve goals and outcomes for people. This meant staff could respond to people's choices and support them with small steps to achieve big changes. People were asked to comment on what they would like to achieve and how they wished to be supported to achieve their goals. In May 2016 one person had a goal to 'Go to and from my job club on my own'. This had been completed detailing how the person had managed to achieve their goal. The person had learnt to use the bus alone and had attended the job club successfully with minimised risk.

People who used the service were included in training wherever possible. For example, one person was involved with the epilepsy training to give their perspective. Food hygiene training was delivered within services and people and staff were invited to attend together. One person was supported to understand where food should go and how to wash their hands and is now independent in food preparation. Staff were paired up with people and staff members were blindfolded and fed from a spoon to enhance the understanding on how one person with a sight impairment would feel when being supported to eat.

People explained that they were able to choose what activities they liked to do. One person said, "We always go out, in fact we are never in". Another person said, "I go out every day, I just decide in the morning where I want to go and then we do it". Activities people were involved in were; Going to the gym, watching their local football club whenever possible, bike riding, shopping, rambling, volunteering at a garden centre, bowling, cinema, going for coffee and being supported to visit family and friends. One person had been to the cinema with friends whilst staff waited outside and the potential risks were assessed and continually reviewed. The person said this was really good for their independence and they wanted to continue with it. Saracen Care Services produced a 'What's on' guide in an easy read format. This was a brochure with information on

events in the local areas. Staff spent time with people to put together a programme of events to enable people to pool resources, share transport and attend community events, often without the need for staff support.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's current care and support needs. Daily notes were completed approximately every hour for people and these contained important information specific to each person such as; incidents, medicines taken and any health appointments. The notes were person centred for each individual and one person who was being monitored for a health condition had a food diary showing what they had consumed and any bowel movements. A staff member told us this would be valuable evidence for the health professionals and to enable staff to identify any themes or trends. On each person's daily notes a quote from their day was recorded. One person had said, 'I am happy with my new pyjamas' and 'I can't wait for Christmas and to start my advent calendar tomorrow'. Staff told us it was nice to read how people felt about the things they had been doing or were looking forward to.

Each person had a one page profile and a support plan to record and review information. The registered manager told us that support plans are perceived and valued as being of the upmost importance. The one page profile gave an overview of what was important to people, what people liked and what others admire about them and also how to support them. One person's one page profile said, 'I am funny and friendly. I can be very strong willed and people find me stubborn if I am asked to do something I do not want to. I know what I like and don't like. I like football and computer games, but I do not like going to bed'.

The support plans detailed individual needs and covered areas such as; communication, support needs, keeping healthy, leisure/hobby interests, cultural aspects, decision making and goals and outcomes. One person who was partially sighted had their support plan in an audio format that they had scripted themselves and then it was narrated in a comedy voice which was their request. We were able to watch the audio support plan which was detailed and informative.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's hospital passport showed important information such as; how you will know I am in pain, how I eat or drink likes and dislikes and how to communicate with me.

People told us they were aware of who to speak to and how to raise a concern if they needed to. One person said, "I go to my staff if I have a problem, they always help me". An easy read complaints form was available for people if they wished to raise a concern. There had been three complaints from people who are supported by Saracen Care Services in 2016. These had all been investigated, had outcomes and each person received a letter of response from the registered manager. The registered manager told us, "Any complaints, concerns or negative feedback is addressed in a pro-active and responsive way in the spirit of our open and transparent culture and our aim to be the best we can be. All complaints and concerns are logged and actively reviewed to avoid, minimise or reduce the issue having to be raised again. Any actions are added to our service development plan if there are lessons learnt or revised processes or procedures that would benefit across the service. We are always looking to improve and actively encourage concerns and complaints to be raised".

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager and their style of leadership. One person said, "The managers are always visiting us where we live and I can ask them for help. They are very good and I know them well". One member of staff said the culture of the service was good and said, "With teamwork and having a good and experienced well led management team I always feel supported in delivering a caring and safe social environment for people. They are pro- active in responding and open to ideas and staff contribution to ensure that every aspect of care we are delivering is always done with people's input". Relatives gave us positive feedback about the management team and one said, "The management are readily available and willing to help; recently there has been a change in [The person's] funding which the management have been sorting out for me". One manager of the service said, "I was poorly back in the summer and the provider was so supportive. They let me change my working hours for a while and even visited me in hospital and brought me magazines to read. I felt really valued as an employee. They couldn't do enough to support me".

The registered manager told us that Saracen Care Services were striving to empower people to increase their independence. This was demonstrated by the number of people who, over the last 24 months had decreased their hours of support. For people who wanted more independence support hours were risk assessed and decreased appropriately. Two people had their support hours reduced by 50%. One person had been having a staff member for 24 hours a day and this had been reduced to seven hours. Three people had staff support reduced by 20% and one person who had previously had full staff support had been positively risk managed to be unsupported for several hours a day at her home. The registered manager told us they were proud of these achievements and their main aim was to encourage independence for people.

The provider had selected some people who use the service to be 'experts by experience' to assess the services provided from their own perspective. They were attending bespoke training in order for them to give their opinion on the quality of care that Saracen Care Services provide. This would be reviewed by the management team. People who were involved stated they felt valued and empowered to be given the opportunity. The registered manager told us that this was one way to try and improve any areas and was an opportunity for inclusion from people.

The registered manager told us that caring for staff was equally as important to caring for people and that staff were always listened to. In a staff team meeting one member of staff felt they had a sore back from the mattress whilst sleeping in at one person's home. The provider had bought a brand new mattress within two weeks of the issue being raised. Through recent supervisions some staff voiced that they felt uncomfortable and concerned after finishing a late shift, especially those who catch buses to work and back each day. Saracen Care Services have a lone working policy which addresses risk whilst at work but this did not extend to their journey home. In response to these concerns the provider has organised for a police community liaison officer to come to the main office in December 2016 and discuss aspects of personal safety such as; being out after dark, safe practice whilst walking or driving, what to avoid and who to contact in an emergency. The police officer provided personal alarms that would be distributed to members of staff. In addition, the registered manager would anticipate that this new knowledge would be passed on to people

who use services and become part of a healthy awareness of personal safety for everyone.

The registered manager was responsible for completing regular audits of the service. These included assessments of health and safety, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits took place and had outcomes. Care managers carried out unannounced inspections in each service. The care managers acted as CQC Inspectors and sampled documents such as daily records and support plans to ensure they were being completed, updated and reviewed. The Care managers spoke to people and staff who were there at the time. A mock inspection had been carried out in November 2016 and a medication audit was completed. A finances audit had been completed and was correct.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included safeguarding, disciplinary procedures and lone working policies. The lone working policy had been updated in July 2016. A large number of easy read policies were available for people if they wanted them. These included how to make a complaint, safeguarding and MCA and DoLS.

Staff, senior support workers and people attended regular team/house meetings. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. The meetings had specific outcomes. The management team meeting minutes on 31 October 2016 gave actions for managers to complete. This included sampling finance files at random to ensure people were being kept safe and free from financial abuse. People were asked in their meetings to give feedback on any areas they wished to. One person said in the meeting on 26 October 2016, 'Nice and consistent staff team, feels well supported'.

The management team at Saracen Care Services attended many local events. The registered manager attended the Swindon learning disability partnership board (SLDPB) in November 2016 and was invited to assist with the event by providing information on people who use the services. People were also encouraged to attend and Saracen staff supported their attendance. The SLDPB November forum was titled 'What does good support look like?' One health and social care professional said, "Staff at Saracen Care Services were invited to support the forum to make it a successful and meaningful event. The registered manager fully participated in planning sessions and provided important suggestions and insights for activities to promote engagement. She also provided good practice examples of support work that had taken place within her setting. On the day of the forum, Saracen Care arranged for members of staff to help facilitate group activities to ensure people were able to be fully involved in the conversation and put their views across. Saracen Care's contribution definitely added to the success of this event".

The quality manager attended the council's workforce development group regularly. As a result they were invited to speak at a local 'skills for care' event on recruitment and retention. The presentation was well received and the 'skills for care' representative said, "I just wanted to say a massive thank you for coming to the event and presenting so brilliantly. It was great to hear the messages that you were delivering and it really added value to the day". Saracen Care Services volunteered to be a pilot group looking at recruitment locally and the difficulties providers face. From the work undertaken, the group has produced a guidance document for providers on the subject. This ensured that the values being sought were highlighted, rather than the qualifications or experience. This has had a positive impact on recruitment levels and the diversity of staff.

The registered manager told us that showcasing their achievements at Saracen Care Services was important and that they put people at the heart of the service and look for innovative ways to improve people's lives.

Staff were encouraged to capture evidence and innovation, outcomes and other achievements on a notice board for everyone to see. The notice board was full of photographs, pictures, certificates and quotes from everyone involved at the service. As an incentive people and staff were rewarded with certificates of achievements and staff often received cash bonuses as a gesture of appreciation. Testimonials of achievements were added to the website, social media pages and in newsletters. One example was a member of staff had recently been commended for putting the principles of the Mental Capacity Act into practice by accepting that one person had the right to make an 'unwise decision'. The information sharing promoted an element of peer mentoring so that staff could learn from best practice and from each other.

The service used regular satisfaction surveys for people who used the service and relatives. These were in an 'easy read' format if required. The registered manager told us they used the comments to continually strive to improve the service provided. The questions asked if people were happy, safe, how they would make a complaint, are people respected and given choices and asked those filling in the survey to list three things that they liked and three things that could be improved. There were no comments for improvement in the surveys. One relative said, 'I feel my relative is very well occupied and is extremely lucky to have such a good package of care that is delivered in such an effective and caring way'.

Every visitor in people's own homes were asked to provide feedback on their visit. Visitors could choose to fill in their names or be anonymous if they wished. A form was available which asked questions such as; How welcoming were the staff? How would you rate people's well-being? How communicative were staff? And how suitable was the setting for people? The registered manager provided contact details if any visitors wished to discuss the visits. We were told this was another way to monitor how people were being supported and to find any areas for improvement.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been fourteen recorded incidents/accidents. The registered manager told us any accidents or incidents would be analysed to identify themes or trends so that preventative action could be taken. After incidents the in-house trainer in positive behavioural support would complete a one to one debrief session with the individual, doing lots of reflection of the incident so lessons could be learnt and staff could return to work with confidence.